To: Councillor Alisa Flemming (Chair);
Councillors Andy Stranack, Maria Gatland, Patricia Hay-Justice, Bernadette Khan, Shafi Khan, Andrew Rendle

Co-opted Members:
Gill Manton, Head of Virtual School
Sandra Richards, Designated Nurse for Looked After Children (DNLAC) Croydon Health Services
Children in Care Council Representatives

Invited:
Sarah Baker, Chair of Croydon Local Children Safeguarding Board
Amanda Tuke, Joint head of partnership and children's integrated commissioning

A meeting of the **CORPORATE PARENTING PANEL** which you are hereby summoned to attend, will be held on **Wednesday 19th July 2017** at **5:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

JACQUELINE HARRIS-BAKER
Director of Law and Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Ilona Kytomaa
Democratic Services Officer
0208 726 6000 Ext 62683
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www.croydon.gov.uk/agenda
11 July 2017

Members of the Public are welcome to attend this meeting. If you require any assistance, please contact Ilona Kytomaa as detailed above.

AGENDA - PART A

1. Apologies for absence

2. Minutes of the meeting held on Wednesday 26th April 2017 (Page 1)

To approve the minutes as a true and correct record.

3. Disclosure of Interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality in excess of £50. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Business Manager at the start of the meeting. The Chairman will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice from the Chair of any business not on the Agenda which should, in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Exempt Items

To confirm the allocation of business between Part A and Part B of the Agenda.

6. Assessing the health and wellbeing of Croydon's Looked After Children (Page 7)

7. 2017-18 work programme (Page 37)

8. [The following motion is to be moved and seconded as the "camera resolution" where it is proposed to move into part B of a meeting]

That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

AGENDA - PART B

None

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Corporate Parenting Panel

Meeting held on Wednesday 26th April 2017 at 05:00 p.m. in The Council Chamber at the town hall, Katharine Street, Croydon CR0 1NX

MINUTES - PART A

Present: Councillor P Clouder, Councillor A Flemming, Councillor M Gatland, Councillor B Khan, Councillor S Khan, Councillor A Rendle, Councillor A Stranack

Also present: Jo Negrini (Croydon Council CEO), Tim Sugden (IRO), Looked After Children and their foster carers. Ian Lewis, Sarah Baker, Wendy Tomlinson, Oretha Wofford, Gill Manton, Dionne Sang, Ilona Kytomaa (clerk)

Apologies: Apologies for lateness from Councillors Shafi Khan and Pat Clouder

A9/17 Minutes of the last meeting

RESOLVED that the minutes of the meeting be agreed and signed by the Chair.

A10/17 Disclosure of Interest

None.

A11/17 Urgent Business (if any)

None.

A12/17 Exempt Items

None.

A13/17 Looking after the right children

Officers introduced this item with a brief overview of the national and Croydon contexts.

They stressed that a range of approaches were used to provide support to families and avoid taking children into care if at all possible. These included measures under the “Early Help” service or the “Children in Need” service. Where a social worker deems it necessary that a child should come into care and has the support of their manager, he or she will present the matter to the Edge of Care

Panel, chaired by the Head of the Children in Need Service. Officers confirmed that the National Transfer Scheme was now live. This involves referring any new arrivals to the Scheme if an authority has a proportion of Unaccompanied Asylum Seeking Children (UASC) of more than 0.07% of their overall child population. Croydon's UASC population is considerably over this threshold and the borough leads on an established protocol for new arrivals aged 16 and 17 within London. Officers stated that while numbers of UASC had risen last year, they were now stabilising.

The Panel discussed adoption in Croydon. Members were advised that Croydon officers would be involved in scoping the London Regional Adoption Agency, which had been established to reduce costs and improve the life chances of vulnerable children, whom it is more difficult to match with suitable adoptive parents.

The Panel questioned officers regarding long-term matching of young people to carers. They asked whether any discussion took place at an early stage regarding the possibility of future adoption. Officers explained that the recruitment of "Foster to Adopt" carers involved a dual approval process and was usually followed for carers of very young children. There also existed a possibility for a foster carer to adopt a young person in the long term. Members asked whether officers suggested such an option proactively or simply followed up foster carers' expressed interest in doing so. Officers explained that a care order was obtained if a child was not initially approved for adoption. After one year, the foster carer is entitled to apply for a special guardianship or adoption but the latter avenue can be opposed by a biological parent.

Members noted that there were currently 54 Looked After Children on a Section 20 Care order and asked whether this number was likely to fall. Officers responded affirmatively, stating that they were endeavouring to bring this number down. However, they stressed that some children needed to be protected under section 20 of the Children Act 1989, particularly disabled children. They added that these cases were reviewed regularly to avoid drift.
Panel members sought assurances that looked after children in custody were well safeguarded. They were advised that these children were regularly visited by their social worker and young offending officers. Some concerns had been raised regarding the welfare of the small number of children in Feltham prison. Members were advised that most of the children currently in custody were in Medway prison.

Officers were questioned regarding National Indicator 62, which measures the percentage of Looked After Children who have had three or more placements within the last year. As of the end of January 2017, there were 47 local children and 17 UASC who had had more than three placements in the 12 months. Officers explained that the moves had usually been due to the complexity of needs, including special educational needs and a few teenagers with very challenging behaviour. They added that the national

picture for children with acute behaviour problems was challenging as a result of problems with the residential market.

Officers were questioned regarding the placing of 120 children currently in care on Child in Need plans (making them eligible for support by a social worker) rather than Child Protection Plans (also requiring a formal plan and a conference). Officers explained that the figures needed further analysis to bring out the causes of the orders and the order of events in their lives. Again, officers stressed that any such interventions were subject to clear thresholds set out in the London child protection procedure.

Officers were thanked for their answers to the Panel's questions.

A14/17 IRO Voices Annual Report

This item was presented by Oretha Wofford, Principal Social Worker.

The Panel were advised that the report had been written six months before and that progress had been made in a number of areas since then. However, there remained some lingering themes:
- Issues with preparation for leaving care and pathway planning for young people aged 16 and over
- Issues with the quality of visits
- Delays in getting cases resolved
- The quality of direct work with young people

The Chair invited Tim Sugden, who had been an IRO for 11 years, to speak on his experience of this work. He explained that he had written the preface to the "IRO voices Annual Report" included in this meeting's agenda and set out the key issues he had faced in doing this work, such as receiving appropriate answers to his many questions and queries. He conceded, however, that there had been some improvement and that quality assurance had become more consistent in recent months.

Tim Sugden explained that there were three complaint stages before an issue was escalated to the Executive Director, and that 3 complaints had reached that final stage in the last 4 months, including a complaint regarding immunisation.

Officers concurred that the council needed to embrace the views of IROs and use them to improve outcomes for children and that timeliness of responses needed to be improved.

Members discussed the graph on page 41 of the agenda, setting out responses to the question "Has semi-independent / permanent accommodation, the leaving care grant and post-eighteen support been explained?". They noted that only 45% had answered "yes" to this question. Officers explained that while these questions were always discussed, they were not always explained clearly enough

leading to a negative answer from looked after children. This was a particular problem for young people from black and minority ethnic backgrounds who had not fully understood the information given to them.
Members questioned officers regarding the reasons for delays in addressing “CERPs” (complaints made using the Croydon Escalation and Resolution Process”). Officers explained that these delays were due to a range of reasons including the notification process. Asked whether they felt the process was satisfactory, officers replied that it had improved dramatically after initial teething troubles and that an increasing number of IROs were using the complaints process effectively and confidently. The Panel also heard that there was an agreed escalation policy with guidance on thresholds for triggering a “CERP”, which officers would be happy to circulate. To officers’ comments on thresholds, members stressed that thresholds might need to vary according to the type and acuteness of need of different individuals.

Members and officers agreed that endeavouring to resolve issues through informal discussion before having to escalate them as “CERPs” was good practice, but it was emphasised that a record of informal discussions also needed to be kept. Officers stated that a system had been developed for recording such informal discussions, which currently held about 230 such reports. It was argued that the monitoring of such discussions should be improved and that these records should be analysed to identify trends and tackle them in a timely fashion.

The Panel were informed that the Director of Children, Family Intervention and Children’s Social Care received a quarterly report regarding ongoing issues, which was then used to review and fine-tune management plans.

Asked about trends in CERPs, officers responded that health assessments had been an issue some years ago but that backlogs had now been resolved.

Members asked how often there had been an escalation of an informal discussion to a formal complaint. Officers explained that serious issues such as the failure to take forward an adoption plan might merit swift escalation while an issue with pocket money would not merit a full scale complaint under the Croydon Escalation and Resolution Process.

Officers stressed that while CERPs were a useful tool for addressing the needs of Looked After Children, the role of IROs was not to be a “compliance police force”, but rather to befriend, encourage and inspire young people in care.

The Panel heard that one IRO was attached to the Leaving Care team to help young people manage the challenging transition from care to independence more easily.

The Chair invited young people present to comment on their relationship with their IROs.

K.
K. stated that he had a friendly IRO, who he felt really listened to his views and needs, and did not take sides. He felt that all IROs should be like his one.

R.
R. stated that he had a very understanding IRO. He explained that he learnt quite slowly and that he received good support from his IRO and his social worker to manage his learning difficulties.

R.'s foster carer stated that R's IRO had been on long term sickness leave and that no one had filled that gap in her absence, which had led to difficulties for R. including the cancellation of his Personal Education Plan (PEP). The IRO had then come back too soon in the opinion of the foster carer, which had had an impact on R. She stressed that a back-up plan was needed in such circumstances to provide continuity of support for Looked After Children.

B.
B. was in attendance but his foster carer spoke for him and said that everything was OK.

Young people in attendance were asked whether they felt that they had received adequate preparation for leaving care. R. stated that he had, and was appreciative of the information and advice he had received. He added that he felt he would benefit from support e.g. financial advice at the point when he moved to semi-independent accommodation. K., on the other hand, felt that the Leaving Care team did not take this work seriously enough. He felt that he was not ready to move out from his foster family and urged officers to make that transfer easier. He explained that he had had the same social worker for 7 years and had developed a very good relationship with her and stressed that for many young looked after people, turning 18 represented a real challenge.

Officers stated that with the "Staying put" initiative, young people were encouraged to go semi-independent ONLY if they felt ready to do so.

Officers, Looked After Children and their foster carers were thanked for their responses to members' questions.

A15/17 Corporate Parenting Panel Work Programme Report

The topic of the 19 July 2017 meeting was confirmed as the health of Looked After Children.

It was also suggested that the work of foster carers be included in the following year's work programme.

A16/17 Dates of future meetings

- Wednesday 19 July 2017 at 5pm
- Wednesday 11 October 2017 at 5pm
- Wednesday 10 January 2018 at 5pm
- Wednesday 7 March 2018 at 5pm

MINUTES - PART B

None

The meeting ended at 7.10 p.m.

REPORT TO:	**Corporate Parenting Panel 19 Jul 2017**
AGENDA ITEM:	**6**
SUBJECT:	**Assessing the health and wellbeing of Croydon's looked after children**
LEAD OFFICER:	**Barbara Peacock , Executive Director of People Department**
CABINET MEMBER:	**Alisa Flemming, Cabinet Member for Children, Young People & Learning**
WARDS:	**ALL**

CORPORATE PRIORITY/POLICY CONTEXT:

A caring city: Provide safer, high quality, integrated healthcare and social care services close to home with a focus on maternity, children and young people, and mental health services.

Corporate Parenting.

FINANCIAL IMPACT

No financial considerations.

FORWARD PLAN KEY DECISION REFERENCE NO: N/A

1. RECOMMENDATION

1.1 Corporate Parenting Panel to note the report which is an update on arrangements for improving health outcomes for Croydon's Looked After Children and the needs of Croydon's Looked After Children identified through health assessments and referrals to Croydon's Children and Adolescent Mental Health Services.

2. EXECUTIVE SUMMARY

2.1 The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type

of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

2.2 The report appended is in response to the Panel's request for an update on health of looked after children.

3. DETAIL OF YOUR REPORT

3.1 The report on "Assessing the health and wellbeing of Croydon's looked after children" is appended.

4. CONSULTATION

4.1 This report has been produced in collaboration between health commissioners and providers on behalf of the Clinical Commissioning Group, the Designated professionals, health provider leads and Council social care managers.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial considerations arising from this report.

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1 There are no legal implications of this report.

7. HUMAN RESOURCES IMPACT

7.1 There are no human resources implications of this report.

8. EQUALITIES IMPACT

8.1 This report is not proposing a change in policy or service.

9. ENVIRONMENTAL IMPACT

9.1 There are no environmental implications of this report.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 There are no crime and disorder implications of this report.

CONTACT OFFICER:
Amanda Tuke, Joint head of children's integrated commissioning
On behalf of Croydon Clinical Commissioning Group and Croydon Council
(amanda.tuke@croydon.gov.uk)

BACKGROUND DOCUMENTS
Not applicable

Assessing the health and wellbeing of Croydon's looked after children

Report contributors:
Amanda Tuke – report editor (Joint head of children's integrated commissioning on behalf of Croydon CCG and Croydon Council)
Sandra Richards – report editor (Designated LAC nurse, Croydon CCG)
Dr Ian Johnston (Designated LAC doctor – interim, Croydon Health Services)
Lyn Glover (Named LAC nurse, Croydon Health Services)
Wendy Tomlinson (Head of Looked After Children Service, Croydon Council)
George Riley (Service manager for Children with Disabilities], Croydon Council)
John Martin (Service manager for Leaving Care service, Croydon Council)
Gill Manton (Head of Virtual School, Croydon Council)
Lyndsey Hogg (Senior commissioner – CAMHS practitioner lead, on behalf of Croydon Clinical Commissioning Group and Croydon Council]
Charlotte Peacock (Team leader, LAC CAMHS, SLAM) and Simon Wilkinson (Consultant psychiatrist, LAC CAMHS, SLAM)
Tiago Brandao (Off the Record/Compass)

Introduction

1. Improving health outcomes for looked after children is one of the five key priorities in the 2016-17 Children and Families Plan overseen by Croydon's Children and Families Partnership. The CFP recognises that this can only be achieved by effective partnership working between Croydon Council and Croydon foster carers; Croydon Clinical Commissioning Group and Croydon GPs; Croydon Health Services and South London and Maudesley Trust; the Virtual School for Looked After Children and Croydon schools; and relevant voluntary sector organisations.

2. Croydon's looked after children population is unique with around half being unaccompanied asylum-seeking children. Understanding the needs of this population is essential in enabling these health needs to be met and to achieve improved health outcomes. The World Health Organisation defines 'health' as '*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'*. It is acknowledge that the families and most notably the children and young people we serve will have different expectations about what is means to be healthy and how to expect that their needs be met based on their culture and experiences in life so far.

3. The Council's social care teams with foster carers to ensure all looked after children are registered with a GP and that their day to day health needs are met. Social care teams also work with wider health partners who share responsibility for the health outcomes for Croydon's looked after children.

4. A half day Looked after Children workshop took place in October 2016. The purpose of the workshop was to promote and raise the profile of the importance of good health for Croydon Looked after Children and Young People. A survey was undertaken in June 2016 by the Designated Nurse for Looked after Children and Young People to gain views, feelings and wishes regarding health topics information and advice young people and the outcomes were used to plan the event.

5. Children and young people have a right to have their views taken into account on all issues that affect them. In the future, partners intend to continue consulting with looked after children and young people through, for example, the newly strenthened Children in Care Council (CiCC) and ask them how they would like to be involved in offering a view of the services we offer to them to support their health and well being.

6. Croydon's strength in supporting LAC health is in partnership working. This report was produced collaboratively by partners who share responsibility for the health outcomes of Croydon's looked after children and draws on local data for performance indicators in relation to statutory health assessments and specific needs of LAC identified in health assessments.

7. The subsequent sections of this report are set out in the following way:

Part one – Arrangements for improving health outcomes for Croydon's looked after children

- Commissioning arrangements for statutory health assessments for Croydon's looked after children
- Croydon's performance in relation to arrangements for improving health outcomes for looked after children
- Arrangements for quality assuring health assessments
- Monitoring of health plans for looked after children
- Arrangements for strengths and difficulties questionnaires
- Commissioning arrangements for children and adolescent mental health services (CAMHS) for looked after children
- Performance in relation to looked after children emotional wellbeing and mental health
- Arrangements for LAC accessing wider health services
- Contribution of the Virtual School to improving health outcomes
- Arrangements for children leaving Croydon's care in relation to health
- Conclusions to part one

Part two – Assessment of the health needs of Croydon's looked after children

- Findings from an audit of initial and review health assessments
- Findings from referrals to LAC CAMHS;
- Analysis of information about LAC with special educational needs and disabilities
- Conclusions to part two

Part 1: Arrangements for improving health outcomes for Croydon's looked after children

8. This section describes the arrangements across the partnership of organisations which contributes to improving health outcomes for Croydon's looked after children and where applicable the performance indicators in relation to those arrangements.

Commissioning arrangements for statutory health assessments
Amanda Tuke (lead commissioner for health assessments on behalf of Croydon Clinical Commissioning Group)

9. Effective assessment of health needs when a child becomes looked after and at regular intervals while they are in care is both a statutory requirement and an important tool contributing to delivery of improved health outcomes for our looked after children.

Statutory guidance

10. The guidance covering requirements of health assessments for looked after children is set out in *Promoting the Health and Wellbeing of Looked After Children - Statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE, DH, March 2015).*

11. The local authority is responsible for *"making sure the children in its care receive health assessments"* and "*must ensure that every child it looks after has an up-to-date individual health plan, the development of which should be based on the written report of the health assessment. The health plan forms part of the child's overall care plan."*

12. CCGs and NHS England have *"a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay".*

13. The statutory requirements in brief are that all looked after children receive an initial health assessment from a doctor within 20 working days from becoming looked after and the findings are considered in the first looked after child review which must also take place within 20 working days. For children aged under 5, statutory guidance requires that a review health assessment be carried out at 6 monthly intervals. If the child is aged 5 or over, then the review must take place once a year. Review health assessments can be carried out by a nurse.

14. There were 767 CYP in the care of Croydon Council at the end of May 17 with 401 of these local children and 366 UASCs. Thirty-seven children became looked after in May (in comparison with the average of 45 per month in 2016-17). Of these, 28 were local which is consistent with preceding months and 9 were UASC which is lower than previous months, reflecting the impact of the Home Office's dispersal policy. Total LAC population numbers peaked in 2016-17 in Aug 2016 at 860 and have since fallen steadily to the current level.

15. Based on these numbers, the estimated demand for health assessments in 2017-18 is between 40 and 45 initial health assessments per month and 68 review health assessments per month (or 816 review health assessments a year). Each initial or review assessment takes around 60 minutes with the child and results in a

report and a health plan in a format agreed locally.

16. The children's integrated commissioning team commissions LAC health assessments on behalf of Croydon Clinical Commissioning Group (CCG).

Commissioning arrangements for initial health assessments

17. Croydon CCG commissions the Croydon Health Services LAC nursing service to coordinate initial health assessments for local LAC in the CCG/CHS block contract.
    - the CHS community children's medical service currently provides six to twelve initial health assessments per month as part of the service specification in the CCG/CHS block contract.
    - Further initial health assessments for Croydon LAC are delivered by a service commissioned from a local GP practice, the North Croydon Medical Centre.
    - For initial health assessments for Croydon LAC placed further than 20 miles from Croydon, the Croydon LAC nursing service requests on Croydon's CCG's behalf that the local LAC health service or the child's GP carries out the initial health assessment and this is then recharged to Croydon CCG.

Commissioning arrangements for review health assessments

18. In addition to coordinating provision of initial health assessments of local LAC, the LAC nursing service also delivers review health assessments.The service consists of 2.8 whole-time-equivalent nurses who from April 2017 have the capacity to deliver on average 33 review health assessments per month against the demand of 68 per month.

19. Croydon CCG has recently identified additional resources to fund increased capacity to delivery review health assessment to bridge the demand and capacity gap with the expectation that this will mobilisied in the second half of 17-18.

20. Where a Croydon LAC is placed further than 20 miles from Croydon, the Croydon LAC nursing service requests that the local LAC health service or the child's GP carries out the review health assessment and this is then recharged to Croydon CCG.

Croydon's performance in relation to arrangements for improving health outcomes for looked after children

21. The performance dataset in table 1 is drawn from the published mandatory annual data return to the Department for Education. The data for 2016-17 is currently being compiled and when finalized will be available to report to Corporate Parenting Panel later in the year. The provisional data sample for March 2017 available to health commissioners suggests that acceptable performance for the *percentage of LAC with up to date Health Assessments* and the *percentage of LAC receiving initial health assessments within 20 working days of becoming looked after* was not achieved in 2016-17. The next section of the report explains the reasons for this, describes improvements which have already been implemented, further actions which are underway and when achievement of acceptable performance is anticipated.

Table 1: Performance measures for Croydon from SSD 903 return for 2014-15 and 2015-16 as published and included in the report to Corporate Parenting Panel in Sept 2016. The 2016-17 data is currently being compiled for submission to Department for Education.

	2015	**2016**	***Objective***
% LAC with up to date Health Assessments	**76.5**	**85.0**	*Higher is better*
% LAC Age 5 and Under with up to date Health Assessments	**72.0**	**93.0**	*Higher is better*
% LAC with up to date Dental Checks	**95.3**	**87.0**	*Higher is better*
% LAC with up to date Immunisations	**92.5**	**92.4**	*Higher is better*
Drugs - % of children looked after identified as having a substance misuse problem during the year	**2.0**	**1.8**	*Not applicable*
% LAC with SDQs Recorded	**83.0**	**70.0**	*Higher is better*
Average SDQ Score	**11.2**	**10.1**	*Lower is better*

.

Performance in relation to delivery of looked after children's statutory health assessments

Amanda Tuke and Wendy Tomlinson (co-chairs of LAC health assessments pathway implementation group)

22. Performance in relation to achieving timeliness in carrying out initial and review health assessments for Croydon LAC has been historically poor and early sight of recent data suggests this has deteriorated further. A review of the the health assessment pathway was carried out by health commissioners in 2015-16 to gain an understanding of the obstacles to timely health assessments. Following the review, a five month project was jointly funded by Croydon Council and Croydon CCG in 2016-17 to take forward the project recommendations with the aim of making sustained improvements to the timeliness of health assessments for LAC.

23. The implementation of project deliverables has been overseen by a partnership implementation group which has representatives from the local authority, Croydon Clinical Commissioning Group and Croydon Health Services and changes already implemented include in summary (more detail given in further sections of the report):
    - The co-location of the LAC nurses with the LAC social care team in Bernard Weatherill House to improve communication and partnership working.
    - The change from two parallel pathways to a single health assessment pathway for both local LAC and UASCs and processes for information sharing between social care and the LAC nursing service.
    - The commissioning by the CCG of an additional initial health assessments service from 1 April 2017 so that capacity to deliver initial health assessments now meets estimated demand in 2017-18.
    - The shift from delivery of review health assessments in the child's placement to a broadly clinic based service.

- The development of a partnership working health assessment pathway for “hard to reach” looked after children who frequently do not attend clinic appointments.

24. Despite the changes already implemented, there continue to be obstacles to achieving acceptable performance.

25. In relation to initial health assessments, the obstacle to achieving improved timeliness is primarily the current processes for communication of the need for an initial health assessment by social care to the LAC nursing service within 3 days of the child becoming looked after (see actions being taken below).

26. In relation to review health assessements, the obstacle to achieving delivery of review health assessments needed is the capacity of the LAC nursing service currently commissioned to deliver the majority of these (see actions being taken below).

Actions to address performance issues in relation to % of initial health assessments carried out within 20 working days of child being brought into care

27. **Improvements which have already been implemented which will impact on performance:**
    - Improved communication between the LAC team and the LAC nursing team facilitated by the co-location of the nurses with social workers.
    - Simplification in requirements of communicating parental consent for health assessments from social workers by the LAC nursing service to improve timeliness.
    - Review of the report template for recording LAC health assessments to improve efficiency and effectiveness.

28. **Further actions to be taken:** The priority for **Social Care** over the next three months will be to improve performance oversight and simplify the process by which timely notification is given to the LAC nursing service that a child has been brought into care and needs an initial health assessment.

29. **When improvements will be seen:** Evidence of improved performance is anticipated from December 2017 at the latest.

Actions to address performance issues in relation to % of looked after children in care at least 12 months with update to date health assessments

30. **Improvements which have already been implemented:**
    - The Designated LAC nurse, Sandra Richards, and the Joint head of children’s integrated commissioning, Amanda Tuke, identified mid 2016-17 that the numbers of review health assessments being delivered by the LAC nursing service commissioned from CHS were insufficient to ensure all LAC received their statutory health assessments within 2016-17.
    - To address this they worked intensively in the second half of 2016-17 to support the CHS provider with increasing productivity by implementing a shift in delivery model from review health assessments primarily delivered in the child’s placement to review health health primarily delivered in a clinic setting. This shift was fully implemented from 1 April 2017.

- While the shift to a broadly clinic based delivery model has delivered an increase the number of health assessments which the nursing service is able to deliver from an average of 18 per month in 2016-17 to 33 per month from 1 April 2017:
  - It could not be implemented in time to impact significantly on the 2016-17 performance on *% LAC in care for at least 12 months with up to date health assessments*
  - It will not fill the remaining gap of 416 review health assessments between the estimated number of review health assessments needed in 2017-18 of 816 and the capacity delivery of the existing LAC nursing services of 400.

- **Further actions to be taken:** The Designated LAC nurse and LAC health commissioner have completed an in depth demand and capacity review and have developed options for closing the capacity gap in 17-18. Croydon CCG has now agreed additional funding to increase capacity and negotations are underway with CHS to clarify future service provision to ensure the necessary capacity. The **Designated Nurse, lead commissioner and provider lead** over the next three months will mobilise additional capacity for delivery of review health assessments.

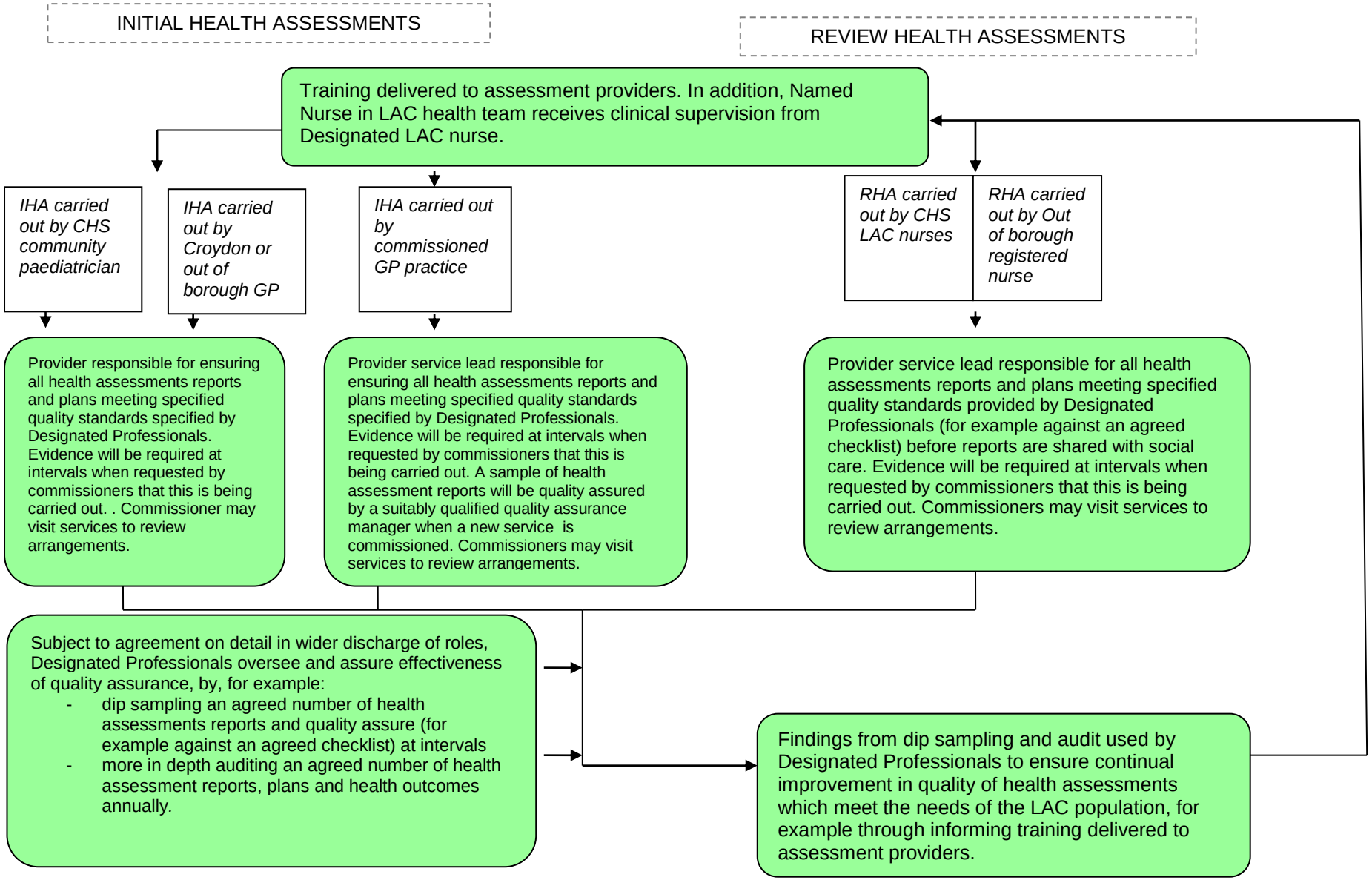
31. **When improvements will be seen:** It is anticipated that the increased capacity will be mobilised in the second half of 17-18 and improved performance will be seen in the annual return for 2017-18.

Arrangements for quality assuring health assessments
Dr Ian Johnston (Designated LAC doctor – interim, Croydon Health Services), Sandra Richards (Designated LAC nurse, Croydon Clinical Commissioning Group)

32. The purpose of health assessment quality assurance process shown in figure 1 is to ensure the best possible quality of health assessments for Croydon's LAC. This process was developed as part of the LAC health assessment timeliness project.

33. The objectives for the quality assurance process for LAC health assessment reports are to:
- Improve the quality of health assessments, health assessment reports and health plans to contribute to improving health outcomes for LAC.
- Address quality issues in LAC health assessments in a timely way while supporting the timely return of health assessment report for LAC review meetings.
- Ensure the quality issues of health assessments are fully understood and inform on the needs for training of health assessment providers.
- Maximise use of quality assurance process to collate information on needs.
- Provide assurance on the quality of LAC health assessments to the CCG and Croydon Council

Figure 1. Quality assurance process for Croydon LAC health assessments



Monitoring of health plans for Croydon's looked after children
Wendy Tomlinson (Head of looked after children service, Croydon Council)
Lyn Glover (Named nurse, LAC nursing service, CHS)

34. Social care has a key role in promoting health of looked after children as set out in the statutory guidance which includes:
    "Social workers have an important role in promoting the health and welfare of looked-after children. In particular they should… take action to liaise with relevant health professionals if actions identified in the health plan are not being followed up. Given the impact that poor physical, emotional and mental health can have on learning, they should also ensure the child's virtual school head is involved in resolving any health care needs that impact on the child's education…"

35. Croydon social workers make sure that actions in the health plan are carried out and that these are recorded on the case management system as completed. Unit managers (managers of the social worker teams) are expected to keep this under review through regular supervision.

36. The role of the Council's independent reviewing officers in relation to looked after children's health is also specified in the statutory guidance "The IRO should, as part of the child's case review, note any actions and updates to ensure that the health plan continues to meet the child's needs. The IRO should be proactive in bringing any deficiencies in the quality of the health plan or its delivery to the attention of the appropriate level of management within the local authority, using the local dispute resolution process if necessary. The local authority should, in turn, discuss any concerns with the designated nurse, so that outstanding issues are addressed without unnecessary delay…"

37. Croydon IROs request that health assessment reports are provided to them prior to the statutory LAC review. They use the health section of the review minutes to record any health concerns including delays in obtaining health services. Any health concerns flagged in the health assessment will be monitored by the IRO and updates expected at each review.

38. Social Workers liaise with the LAC health team for support with the health plan. Social care work in partnership with the LAC nursing team to prioritise which LAC review would benefit from a health perspective to support the looked after child. This liaison has increased due to the LAC health team transitioning to co-location with the LAC Social Care teams at Bernard Weatherhill House. Being physically present has allowed social workers to liaise directly with the nurse to enquire about the health of a child and gain support. The below case study is an example of this.

39. **Case Study 1 - "hard to reach pathway"**: A young person had previously refused to attend a clinic for a health assessment to be carried out or for a health professional to attend their home to complete this. While it had been reported that the young person had accessed the GP and Accident and Emergency department when needed, she had no health plan. The social worker manager identified that the social worker would be visiting the young person and there would be engagement between the social worker and young person so it was suggested that the LAC nurse attend a joint visit to the young person with the social worker. The

social worker phoned the young person who agreed to this and as the nurse was located in the same building the arrangements for this were quickly achieved. On arrival at the home visit the young person was aware that the nurse would be there and engaged fully during the health assessment. Opportunities were arranged and offered for the young person to speak to the nurse without the social worker to respect any confidentiality. During the health assessment the young person engaged with the health promotion offered. The outcome was a clear health plan with identified needs that was predominantly led by the young person sharing their information, with support from existing health records and social worker information. This positive outcome have been due to the Looked After Children's Nurse continuing to use creative means to engage with young people and being more flexible in her work pattern.

40. The CHS Looked After Children nursing team supports Children's Social Care with the coordination of the health plans by ensuring that all relevant health professionals are aware of identified health concerns. A copy of the health action plan with all identified health needs and clear guidance of who is responsible and over what time frame is also sent to the foster carer.

41. Prior to a health assessment appointment, the foster carer will have been asked to complete a 'Carer's Report'. This is used to support the health plan and relevant information shared with the social worker.

42. The LAC nursing team also supports looked after children in accessing health services such as registering with local GP's, dentists, opticians and sexual health clinics and providing health promotion resources.

43. The LAC nursing team being co-located at Bernard Weatherill House has also led to clearer communication and the working towards shared pathways. This will enable both health and social care to work together to ensure that the child or young person attends a health assessment within statutory timescales and benefits from the assessment which will meet their health needs.

Arrangements for implementing strengths and difficulties questionnaires (SDQs)

Wendy Tomlinson (Head of looked after children service, Croydon Council)

44. Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. This to helps social workers form a view about the emotional well-being of individual looked-after children.

45. The statutory requirement is that local authorities must ensure that the looked-after child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers. This is a simple questionnaire that does not require any training to interpret and can be completed in between five and ten minutes.

46. The social care teams receive weekly data telling them which children and young people have an up to date SDQ and which do not, in order to allow managers and social workers to focus their efforts and ensure their work is recorded. This also supports an understanding of which children need an SDQ according to the

counting rules, although it is good practice to have up to date SDQs for all children and this is our endeavour.

47. Local health partners recognise the limitations of SDQ in assessing emotional well-being in the UASC population and addressing this and other aspects relating to the emotional wellbeing and mental health of looked after children is an area of action for the LAC health sub group of the the Children and Families partnership. It is also recognised that there may be challenges for UASC in understanding basic emotional well-being concepts and therefore being unable to express emotional and mental health needs coherently.

Commissioning arrangements for Children and Adolescent Mental Health services for looked after children

Lyndsey Hogg, lead commissioner on behalf of Croydon Clinical Commissioning Group and Croydon Council
Charlotte Peacock (team leader, LAC CAMHS, SLAM) and Simon Wilkinson (Consultant psychiatrist, LAC CAMHS, SLAM)
Tiago Brandao (Off the Record/Compass)

Children and Adolescent Mental Health services for looked after children provided by South London and Maudesley Trust

48. The LAC CAMHS service is commissioned by Croydon Council from the South London and Maudsley Trust who also provide a CAMHS service to the wider population in Croydon commissioned by the Croydon Clinical Commissioning Group (CCG). Compass (as part of Off the Record Counselling Service) is also commissioned by Croydon Council to provide specialist counselling services for looked after children who are unaccompanied minors, refugees, and economic migrants.

49. The LAC CAMHS service accepts referrals of looked after children and young people with emotional, behavioural and mental health difficulties. The team offers an initial consultation following referral to explore the most appropriate response to meet the needs of the child or young person referred. This may involve:
- assessment and treatment for the child or young person,
- working with the child or young person's foster carers, residential staff
- or, where appropriate, working with the birth family,
- supporting professionals' network meeting
- support for foster careers; e.g "Fostering Changes" which is a twelve week course which runs twice yearly for foster carers. This course covers the effects of disrupted attachment and trauma on children's emotional well- being as well as providing practical strategies for managing behaviours.

50. The Croydon CAMHS Looked after Children's Team consists of:
- Charlotte Peacock – Team Leader
- Dr Anna Bakowski – Clinical Psychologist - part time
- Dr Jo Webb- Clinical Psychologist- part time
- Dr Simon Wilkinson – Consultant Psychiatrist – part time
- Naveet Jagdev- Family Therapist- part time
- Isobel Gemmer- Trainee Psychologist
- Jo Blankson – Administrator

51. Croydon LAC CAMHS provides consultation advice and support to the LAC Social Work Teams, Supervising Social Workers and the Virtual School staff team on both a regular and an *ad hoc* basis, to ensure oversight of all looked after children and young people's emotional well-being and mental health needs.This involves identifying behaviours and presenting difficulties that indicate need for further assessment or CAMHS support, supporting care planning and review processes, offering a direct referral route into LAC CAMHS service and prompting strong working relationships between Social Care and LAC CAMHS teams.

52. Children and young people requiring assessment and intervention, are offered a specialist CAMHS assessment, including neuropsychiatry and cognitive assessments and evidence based interventions, such as cognitive behaviour therapy, family therapy, Dialectical behavior therapy (DBT)-informed therapy, trauma-focussed therapy and narrative exposure therapy.

53. The LAC CAMHS team also offers:
    - Networking and case discussion meetings with the Independent Reviewing Officers (IROs). To support the referral pathways of children and young people into and across CAMHS services and increase understanding of role of CAMHS within social care.
    - Fostering Changes Courses: 12 week programme which runs twice yearly for foster carers. This course supports foster carers to form a greater understanding of the effects of disrupted attachment and trauma on children and young people's overall development and provides practical strategies for managing behaviour.
    - Consultation and attendance at Foster Carer Panel: to support decision-making processes for children and young people to be suitably matched and placed with foster carers.

54. A revised training programme is due for delivery from Autumn 2017 by LAC CAMHS to support the awareness raising and development of the childrens services workforce in relation to emotional and mental health needs for children and young people, providing training on emotional and mental health development, attachment, trauma and role of CAMHS.

Third Sector support to Croydon LAC – Off the record/Compass project

55. A number of third sector agencies are based or work in Croydon as a response to the identified need of extra specialist services for Croydon's unique vulnerable population of refugees, asylum seekers and forced migrants. A great number of those are Croydon's LAC and care leavers. Those agencies play a fundamental role within the Croydon community as they are able to support those clients that, for different reasons, "fall through the gaps" and are not supported by statutory services.Some of those agencies formed the Croydon Youth Refugee Network (CRYN), which aims to encourage and support partnership work between agencies, including charities and statutory services. Core members of CRYN are Young Roots, South London Refugee Association, Refugee Council, British Red Cross and Compass to name a few.

56. Charitable agencies have seen an increase of the level of demands and needs of this client group due to a higher number of new arrivals and statutory policies changes that can result on vulnerable young people being inappropriately left with no support in Croydon. Young Roots and South London Refugee Association have both identified an increase of need of case working and advocacy services for Croydon LAC and care-leavers population.

57. Compass Project is a specialist mental health service for refugees, asylum seekers and forced migrants aged 11 – 25 based in Croydon. It is a part of Off the Record Youth Counselling which has 21 years' experience of providing support services to Croydon young people. Compass provides specialist individual counselling, group support and training for professionals. 65% of our clients are unaccompanied asylum-seeking children, so all our counsellors are experienced in assessing and counselling this particular group and in working with complex loss, post-traumatic stress, anxiety, self-harm, suicide, depression and abuse.

58. During the past year, Compass received an overwhelming number of referrals, 142% more than in the previous year, which had a direct impact on the service's capacity. The waiting list has increased from a target 4 weeks to approximately 4-6 months.

59. Children's mental health commissioners are working to identify ways to support securing Compass funding and increase its capacity to address the current demand.

60. Croydon CCG has been able to put in place a cross borough charging process for young people accessing the service who are currently living out of borough.

61. Croydon Virtual School has also commissioned Compass to ensure that Croydon LAC young people have priority to be seen by Compass Counsellors. The Virtual School has also requested that Compass delivers weekly psycho-education and well-being lessons at St. Andrews School for Croydon LAC waiting for a school place.

Improving partnership working and pathways for emotional well-being and mental health

62. Following feedback from young people who had experienced receiving support from within Compass and then being escalated into the LAC CAMHS service, the need to create a clearer route between services was identified. The Compass service and LAC CAMHS are currently working in partnership to pilot a new referral pathway between services for young people who are unaccompanied minors or refugees requiring intensive treatment for trauma or a formal mental health assessment.

Performance in relation to LAC emotional wellbeing and mental health
Wendy Tomlinson (Head of looked after children service, Croydon Council)
Lyndsey Hogg (CAMHS commissioner)
Charlotte Peacock (team leader, LAC CAMHS, SLAM) and Simon Wilkinson (Consultant psychiatrist, LAC CAMHS, SLAM)

63. Between April 2016 and March 2017 the LAC CAMHS team received 99 direct referrals of young people, with 12 not being accepted, resulting in 87 children and young people being offered a service. Over the time period, the team has offered a total of 867 appointments, in comparison to 812 appointments during the same reporting period last year and the current median waiting time is 4-6 weeks. The team do see children and young people more urgently if there are pressing mental health concerns and aim to offer an appointment as soon as required. The LAC CAMHS team work closely with the CAMHS Crisis Team so are able to support looked after children and young people who present in crisis at Croydon University Hospital or through other agencies with urgent mental health concerns.

Arrangements for LAC accessing wider health services
Amanda Tuke (Joint head of children's integrated commissioning)

64. The role of primary care in relation to the health of looked after children is set out in the statutory guidance as shown below.

"NHS England should ensure… looked-after children are always registered with GPs and have access to dentists near to where they are living. This is a shared responsibility with the local authority for the children it looks after… The lead health record for a looked-after child should be the GP-held record. The initial health assessment and health plan, and subsequent review assessments and plans, should be part of that record."

65. Locally, meeting the health needs of looked after children are a key component of a number of wider community-based health services.

66. Working as part of Croydon Best Start the health visiting service (commissioned by Croydon Council from Croydon Health Services) provide universal services including promotion of attachment and undertaking holistic assessments and developmental reviews of children and families, including for looked after children.

67. Health visitors are expected to be aware of children with an early help assessment, child in need, child protection or Looked After Child plan and as a key part of the Best Start team work with other services, providing assessments and reports as required. All looked after children under 5 years have a health visitor who leads the delivery of the healthy child programme.

68. Health vistors work with other agencies as part of a multi-agency intensive care package for children and families requiring intensive support, including for children who are looked after.

69. The health improvement service for school aged children (commissioned by Croydon Council from Croydon Health Services) identify children with additional health needs including looked after children and work with the designated school safeguarding lead and local authority services to support those children. Where appropriate and the child or young person is known to the nurse, members of the school nursing team may attend looked after children reviews when they are the most appropriate health representative and there is a specific outcome to contribute towards.

70. The children's therapies and community nursing services (commissioned by

Croydon Clinical Commissioning Group and Croydon Council from Croydon Health Services) share electronic medical records for looked after children with the LAC Named Nurse, health visiting and school nursing teams, community and acute paediatricians and any other professional working for CHS. While the therapy services accept referrals according to the referral criteria, children are seen for assessment in a variety of locations.

Contribution of the Virtual School to improving health outcomes
Gill Manton (Lead for Virtual School, Croydon Council)

71. The statutory guidance on the health of looked after children requires the following "Given the interrelationship between health and education outcomes, social workers should ensure that the authority's VSH and the designated teacher for looked-after children are aware of information about the child's physical, emotional or mental health that may have an impact on his or her learning and educational progress". *Promoting the Health and Wellbeing of Looked After Children - Statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE, DH, March 2015).*

72. Where there are health conditions which impact on education attendance and/or achievement, the Virtual School will consider this in the 6 monthly review of the child's personal education plan (PEP) and the social worker may be actioned to triangulate information with the LAC health service. Going forward, the Virtual School lead will ensure that where health conditions have impacted on educational progress, there is consideration at the PEP review of how the pupil premium funding (currently £1900 per annum which schools receive for each LAC) can be used to mitigate the impact, for example by funding one to one tuition.

73. **Case study 2:** JB is a bright, highly articulate Year 3 child. JB has had a history of fixed term exclusions and at several points toward the end of the previous academic year/beginning of this academic year, was at high risk of permanent exclusion from his school. Through very detailed support, advice and guidance from the Virtual School and ongoing support for JB from Croydon CAMHS, the Virtual School successfully avoided JB from being permanently excluded and undertook various actions to ensure his eventual and successful transfer, to a more therapeutic-based provision which is where he recently moved to at the end of the Autumn term of this year.

Arrangements for children leaving Croydon's care in relation to health
Wendy Tomlinson (Head of looked after children service, Croydon Council)
John Martin (Delivery manager, leaving care service, Croydon council)

74. The local authority's Leaving Care Service refers young people to GPs, Adult Mental Health and Vulnerable Adults Team, when there are concerns regarding a care leaver's health or emotional well being.

75. The Preparation For Leaving Group delivered by the Leaving Care Service also addressed Health with the young people. First Aid and Health and Safety followed

by a session focused on Nutritional Value/healthy eating on a specific budget relevant to young care leavers aged 18-25 years old.The local authority also now has the Healthy Living Hub where we direct young people to.

76. The Leaving Care Service works together with Good Food Matters which is an organisation within Croydon that works with partner organisations, community groups, GP's, children's centres, schools, Youth Offending Services (YOS) disengaged young people not in education, employment or training (NEET), in particular children leaving care young carers, refugees and asylum seekers, older people and people with mental and physical disabilities, including wheelchair users. The aim of the centre is to work with the community to help connect all to the food we eat and how it is produced. They empower people by teaching the invaluable skills of growing and cooking with sustainably produced food and striving to give better access to affordable healthy produce to the local community.

77. All care leavers are:
    - informed about the services available from Off the Record/Compass, Mind and the Local Helplines for counselling.
    - advised about the importance of registering with a local GP, dentist and optician and to have check-ups when needed.
    - advised about the importance of contraceptive measures and information given on local GUM clinics.

78. The young people's pathway plans have the above information and also includes information about advice provided to care leavers to address other issues like smoking, alcohol and drug issues.

79. The LAC nursing service provides care leavers' summaries as health records for all care leavers.

Conclusions for part one

80. While improved performance has not yet been delivered, the foundations are now in place to deliver improvements in timeliness of health assessments and this is the focus for 17-18.

81. **Actions to be taken by the LAC health partnership:**
    - The priority for **Social Care** over the next three months will be to improve performance oversight and simplify the process by which timely notification is given to the LAC nursing service that a child has been brought into care and needs an initial health assessment.
    - The **Designated Nurse, lead commissioner and provider lead** over the next three months are to mobilise additional capacity for delivery of review health assessments.

Part 2: Assessment of the health needs of Croydon's Looked After Children

82. This part reports:
- the findings from an audit of initial and review health assessments;
- the findings from analysis of referrals to LAC CAMHS; and
- analysis of information about LAC with SEN and Disability
- conclusions from needs assessment

Findings from audit of initial and review health assessments
Sandra Richards (Designated Nurse for looked after children)
Dr Ian Johnston (Designated Doctor for looked after children, interim)

83. Looked After Children (LAC), both local and Unaccompanied Asylum Seeking Children (UASC), share many of the same health risks and problems of their peers, but often to a greater degree. There is extensive research that highlights the vulnerability of Looked after Children related to their physical and emotional health and well-being. A 2002 survey carried out by the Office for National Statistics on behalf of the Department of Health found that allmost half of children placed in care have a mental health issue and two thirds are assessed as having special educational needs. They can have greater challenges arising from disruption and discord within their family of origin, suffer frequent changes of home or school, and lack of access to the support and advice of trusted adults.

84. The importance of the physical and emotional health of children and young people in care cannot be overstated. Many children in care are likely to have had their health needs neglected and, unlike their peers, have not been given the best start in life. Delays in identifying and meeting their emotional and physical health needs can have consequences in all aspects of these children's lives, reducing their educational potential and impacting on their life chances (*The mental health of young people looked after by local authorities in England – Meltzer, H; Gatward, R: Corbin, T.; Goodman, R. and Ford, T 2003* and *Missed opportunities: indicators of neglect – what is ignored, why and what can be done? Child Wellbeing Research Centre 2014)*

85. The health needs of children and young people in care are very varied. A 2014 study[1] using Department of Health *databases (Martin, A., Ford T, Goodman R et al Physical illness in looked-after children: a cross-sectional study. Arch Dis Child 2014)* found that the prevalence of epilepsy, cystic fibrosis and cerebral palsy, for example, were 4.1, 4.2 and 7.2 times respectively more common among children who were looked after. The study concluded there is a significant level of unmet need, with health professionals often failing to identify illnesses in looked after children.

86. It had become clear that the Croydon looked after children health assessment proforma which was used to gather clinical information on our population of local LAC and UASC young people was out of date and did not serve the needs of this population. Department for Education guidance on this, *Promoting the health and wellbeing of looked after children (DfE, 2015)* made specific reference to assessing children in three age groups: under-fives, 5 to 10 year olds, and 11 years plus. At the end of 16-17 we redesigned the health assessment form to take into account

these recommendations and have taken the opportunity to critically assess all the clinical information we gather.

87. We were aided in the re-design by our CAMHS partners who made very useful contributions on wording of questions. The new proforma is now signed off by the Clinical Commissioning Group and will be embedded in the new patient information system, EMIS, just recently introduced for use by community health services of Croydon Health Services NHS Trust and which can be accessed by GPs. These developments, we hope, will make the health assessments more robust, meaningful and accessible

88. In the last Corporate Parenting Panel report, we reported on an audit of the clinical presentation of over eighty children and young people who were either looked after (LAC) to Croydon or unaccompanied asylum seeking children (UASC). That was an extensive piece of work which we were not able to reproduce for this report. However, while less extensive in its scope, we were able to re-audit the original outcomes using an audit tool devised for quality assuring the health assessments done on these children and young people. This allowed us to look at many of the parameters from the original audit and measure the effects of some of the interventions we introduced during the past year.

Identification of mental health needs

89. Last year's audit highlighted a number of important omissions in recording clinical details in the LAC and UASC populations. Chief among them was a concern that clinicians inadequately record details of the mental health needs of this group of children and young people. Published reports suggest that up to 80% of looked after, and especially asylum seeking young people, have mental health needs. Our audit last year found that we were identifying a 40% overall prevalence rate of mental health needs in our local population of looked after and UASC individuals. This dropped to a level of only 31% when we specifically examined the UASC population, a prevalence rate well below published figures.

90. In response to this worrying low identification rate we made a point of highlighting the emotional needs of looked after and UASC children and young people in training sessions carried out over the past twelve months. The particular needs of unaccompanied and asylum seeking young people were given special attention in this training, while not ignoring the needs of the local population where training was delivered by our Child and Adolescent Mental Health Service colleagues and by local voluntary services – Compass and Off the Record. What became apparent during the training was that stakeholders – GPs, paediatricians, specialist LAC nurses and social workers – were not always fully aware of the range of services available for these young people or how to access them.

91. It is pleasing to be able to report this year that there has been a significant improvement in the recording of clinical information that identifies the mental health needs in these children and young people. In the quality assurance audit completed on 34 individuals (LAC and UASC) we found that useful and relevant mental health information was obtained in 32 (94%) cases, of whom 9 had a significant concerns. The numbers of UASC in the re-audit was 15, of which 7 (just under half this group) had significant mental health needs identified (in comparison with around a third in last year's audit). While this is too small a sample size to

draw firm statistical conclusions, it appears there are signs of increased identification of mental health needs in the UASC group.

92. A lack of professional awareness about how to support these young people once they are identified is still evident in the data from the re-audit. There was an example of a young Eritrean male who had suicidal ideation being referred back to his GP for management when this referral should have gone straight to CAMHS. Another local young person was asked to discuss her support needs with the headteacher at her school. While it is disconcerting to pick up these pathway decisions it is heartening to see that there has been an increase awareness of the need to ask the right questions about the mental health needs of these young people. In particular, the needs of the UASC population are being better identified and supported.

Identifying and supporting children and young people who are under- or overweight

93. The other main concern highlighted in last year's audit was the poor quality of recording and acting upon weight and height data, with a specific concern that the Body Mass Index (BMI) was not being recorded. Body Mass Index is the best practical measure of how under- or overweight a child or young person is. Young people coming into the looked after system are at increased risk of gaining weight with 30% of them doing so over their first year in care. At the other end of the spectrum, UASC young people often have low weights for height (low BMI). In the original audit we found that BMIs outside the normal range were missed by clinicians in 40% of cases, including a worrying 15% of unaccompanied young people who had a BMI at or below the 2nd percentile (underweight). Most of these had not been offered therapeutic support. Subnormal weight in UASC children and young people often reflects their traumatic pasts and frequently accompanies anxiety and post-traumatic stress disorder. Addressing this in a holistic manner, not just with dietitian advice, gives best results.

94. At the LAC health workshop in Oct 16 for all LAC health stakeholders, foster carers, children and young people led by Designated LAC nurse supported by partners. Foster Carers' week., the Designated doctor delivered a presentation on fetal alcohol spectrum disorder, a condition that is relatively common in looked after children, often linked with low birth weight, but easily missed or misdiagnosed. Two members of the audience approached him afterwards to say how they thought the description given in the talk matched their own experience. It highlighted an area of clinical need of looked after children and young people that is not well served locally or nationally

95. Again in a training sessions we addressed the concern about BMIs where we emphasised to clinicians the importance of not just weighing and measuring these young people but also of working out and acting upon the BMI. This year we can report that the majority of cases looked at (32 of 34; 94%) had BMI data recorded. Of these, six (6) young people had BMIs raised above the 91st centile, the cut off point for being overweight. Three of these had been referred to appropriate services.

96. One young person from the UASC group had a BMI that was dropping from the 9th to the 2nd centile. She had some mental health needs and was referred for appropriate mental health support. BMIs in children are age specific and proper

interpretation requires that the BMI is either worked out on a dedicated online calculator or read off a children's growth chart. We got the impression that while BMIs are being calculated not all are being adjusted for the age of the child. This will have an impact on the referral patterns and may mean that a child or young person is not fully supported with a weight concern. In spite of this there was a pleasing overall improvement in clinical performance on BMIs.

Findings from analysis of referrals to Looked After Children CAMHS

Lyndsey Hogg (Lead Commissioner, on behalf of Croydon Clinical Commissioning Group and Croydon Council)
Charlotte Peacock and Simon Wilkinson (Croydon LAC CAMHS, SLAM)

97. As described in part one of this report, the numbers of appointments offered by the Croydon LAC CAMHS service increased from 812 in 2015-16 to 867 appointments in 2016-17.

98. Of the 99 referrals made to the service in 2016-7, 87 were accepted and 12 were signposted to other services.

99. The LAC CAMHS team is able to respond to a wide referral criteria of mild to severe emotional and mental health support. This means that the team does not decline referrals on the basis that a high threshold has not been met and in practice very few referrals are declined to the team. Over the last year, reasons for declining referrals have been if the referral does not mention any emotional difficulties or if the young person lives a long way from Croydon and therefore could not be supported safely by the Croydon LAC CAMHS team. In the rare event of declining a referral, the service will always ensure that a more appropriate service is recommended.

100. The LAC CAMHS team are currently working with the Children's Integrated Commissioning team:

- to further develop their offer of interventions to include Parent and Child for attachment based difficulites in younger children and to be able to respond more effectively to children under 12 years presenting with Sexually Harmful Behaviours.
- in developing a framework to support the decision making process for suitable placements and ensuring appropriate CAMHS support is being offered as part of an integrated multi-agency plan.
- And with Compass to be able to increase the current provision to provide an integrated looked after service which will include children who are currently subject to a Special Guardianship Order (SGO) and children and young people who are adopted.

101. The LAC CAMHS Team would also be keen to ensure that Croydon children and young people placed out of the borough with complex mental health needs, have continuity of care and are being offered a CAMHS service to meet their needs in a timely way.

102. The case studies below demonstrate the range and effectiveness of the therapeutic approaches offered within the team. Treatment is informed by close

work with the young person's network and includes individual therapy, consultation to social workers providing life story work, behavioural work and family therapy.

103. **Case Study 3:** E is a 15 year old young person who has difficulties with emotional regulation, impulsive behaviour and symptoms of Post-Traumatic Stress Disorder (PTSD). She is known to have experienced sexual abuse by a family member. E had a number of placements outside of Croydon including residential which broke down due to difficulties supporting E with self-harming and aggressive behaviour. The LAC CAMHS service assisted initially by providing consultation to Social Care about her placement and then offering a treatment package when she came back to live with her family in Croydon. This included family therapy to consider the impact of the sexual abuse on the family and support a change in the family's understating from one that tended to blame E for her behaviour. It also included a flexible approach to offering one-to-one sessions with E which accounted for the fact that she frequently did not attend appointments. During this time the LAC CAMHS team continued to meet regularly with her social workers to discuss a joint approach and to raise safeguarding issues. Due to the high level of risk and difficulties with engaging E in consistent therapy the LAC CAMHS team made a referral to the Adolescent at Risk and Forensic Service at the Maudsley hospital and a practitioner with this team is now working alongside the LAC team to support E into treatment. Although she has continued to have difficulties, E's self-harming behaviour had reduced significantly and she has been able to transition to living in the community again.

104. **Case Study 4:** H and W are 10 and 9 year old siblings who were referred to the LAC CAMHS team with concerns about behavioural and emotional difficulties at home and at school. A previous psychiatric report had made a diagnosis of Oppositional Defiant disorder which was questioned by the network and there was a plan from court for rehabilitation with father in spite of H not wanting this to happen. The LAC CAMHS team undertook a detailed assessment particular of H who had a complex presentation, and this included a number of clinic appointments, a school observation and also a specialist assessment for autism. The assessment indicated that he had symptoms of PTSD and also difficulties with social communication that warranted further monitoring over time. As these assessments were being carried out, the LAC team also had a number of network meetings with the siblings' social workers to feedback and discuss their future care plans. Both children have engaged in therapeutic work on understanding and managing emotions and there is a plan to offer trauma-focused work in the future.

105. **Case study 5:** A is a 16 year old unaccompanied asylum seeker from Afghanistan who was referred to LAC CAMHS by his social worker further to experiencing symptoms concurrent with post-traumatic stress disorder (PTSD) further to witnessing the murders of his immediate family and a traumatic journey to the UK. A was attending college and living in a stable placement with a foster family during the course of our work. Further to assessment a diagnosis of PTSD was confirmed, with regular nightmares, concentration difficulties and hyper-vigilance being the key symptoms experienced. A was offered ten sessions of trauma-focussed therapy utilising the Narrative Exposure Therapy (NET) model. Initial work focused on normalising difficult feelings and providing psycho-education around PTSD, work then progressed onto thinking about how trauma memories are processed and what NET work would look like. The majority of sessions were spent reprocessing the trauma memories. At the end of the reprocessing work the client was provided with a copy of the trauma narrative.

Whilst A continues to grieve for his much loved family he enjoys study and he has hopes for his future in the UK. In the concluding session A reported his nightmares had reduced, a strong appreciation for the opportunity to attend CAMHS and feeling more confident. The Revised Child Impact of Event Scale, a 13 point scale assessing for symptoms of PTSD, was completed at the initial and final session. This highlighted that whilst A continued to think about the past he no longer struggled with concentrating or with feeling the need to be watchful and alert. The final session focused on strategies A could utilise should he find himself struggling in the future. For example, using controlled breathing and relaxation to calm physical symptoms of anxiety, re-orientating himself to time and place, challenging anxious thoughts, and giving himself time and space to think about the difficult memories.

Looked after children receiving services from Compass/Off the Record (voluntary sector organisation)

106. **Case study 6:** M. is a 17 year old young woman, originally from Albania. She is a trafficked young person who was forced into prostitution in Europe, seeking asylum in the UK. She was signposted to our service by her GP as she disclosed low mood, intrusive thoughts and sleeping difficulties. She also had a very low BMI which was attributed to a possible eating disorder. M. was offered weekly counselling sessions for 8 months and engaged well with the process. Initially she struggled to discuss aspects of her trauma and would become quickly overwhelmed and withdraw if the conversation touched her past experiences. She also refused any possible referral to additional support services such stating that she did not want to meet or engage with anyone from Albania or anyone else with a similar background to herself. Initially the counsellor focused on forming a strong working alliance so that M. could trust the therapeutic relationship enough to explore topics that were very personal and shameful to her. Once there was enough trust within the relationship, the counsellor was able to teach M. a number of grounding techniques to support her overwhelming Post-traumatic stress disorder (PTSD) symptoms and focus on her resilience and coping strategies such as creating safe relationships, focusing on her studies and being more compassionate towards herself. Two main achievements in therapy made a significant difference in M.'s life. The first one was M. being able to form a trusting relationship with her foster carer which led to them creating a special and strong bond. The second one was M. finding purpose in her life with her studies and her wish to become a police officer. Once M. was in a more stable emotional situation she was able to accept a referral to the Refugee Support Network which was able to provide her with educational mentoring sessions. M. engaged very well with them and was invited to volunteer with them which she has been doing since. M. decided to end the counselling process as she did not feel ready to openly talk about her trauma experience. She still suffers from PTSD symptoms but feels more resilient and able to cope with her life. Her CORE outcome scores reduced from 35 (severe) to 16 (mild). During the counselling process M’s turned 18 and, with her consent, the counsellor referred M. to Croydon's statutory adult psychotherapy service. The service has an average of 6 months' waiting list and M. agreed that she might be able to talk about her experiences by then.

Looked after children with Special Educational Needs and Disabilities (SEND), complex needs and long term conditions
George Riley (Service manager, Children with Disabilities service, Croydon Council)

107. While not all children with a disability have health issues, this section considers both LAC with a disability and location of placements and the inter-relationships between Croydon's LAC with a disability and health issues.

108. As of 1st July 2017, 56 (7%) of Croydon's looked after children had a registered disability. Of the 56, 21 children had a severe disability which required specialist support from the 0-25 Special Educational Needs and Disability (SEND) Social Care Service.

109. Of the 56 Croydon looked after children with a disability:

- Twenty four children are placed within Croydon. Seventeen of these children are placed with Croydon foster carers. One child is in a residential placement, 2 young people are in supported living arrangements and 4 are placed with independent foster carers.
- Twelve children are placed within other London boroughs. Six are placed with Croydon registered foster carers, four with an independent foster carer, one in independent living and one in a youth offenders institute.
- Fourteen children are placed in the areas outside but close to London. Four are in specialist residential school placements, 6 in a foster placement and 4 in residential care provision.
- Six children with a disability are placed at a distance from London: one in a secure unit in Gloucestershire, 3 in specialist residential care and two with foster carers.

110. Of the 56 looked after children with a disability, 40 have an Education, Health and Care plan (or Statement of Special Educational Needs pending transition to an EHCP), 3 have additional educational needs and 13 have no recorded additional educational needs.

Conclusions to part two

111. There is a significant improvement in the quality of the assessments being done for LAC and UASC young people. There is a greater level of inquiry into their clinical needs, particularly their mental health needs, than before. In addition, BMIs are being estimated and recorded much more accurately than before. Children who require action on their health needs are being referred appropriately in all but a very small number of cases, some of which may be due to lack of professional awareness of referral pathways, especially regarding mental health pathways. This dip sample found that clear discussions were had within the assessment and evidence of carrying out physical check and reviewing immunisations, dental and optician checks.

112. **Actions to be taken by designated professionals:**

a) The **Designated LAC nurse and doctor** will update professionals about the

mental health referral pathways taking advice from our CAMHS colleagues before 30 Sep 2017.

b) The **Designated LAC nurse and doctor** will circulate age specific BMI charts or an online BMI and centile calculator professionals before 30 Sep 2017.

113. **Action for the LAC CAMHS team and the Children's Integrated Commissioning team, by :**

- to further develop their offer of interventions to include Parent and Child for attachment based difficulites in younger children and to be able to respond more effectively to children under 12 years presenting with Sexually Harmful Behaviours
- In developing a framework to support the decision making process for suitable placements and ensuring appropriate CAMHS support is being offered as part of an integrated multi-agency plan.
- And with Compass to be able to increase the current provision to provide an integrated looked after service which will include children who are currently subject to a Special Guardianship Order (SGO) and children and young people who are adopted.

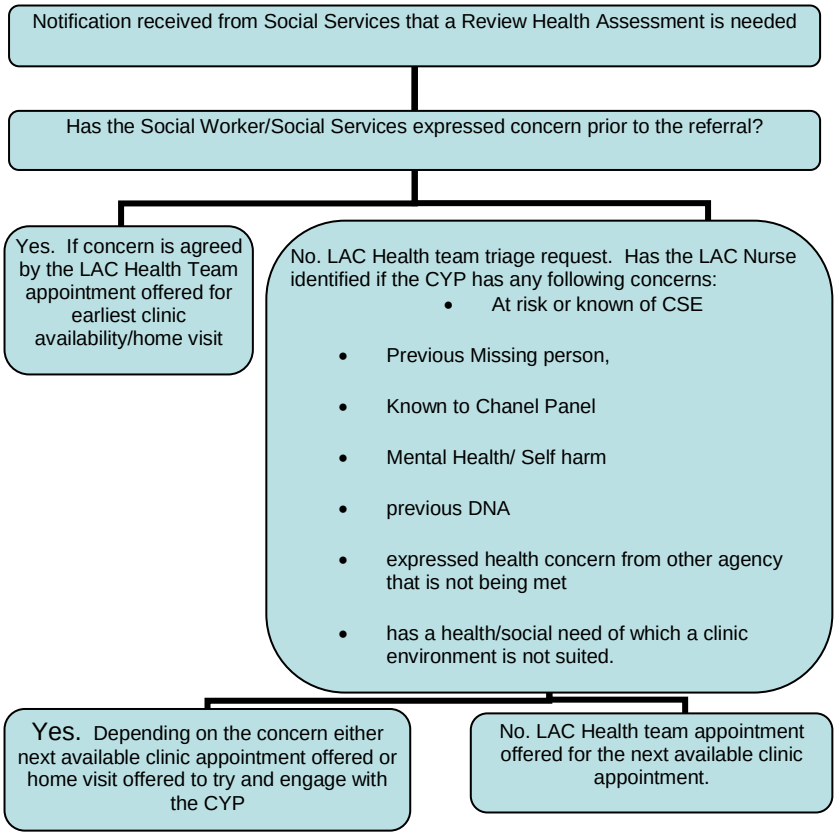
114. **The Council's 0-65 disability service** should strengthen the reporting of health need components of Education, Health and Care plans for looked after children to contribute to future commissioning plans.

Appendix A: pathway for assessing health needs for hard to reach children and young people

- The Designated LAC nurse is now chairing a monthly “breach” meeting with representatives from social care and the nursing team. This group was established to ensure that there is process in place to monitor and oversee the delivery of health assessments to hard to reach children and to build understanding about and to understand more why children DNA Health Assessments As a result of the newly agreed approach, a young person in this category agreed to a joint visit from her social worker and the nurse which enabled the health assessment to be carried out

- Looked after Children are a vulnerable cohort of children and young people and are more likely to suffer with physical and/or mental health conditions compared to their peers. Each Looked after Child will have their own individual set of circumstances, which may impact on their health, and to recognise this the following pathway was developed. The aim of the pathway is to determine if the child/young person would benefit from an earlier appointment so that an appropriate assessment is completed and referrals are made as soon as possible.

Abbreviations used:
LAC – Looked after Child, CYP – Child or Young Person, DNA – Did Not Attend. When booking clinics in advance the LAC Health team will leave a few spaces available each week so urgent health assessments can be offered these appointments. ‘Home Visit’ refers to visits that are not in a clinic/social care building environment. These may include the child’s home, school or the Young Offenders Institute where they attend.



Appendix B: Looked After Children Dip Sample Audit – methodology and findings - June 2017

- As part of the quality assurance process of health assessments carried out on the Looked-After Children (LAC) and Unaccompanied and Asylum Seeking young people (UASC) Designated professionals carried out a dip sample audit of the clinical assessments and outcomes. All the assessments had already been quality assured by the named or designated professional.

- The dip sample was selected systematically from the health assessments done in the last twelve months with an aim to include both initial and review assessments with representative numbers of LAC, UASC, male, and female children. We also wished to include a representative number of assessments done at North Croydon GP Practice. This practice had been helping with the assessment of UASC and some local LAC children in the past year.

- The previous dip sample highlighted two areas of concern:
  - Poor recording of Body Mass Index (BMI) figures
  - Underestimation of the mental health needs of this population

- We had put effort into raising awareness of both these concerns over the past twelve months in training sessions for staff conducting LAC and UASC health assessments.

Sample

- Thirty four (34) health assessments were audited. The composition was as follows:
  - Local LAC 19
  - UASC 15
  - Male : female = 20:14
  - Croydon Health Services NHS Trust assessments 26
  - North Croydon Medical Centre assessments 8
  - Initial assessments 16
  - Review assessments 18

Results

Mental health assessments

- Overall, we judged that the quality of the assessments was very good with some excellent work evident in recording the voice of the child, particularly by the CHS LAC Team. It was clear that professionals were aware of the appropriate questions to ask when looking at a looked after child's mental health needs. All but three children had good / very good / excellent mental health assessments carried out. In the previous year recording of mental health conditions in this population was at 60%. There has been a significant improvement in the past twelve months.
- There was much more clarity to the mental health recording and there were many examples of detailed mental health discussions, especially in the UASC group carried out by the GPs of North Croydon Practice.
- A concern might be raised that in spite of the good assessments carried out there were two examples of lack of appropriate action taken to remedy the

young person's situation. Two young people from the UASC population had been identified with significant mental health needs – one expressed suicidal thoughts; the other had severe flashbacks – and neither was referred directly to the CAMHS LAC Team or to local voluntary services. There is a suggestion that the referral pathways may not be fully understood for this population.

Body Mass Index (BMI) recording

- Recording of BMI data has significantly improved compared with the previous year. Thirty two children (94%) of the sample had a BMI estimation. In the previous year this was approximately 50%. A number of possible concerns were evident, however. There were two care leavers whose BMIs were >98th centile both of whom were given appropriate advice about weight.
- Not all BMIs are checked for the age related percentile. Ther were two examples of the assumption of centiles based on adult figures. For example, there was a recording of a BMI of 18.4kg/m^2 in a 10yo boy as being "low", which it would have been had the boy been 18yo. In fact it was on the 75th percentile for his age. What this emphasises is that age appropriate BMI centile charts should be used. Otherwise online calculation of the BMI should be done.

Data recording

- Data recording overall was very robust. For most assessments there was an appropriate level of detail, a good indicator that the right questions were being asked in the assessment. That was not so evident in two of the assessments done early on in the tenure of the Specialist Paediatric Trainees who come into this role for six months. This is something which will be taken up in their induction and reinforced over the early part of their posting.
- Three assessments were not signed and dated. This is an important matter not to overlook.
- It is an important clinical matter to transfer all relevant concerns highlighted in the assessment to the Health Action Plan. In the overwhelming majority of situations this is well done. There was one omission of hearing loss identified during the assessment where it was not addressed in the Health Action Plan. This was an exception. All Identified health needs are kept under review by the Looked after Children's Nurse and concerns are discussed with the child's Independent Reviewing Officer so that these can be addressed at the review.

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REPORT TO:	**Corporate Parenting Panel** **19 July 2017**
AGENDA ITEM:	**7**
SUBJECT:	**Draft Corporate Parenting Panel Work Programme 2015/18**
CABINET MEMBER	**Cllr Alisa Flemming, Cabinet Member for Children, Young People and Learning**
WARDS:	**ALL**
FINANCIAL SUMMARY: N/A	
KEY DECISION REFERENCE NO.: N/A	

For general release

1 RECOMMENDATION

1.1 That the Corporate Parenting Panel:

- Approve the work programme for 2017-18

2 EXECUTIVE SUMMARY

2.1 The purpose of this report is to invite Panel members to develop the work programme for the period 2017-18 under the Every Child Matters (ECM) objectives.

3 DETAIL

The terms of Reference of the Corporate Parenting Panel are:

- To monitor the provision of services to Looked After Children specifically those subject to child protection plans, by receiving reports from relevant officers

- To be responsible for monitoring and advising the Cabinet member and Executive Director on the Council's Corporate Parenting Policy.

- To listen to representations from children and young people in receipt of services from the council and to agree the basis upon which the Children In Care Council can be involved with the panel;

- To monitor performance against national targets so far as they relate to Looked After Children.

- Monitor the roll-out of the Community Budget in respect of early years;

Reporting Arrangements

The Panel shall have an advisory role. Any action required arising from the deliberations of the Panel which are not within the delegations to the Executive Director will be the subject of a report by the Executive Director to the Cabinet.

It is suggested that the work programme should revolve broadly around the following themes to do with Corporate Parenting rather than Children Safeguarding

- Health Assessment
- Engagement
- Education Employment and Training
- Looking after the right Children

4. CONSULTATION

4.1 None for the purposes of this report.

5 HUMAN RESOURCES IMPACT, EQUALITIES IMPACT, ENVIRONMENTAL IMPACT, COMMENTS OF THE SOLICITOR TO THE COUNCIL

5.1 None for the purposes of this report.

CONTACT OFFICER: Ilona Kytomaa, Member Services Manager, ext 62683

Appendix A

Date	Theme	Proposed Agenda items	Notes
15 July 2015	**Health Assessments**	Immunisations CAHMS Obesity CWD *Each topic to make reference to performance against key National indicator* Child Sexual Exploitation	
13 October 2015	**Engagement**	Children in Care Council* Complaints Foster Carer Association – provide a report? Adopters Mentoring Scheme Development Care Leaver Accommodation and housing issues - engagement *Each topic to make reference to performance against key National indicator*	Martin Williams – report Invite someone from the Foster Carers Ass. Social W - recruitment
13 January 2106	**Education Employment Training**	Virtual School Report including Key Stage Achievement Care Leaver EET Pupil Premium *Each topic to make reference to performance against key National indicator*	
9 March 2016	**Looking after the Right Children**	LAC Population trends – Care Proceedings Adoption, SGO Placement Stability UASC – Unaccompanied asylum children Residential placements Foster carer recruitment and IFA/SIA placements Reviews, IROs Each topic to make reference to performance against key National indicator Children Missing from Care	

CORPORATE PARENTING PANEL WORK PROGRAMME 2015-2018

Date	Theme	Proposed content	Notes
7 September 2016	**Health Assessments**	• Physical health needs • Immunisations • Dental checks • Obesity • CAHMS *Each topic to make reference to performance against key National indicator*	
19 October 2016	**Engagement**	• • Children in Care Council • • Complaints • • Foster Carer Association • • Adopters • • Mentoring Scheme Development *Each topic to make reference to performance against key National indicator*	
11 January 2017	**Education Employment Training**	• Virtual School Report including Key Stage Achievement • Care Leaver EET • Care Leaver Accommodation and housing issues Each topic to make reference to performance against key National indicator	
26 April 2017	**Looking after the Right Children**	• LAC Population trends • Adoption, SGO • Placement Stability • UASC • Residential placements • Foster carer recruitment and IFA/SIA placements • Reviews, IROs Each topic to make reference to performance against key National indicator	

CORPORATE PARENTING PANEL WORK PROGRAMME 2015-2018

Date	Theme	Proposed Agenda items	Notes
19 July 2017	**Health Assessments**	• Immunisations • CAHMS • Obesity • Bullying • CWD • Adult Transitions *Each topic to make reference to performance against key National indicator*	
11 October 2017	**Engagement**	• • Children in Care Council • • Complaints • • Foster Carer Association • • Adopters • • Mentoring Scheme Development *Each topic to make reference to performance against key National indicator*	
10 January 2018	**Education Employment Training**	• Virtual School Report including Key Stage Achievement • Care Leaver EET • Care Leaver Accommodation and housing issues *Each topic to make reference to performance against key National indicator*	
7 March 2018	**Looking after the Right Children**	• LAC Population trends • Adoption, SGO • Placement Stability • UASC • Residential placements • Foster carer recruitment and IFA/SIA placements • Reviews, IROs *Each topic to make reference to performance against key National indicator*	

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