

Corporate Parenting Panel Agenda



To: Councillor Alisa Flemming (Chair)

Councillors Maddie Henson, Bernadette Khan, Pat Clouder, Mike Bonello, Sue Bennett and Maria Gatland

Co-optee Members

Virtual School: Shelley Davies, Angela Griffiths, Sarah Bailey
CLA Designated Health Professionals: Dr Julia Simpson, Fiona Simmons
Health Commissioners: Roneeta Campbell-Butler
EMPIRE: Young People and Council Staff
Care Leaver Representative
Foster Carer Representatives: Angela Christmas, Manny Kwamin

A meeting of the **Corporate Parenting Panel** which you are hereby summoned to attend, will be held on **Wednesday, 10 November 2021** at **5.00 pm**. This meeting will be held virtually and a meeting link will be circulated in due course.

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Tuesday, 2 November 2021

The agenda papers for all Council meetings are available on the Council website www.croydon.gov.uk/meetings

If you require any assistance, please contact Michelle Ossei-Gerning
020 8726 6000 x84246 as detailed above

AGENDA – PART A

1. Apologies for absence

To receive any apologies for absence from any members of the Panel.

2. Minutes of the previous meeting

[Reports to Follow]

3. Disclosures of interest

Members and co-opted Members of the Council are reminded that, in accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, they are required to consider in advance of each meeting whether they have a disclosable pecuniary interest (DPI), another registrable interest (ORI) or a non-registrable interest (NRI) in relation to any matter on the agenda. If advice is needed, Members should contact the Monitoring Officer in good time before the meeting.

If any Member or co-opted Member of the Council identifies a DPI or ORI which they have not already registered on the Council's register of interests or which requires updating, they should complete the disclosure form which can be obtained from Democratic Services at any time, copies of which will be available at the meeting for return to the Monitoring Officer.

Members and co-opted Members are required to disclose any DPIs and ORIs at the meeting:

- Where the matter relates to a DPI they may not participate in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation.
- Where the matter relates to an ORI they may not vote on the matter unless granted a dispensation.
- Where a Member or co-opted Member has an NRI which directly relates to their financial interest or wellbeing, or that of a relative or close associate, they must disclose the interest at the meeting, may not take part in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation.

Where a matter affects the NRI of a Member or co-opted Member, section 9 of Appendix B of the Code of Conduct sets out the test which must be applied by the Member to decide whether disclosure is required.

The Chair will invite Members to make their disclosure orally at the commencement of Agenda item 3, to be recorded in the minutes.

4. Update on actions agreed at previous meeting(s)

5. Urgent Business (if any)

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

6. EMPIRE Presentation

7. Independent Reviewing Officer Service (Pages 5 - 24)

This report is an analysis of the activity of the Independent Reviewing Officer Service and its effectiveness and impact on children's and young people's safety and care in Croydon and covers the period from 1st October 2020 to 30st September 2021

8. Initial Health Assessments and Review Health Assessments for Looked After Children Emotional Wellbeing and Mental Health offer for Children Looked After (Pages 25 - 42)

This report will is provided in two parts to explain the current performance and pathways for the Initial Health Assessment and Review Health Assessments (Part 1) and an update on the Emotional Wellbeing and Mental Health offer for Children Looked After. (Part 2)

9. Children in Care Performance Scorecard

[To Follow]

10. How has the Panel helped Children in Care today?

For the panel to consider how its work at the meeting will improve services for children in care.

11. Work Programme (Pages 43 - 46)

To consider and approve the Panel's work programme for the municipal year 2021/22.

12. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder 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 items 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 Item 7

REPORT TO:	Corporate Parenting Panel
SUBJECT:	Independent Reviewing Officer Service
LEAD OFFICER:	Roisin Madden Director of Early Help and Children Services
CABINET MEMBER:	Cllr Alisa Flemming Children, Young People and Learners
WARDS:	All
PUBLIC/EXEMPT:	N/A

SUMMARY OF REPORT:

This report is an analysis of the activity of the Independent Reviewing Officer Service and its effectiveness and impact on children's and young people's safety and care in Croydon and covers the period from 1st October 2020 to 30st September 2021.

We have continued to develop the IRO service as evidenced by:

- Maintained IRO footprint particularly the use of Midway Reviews, sustained timeliness of writing CLA Review records and the embedding of letter writing to children.
- The involvement of IROs in a wider range of practice forums, in which they can provide high support and high challenge to colleagues.
- Increasing inclusion of IROs in wider reviewing functions to support best quality care for children looked after.
- The continuation of respectful and close working relationships between the IROs and social work services which facilitates high support and high challenge.
- Continuing relationships between IROs, children and young people and parents that facilitate effective CLA Reviews and provide meaningful support throughout the child's journey in care.
- Greater participation of children and parents, by use of virtual platforms and convening CLA Reviews in a series of meetings/conversations rather than one meeting and conceptualising the CLA Review as a process, rather than a single meeting.

There remain areas for growth:

- Continuing scope to develop the involvement of children, their families and carers in their meetings and include them in the evaluation and development of our practice, and further development of meeting and gaining children's views before reviews.
- Achieve a 'mixed economy' of CLA Reviews recognising the advantages of on-line meetings, balanced against the needs of children whose meetings would be better for them face to face.

- Quality and availability of Consultation Documents, Progress Reports and current care plans to Child Looked After Reviews
- Continue to evidence impact of IRO involvement to achieve outcomes for children across the entirety of IRO footprint.
- Development of collaborative approach to formal escalation of concerns with QA colleagues.
- Support increased use of Advocacy Services.
- Continue to develop systemic and relationship based practice in the IRO Service.

POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Children and young people who are looked after thrive and reach their full potential.

FINANCIAL IMPACT: None

RECOMMENDATIONS: To note the report

1. DETAIL OF YOUR REPORT

The Contribution of Independent Reviewing Officers to Quality Assuring and Improving Services for Looked after Children.

This report is an analysis of the activity of the Independent Reviewing Officer Service and its effectiveness and impact on children’s and young people’s safety and care in Croydon.

This annual report covers the period from 1st October 2020 to 30st September 2021. This report provides qualitative and quantitative data on the service for 2020/21 as outlined in the statutory guidance (IRO handbook 2010) and is produced for scrutiny by the Corporate Parenting Panel.

1. Introduction

The guidance states that:

This report should identify good practice but should also highlight issues for further development, including where urgent action is needed. It should make reference to:

- Procedures for resolving concerns, including the local dispute resolution process and it should include an analysis of the issues raised in dispute and the outcomes;
- the development of the IRO service including information on caseloads, continuity of employment and the make-up of the team and how it reflects the identity of the children it is serving;
- Extent of participation of children and their parents;
- the number of reviews that are held on time, the number that are held out of time and the reasons for the ones that are out of time;
- Outcomes of quality assurance audits in relation to the organisation, conduct and recording of reviews; and
- Whether any resource issues are putting at risk the delivery of a quality service to all looked after children.

The Independent Reviewing Service has a key role in assuring the quality of a Local Authority's care planning for looked after children and improving the overall quality of services offered.

2. Legal & Statutory Context of the IRO role

The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under s.118 of the Adoption and Children Act 2002.

The Independent Reviewing service operates within the framework of the IRO Handbook. This is statutory guidance issued to local authorities in 2010. The IRO has a key role in relation to the improvement and quality assurance of the Care Planning for Looked after Children and in challenging any drift and delay.

IROs have a responsibility to ensure that plans are timely, effective and achieve good outcomes for children and young people. They have a responsibility to promote best practice and high professional standards across the Children's Social Work Service.

IROs make an important contribution to the consistency of practice from all those who have a corporate responsibility for looked after children. They have a duty to prevent drift and delay in care planning and ensure that the Local Authority's efforts are focused on meeting the needs of children and achieving the best possible outcomes. IROs monitor the activity of the local authority as a corporate parent, in ensuring that appropriate actions are taken to meet the child's assessed needs, and that the Local Authority is operating in line with care planning regulations.

3. Croydon's context

Since the last IRO Annual Report was written the IRO Service has continued to work virtually as the Covid Pandemic gripped the United Kingdom and the nation cycled in and out of periods of social restrictions. Since June 2021 IROs have been returning to aspects of face to face visits to children with in person CLA Reviews increasing since September 2021.

The council faced the financial challenge of being under S1.14 which has led to honest and robust discussions about delivering the best care for children and how to do so most efficiently. IROs have played an important role in this and we are continually strengthening our relationships with other arms of quality assurance. This includes placements, commissioning and fostering.

The profile of children served by the IRO Service has indelibly changed in the same period. Relationship based practice with children and families ensures that more children are able to remain living within their extended family network or achieve permanency by Special Guardianship or Adoption in shorter time frames. There is a continuing decrease of unaccompanied asylum seeking children received into our care. This relates to pan London and nationally the responsibility for meeting these vulnerable children's needs being met equitably.

The experiences of our teenage children who are looked after is in sharp focus, as we recognise the complexities of safeguarding these young people as a corporate parent especially in respect of their emotional and mental health and how we support them to transition to young adulthood.

In the same period the IRO Service has drawn learning with 2 detailed audits of our practice which will be the foundation for the further development of our service and are referenced throughout this report.

Our focus remains on our relationships with children, parents and colleagues, and how we work systemically to achieve best outcomes for children balanced with curiosity and respectful challenge.

The IRO Service

4. Profile of Croydon IRO Service

The Independent Reviewing Service is sited within the Quality Assurance Service in Croydon and benefits from close links with the Child Protection Conference Chairs and the Local Authority Designated Officer.

The Service manager since February 2018 is Adam Fearon-Stanley, who also has responsibility for the Independent Visitor Service since August 2019 and continues to jointly monitor the Advocacy Service provided by Barnardo's. There are 12 IRO currently in post.

In December 2021 an IRO retires after 48 years of public service to children and a further IRO is electing to move to part time working. With the recruitment of fixed term IRO we expect to maintain IROs caseloads at between 55 and 60 children.

The IROs who have remained in post during this period have strong and enduring relationships with the children and young people they review.

IROs will tend to review all the children in a sibling group, which maintains continuity for children and parents alike. Many children have had the same IRO for a number of

years. Maintaining this ongoing consistent relationship is seen as very important by IROs and the children themselves.

The team is predominantly female – of the 12 staff in post, 6 are women of African or African Caribbean ethnic origin and 2 women of white British ethnic origin. We have one woman of Asian ethnic origin. We have 3 male IROs of white British ethnic origin.

There are no Black male IROs currently in the team which provides a disparity and lack of representation when compared with children looked after in Croydon.

IROs and managers access a diverse range of training appropriate to their development needs and the specific areas of knowledge required by the needs of the young people on their caseloads. Some of this training is bespoke and arranged by the service to meet the specific requirements of IROs. We have continued to access support from Emma Carwardine, Speech and Language Therapist who has provided IRO with icons, pictures and images to use in letters to children. We have had further training on letters to children as a therapeutic intervention supported by Systemic Practice Service Manager Hendrix Hammond. The IRO Service Manager, and 3 IROs have received systemic training, with all IROs required to undergo this training as it is rolled out. Other training is generic and accessed by IRO and social work staff for example SMART Planning and Contextual Safeguarding sessions have been widely attended across the IRO Service. One of the IROs takes responsibility for maintaining a team library for the service sharing articles and publications relevant to the role and alerting colleagues to new additions.

Peer learning is facilitated via weekly reflective supervision groups with all IROs and complemented by issue specific Appreciative Enquiries led by IRO Service Manager as well as feedback from audits by colleagues.

IROs individual practice is supported by 4 weekly supervision, and observation by LADO and IRO Service Managers of IRO at CLA Reviews (3 time per year).

5. Caseloads and Children Looked After

The recommended average caseload as set by the IRO Handbook for an IRO is between 50 and 70 Children Looked After. During 2020 - 2021 the average IRO case hold has reduced to between 55 and 60 children. Part time IROs (3 days per week) case hold between 34 and 36.

The composition of the Children Looked After population continues to reduce, with numbers of local children looked after now in line with our statistical neighbours at approximately 509 children. A sustained decrease in Unaccompanied Asylum Seeking Children also continues to ensure that there is sufficient capacity within the IRO service.

As of October 1st 2021, 595 children were looked after by the local authority, 136 of which were unaccompanied asylum seeking or separated children. This equates to 62.4 children looked after per 10,000 children, or 48.2 children looked after per 10,000 children if unaccompanied asylum seeking children are discounted. The London

average (LIIA data) for 2021 - 2022 is currently 47 children looked after per 10,000 children.

There has been a 20% reduction in Looked After Children since the last IRO Annual Report where 720 children were in our care. This has been achieved through the continuing focus upon supporting children to return to, or remain with their families and robust scrutiny of wider family and legal alternatives to children becoming looked after (e.g. Special Guardianship).

Of the children looked after in October 2021 210 children were looked after under S20 agreements, of which 136 children were unaccompanied asylum seeking children. 89 children were subject to Interim Care Orders and within Family Court proceedings. 265 children were subject to full Care Orders and remained in the care of the Local Authority. 21 children were subject to Placement Orders with the plan to seek Adoptive Carers for them. There is a continuing focus on children, subject to Care Orders who are placed with family members or whose family circumstances have changed where social work teams are assessing whether these orders can be discharged.

There has been maintained improvements in Personal Education Plans for children with the percentage of children having a Personal Education Plan steadily improving and in reaching 95% of children looked after having an in date PEP. This is mirrored by improvement in health assessments for looked after children. The percentage of all children looked after who had an up to date Looked After Child Health Assessment in the reporting period has been maintained at above 85% of all children. There continues to be a focus on Strengths and Difficulties Questionnaires with all children and ensuring that these are used to evaluate children's emotional and mental wellbeing with them.

6. Footprint of the IRO:

IROs convened 1722 CLA Reviews in the reporting year for 795 children. IROs carried out 840 Midway Reviews in the period 31st October 2020 to 1st October 2021. IROs collectively record an average of 400 - 500 case notes per month, capturing their work with children, families and colleagues. There is an increase in the use of midway reviews to 60 – 70 children benefitting from these each month, demonstrating that this practice is now well embedded.

I anticipate that our footprint will continue to change, as the number of children looked after reduces and we continue to evaluate how we record our interventions in summary and streamlined to demonstrate impact not only tasks carried out. The number of case notes may decrease if midway reviews are used creatively to capture different strands of work in a short time period for instance. Alternately midway reviews may increase for the same reasons.

Our end of year reporting to the DFE for 2020 – 2021 shows that 95% of children had all of their CLA Reviews within time frame. Current reporting indicates that this performance is being sustained. There is a focus on ensuring that children receive timely CLA Reviews when their living arrangements change with monthly checks by the IRO Service Manager.

This indicator does not measure the overall timeliness (95% of reviews are in time) and relies upon every review for a child being within time during the year. The reasons for the small proportion of reviews being out of time frame:

- A proportion of initial CLA Reviews are convened late, sometimes by as little as a day. This is due to availability of staff in short time windows of 20 days, some relates to human error.
- Incorrect recording where a series of meetings is used to undertake a full review and the first meeting is not used as the date of the CLA Review. IROs are aware of the need to be vigilant.
- Both of these are addressed by ongoing checks by IRO service manager on a fortnightly basis to highlight where planned dates are not correctly entered.

IRO footprint also seen in a wide range of contexts that enable them to contribute to the quality of care and care planning outside of the Child Looked After Review process. Such as Care Panel, Permanency Panel, Child Looked After Review Panel, Annual Foster Carer reviews, and Risk Assessments for the placing of children and young people into Semi Independent living arrangements

IROs are using Pre Meetings and Midway Reviews to follow up with SW teams whether Care Plans have been regularly updated after CLA Reviews and also that Progress Reports are available. Progress Reports are provided to every CLA Review by social worker to assess the child's needs and the progress made in implementing their care plan between CLA Reviews. This led to a sustained improvement in the availability of Progress Reports to the IRO to prepare for CLA Reviews but not consistently to children (if age appropriate) and other participants in advance of the meetings taking place.

Midway Reviews support progress when used well and where IROs are specific in linking the progress of care plans to outcomes for children. Overall there is a higher level of oversight and IROs continue to contribute to practice by supporting discussions about relationship based practice and focusing on children's needs in the context of care planning. In our thematic audit we found that *'IROs speak with children and practitioners about the child's story and there were examples of careful thought about how children understand what is happening now and how they might understand their story as care experienced adults. Social workers report that discussions with IROs are helpful and suggest different approaches and other ways of approaching difficult issues without supplanting the social worker and team manager relationship'*.

Over the next 6 months there will be a renewed focus to explore the quality of our care plans for children and young people with children, social workers, and team managers. While there are many good and improving plans, IROs continue to face dilemmas when reviewing children's plans which they will raise with colleagues We anticipate this will be reflected in their footprint i.e within the records of Review Meetings, Midway Reviews and case notes.

Our aspiration is that Care Plans for children will set out how a child's needs are met, in a way that recognises the child's lived experience of trauma, loss, or change. For our children's Care Plans to be co-produced and used with children and parents as

dynamic documents which are timely and congruent with the child's court care plan which reflect changes in their life. To support social workers to reflect contingency planning, including parallel plans for Permanence i.e. communicating the dynamic nature of planning for children where we are simultaneously assessing different permanency options.

IROs offer (with the young person's consent) to chair additional Pathway Plan Review or first CIN meetings for children and young people after their 18th birthday, or after they return home to support transition planning.

IROs are now able to recommend permanency arrangements for children that are over 14 years, e.g. recommend matching children with their long term carers. This enables children to be at the centre of this decision making, as the recommendation is made as part of their own review in which they participate with trusted adults. We aspire for this to be a celebration for the young person. IRO are working to achieve this for a number of young people.

Themes and issues.

The number of children looked after by Croydon, continues to reduce, and reflects robust management oversight that recognises that wherever possible children should be supported to remain within their birth families thus limiting state intervention in their lives. This reflects the growing influence of our practice model (systemic and relationship based approaches) which enables us to work with children and families effectively to achieve this. The IROs are part of this oversight, monitoring children's care plans to ensure that children where possible can return home or to other family arrangements in a timely way or alternately that they receive the best possible care.

IROs are contributing to the quality of care for children in a number of ways. We have worked with social work teams to promote staying put arrangements for children with their foster carers after they are 18 leading to substantial increases in these arrangements. IROs have highlighted individually and collectively vulnerabilities in our transition pathways between children and adults services. All IROs are participating in a 6 month period of targeted work with commissioning and placements to evaluate the quality of care for children in semi-independent placements. As a service we are linking with Fostering Reviewing Officers to strengthen relationships and develop how we feed into Annual Fostering Reviews for Croydon's foster carers and vice versa. Over the next 6 months IROs will be linking to specialist areas of practice such as Contextual Safeguarding, SEND, Children in Custody and EMPIRE.

Our thematic audit told us 'IROs have advocated for children at important times in their life and promote a positive view of children. IROs have been able to build trusting relationships with children through which there is common focus between IROs on the need to ensure appropriate support is provided to children to recover from the trauma and loss experienced. Despite this at times practical processes predominate, rather than always exploring emotional wellbeing and this can be reflected within care plans that are reviewed at CLA Reviews'.

'To ensure that IROs cover all the areas required of them by the IRO handbook, there is a similarity in the agenda across children's meetings. This brought a focus on key areas such as health, education and social relationships that overall was positive'.

'This can also bring a focus on ensuring that processes or tasks were on track 'has the PEP happened, has the health assessment happened, has the SGO assessment progressed, or contact reviewed' 'refer for CAMHS' while vitally important that the IRO performs this quality assurance role this can unintentionally divert from exploratory conversations with children, parents and the network that focus on trauma and how to support the child and carers to manage trauma. This can also introduce language that is unhelpful to children as it has no meaning to them'.

'At times, this process focus meant that the higher context of the plans direction was not always explored i.e. the potential return of children home or the barriers that prevented the securing of a Special Guardianship Order. Nonetheless IROs were sighted on the progress of the plan overall. When these questions were explored in CLA Reviews it could be difficult. Social workers, while valuing the contribution of the IRO to care planning and discussion outside of CLA Reviews in one instance felt blamed by the IRO identifying that there had been drift and delay in the meeting when a parent was present. More often these bigger questions were explored entirely separately from the meeting with the child but did not always appear in recordings of the review itself'.

'All IROs could readily explain the direction of travel for the children that they worked with. We also saw key interventions by the IRO in care planning such as a return home which had not been sufficiently assessed, contact proceeding without the relevant contact assessment, and a delayed International Adoption'.

Narrative approaches in social work such as life story work, and our letter writing to children help children understand their journey in care, and hence their own identity and relationships with others. IROs continue to work with colleagues to ensure that at every stage of a child's journey we are gathering the objects, photos, recordings and mementos that we need to do this work. There remains however a level of inconsistency in our practice as a local authority.

Good Practice Example:

An IRO established that life story work had not been undertaken with a young person as agreed at the previous CLA Review. The IRO supported the social worker to gather the material required, and located the child's photo album (which was at her primary school) of their family, previous carers and themselves during proceedings and the first year that the child was looked after. This enabled good life story work to be undertaken by the social worker, and was also a priceless discovery for the young person.

IROs are invited to all Final Evidence Meetings (FEM) to facilitate discussion and understanding of proposed care plans by SW teams. IROs are also invited to Permanency Planning Meetings (PPM) where their independent oversight is able to challenge decisions at an early stage. IROs are closer to care planning for children through their attendance at these meetings and this facilitates a high level of both support and challenge to their colleagues.

Feedback from the IRO link with CAFCASS Guardians is contact between IROs and guardians has improved, with increased communication and IROs easier to reach, particularly when there was a contentious care planning issue that required discussion. Guardian attendance at CLA Reviews has increased whilst they have been held virtually. We will continue to evaluate how this changes as CLA Reviews revert to more face to face arrangements.

IROs have identified a range of issues impacting on care planning across the social work services;

- the management of family time between siblings, particularly after final orders are granted, and ensuring that family time with parents and important people in children's lives continue to be enabled, and also re-assessed if required to ensure it is in the best interests of children.

- Placement stability for children looked after has generally improved. There remains difficulties in identifying placements that can meet children's changing needs over time, and moving children to new carers in a planned way that minimises their distress. This reflects pan London and national challenges in accessing care for some children especially teenagers.

- managing transitions for children and young people between social work teams and when allocated social workers change, and when leaving our care continues to require monitoring by the IRO who highlight appropriately when this is impacting on children and young people.

- developing consistency in the application of savings policies for looked after children. Both for children in care and establishing effective processes for future children looked after. This continues to be pursued by an IRO, who has worked collaboratively across social work and business support services to highlight how children can access Junior ISA, Children's Trust Funds and savings held by foster carers for them.

7. Participation

Where children, parent, and carers feel heard, children's meetings and wider IRO involvement can be a platform for children and parents to understand children's care plans that is invaluable.

Our child participation in CLA Review's target is that 80% of children will participate in their CLA Review. This target will be increased to reflect the importance of children's participation being facilitated by IROs.

During the period April 2020 – April 2021 76% of children had participated in their CLA Review. This has continued to spike with variance as great as 86% of children participating in April 2021 for instance, and 72% in the following month. As of writing on October 2021 cumulative participation of children over the year ending April 2022 so far is 76%.

In our thematic audit we found that *'without exception IROs go to great lengths to support children to be part of their meeting. IROs used various approaches to achieve this based on the wishes and feelings of children and their professional judgement. Older children often stayed in the entirety of their meetings with younger children having separate meetings or joining parts. Wider professional participation is frequently facilitated by using a series of meetings to keep meetings that children are in smaller and it is apparent that the concept of the child looked after review as a single meeting does not always reflect our practice'*.

We have committed to a number of mutually agreed approaches to support increased participation wherever possible before, during and after children's meetings. This involves making greater effort to ensure each child's view of how a review should take place is obtained and respected.

Analysis of participation by age of child to date shows us that while overall participation has marginally increased, the percentage of different age groups attending overall has increased by a greater margin across the majority of age groups. This is indicative of IROs continuing efforts to increase children's involvement in their meetings and using different approaches to achieve this.

CLA 12 - Percentage of CLA who have participated in Reviews (aged 4+) as of 1st September 2021

Current Age	2020-2021			2021-2022 (YTD)		
	Reviews	Participated	Percentage Participated	Reviews	Participated	Percentage Participated
4	19	6	31.6%	7	3	42.9%
5	31	9	29.0%	8	2	25.0%
6	31	12	38.7%	12	6	50.0%
7	47	19	40.4%	15	9	60.0%
8	38	9	23.7%	9	5	55.6%
9	50	27	54.0%	15	11	73.3%
10	63	36	57.1%	19	16	84.2%
11	73	44	60.3%	18	13	72.2%
12	69	38	55.1%	23	15	65.2%
13	94	68	72.3%	28	18	64.3%
14	116	85	73.3%	31	22	71.0%
15	131	105	80.2%	48	44	91.7%
16	234	208	88.9%	70	64	91.4%
17	385	326	84.7%	105	88	83.8%
18	430	358	83.3%	47	41	87.2%
19	28	23	82.1%			
26	3	1	33.3%			
Grand Total	1842	1374	74.6%	455	357	78.5%

There will be continuing dip sampling and feedback between IRO Service Manager and IROs to explore this and continue to increase child participation.

Re-design of consultation documents for children, carers and parents is underway on the basis that these documents will be shorter, and hence more accessible with open questions.

8. Examples of the impact of the IRO

The consistency of an IRO in a child's life over time cannot be underestimated. Children meet a large number of professionals during their journey in care, few can be as constant as an IRO who knows their story, and them well.

Examples of feedback:

Hi xxxx,

I just wanted to say thank you for everything you have done for me over the years. Out of everyone that has been in my life through social services your the only one who is still here. Thank you for not giving up on me and always being there.

Message from child to IRO April 2021

Dear xxxx,

*Yesterday, I have received my A-Level results.
I just wanted to say thank you so much for what you have done for me.
I'm in deep gratitude for your support, dedications and hard work.
I know sometimes it's not always easy but you have done brilliantly despite of the Covid.*

Message from child to IRO, July 2021

These messages convey the value of the IRO's relationships with their children, these relationships enable IROs to support children and social work teams outside of the children's meetings.

Good Practice Example:

A child had said that they had been hurt by their carer. Their allocated social worker was on annual leave. The IRO attended with a police officer to speak with the child, to help that child feel reassured when meeting a stranger. This ensured that the social work teams could progress safety planning for the child, and the child felt heard by adults.

During the reporting period IROs have continued to explore how they can use their relationships with children and those important to them (including parents) to engage children in their reviews and actively achieve better outcomes for them.

Good Practice Example:

A parent and daughter felt disenfranchised with the CLA Review process. After reflection with the professional group, a different approach (with the child looked after's consent) was attempted, where parent and daughter co-chaired the CLA Review. This improved the quality of the family's participation and led to parent and daughter attending future CLA Reviews.

9. Letters to Children

Our letters to children are how we provide the child with a record of their meeting which is accessible to them and promotes their participation. This practice is now well embedded and was recognised as good practice by Ofsted.

Children are positive about receiving letters and some have relayed that it has enabled them to understand their care journey much better. For others it can remind them of the agreements made at their meetings and they use the letters to remind social workers of what was agreed.

10. Involvement of families

IROs recognise that children's relationships with their families are vital and that we have a duty to continue to promote these. IROs have made a concerted effort to ensure that parents and children's wider family are included in CLA Reviews where appropriate.

Good Practice Example:

4 brothers and sisters were allocated a new social worker, as care proceedings had culminated in all 4 children being subject to care orders. The IRO's relationship with the father and wider family supported the new social worker to explore and plan contact creatively with the family, ensuring that contact continued despite the father's continuing disagreement with aspects of contact as directed by court.

Dip sampling by IRO Service Managers continues to indicate an increase in parental participation overall in CLA Reviews and this is a continuing trend from last year.

Dispute resolution and escalation

A significant aspect of IROs' work is focussed on continuing oversight and scrutiny of each child's care plan in between statutory reviews. For Croydon IROs this part of the role is about good quality conversations and appropriate challenge between the IRO and others (e.g. child/ young person/ social worker/ parent/ carer/ school).

Good Practice Example:

- xxxx it's a pleasure to work with you, this one really got us thinking on many occasions, xxxx and I have valued your advice and support from the beginning.

Feedback from team manager, September 2021

The Croydon Escalation and Resolution Process (CERP) shows that 33 CERPs have been raised by IROs in relation to 28 children this year. This is a continuing reduction by almost a third in the number of CERPs raised in the previous reporting year. This reduction is a reflection of the impact of increased oversight of care planning through formal panels and an improved reflective culture at midway reviews where challenge to care planning is viewed as positive and helpful.

Alerts have been raised by the IRO Service for a wide range of reasons including;

- Drift and delay in securing permanency for a child
- The legal status of a placement, as S20, or as requiring regulation as a connected carers arrangement
- Querying the provision of services to a child to support their health, such as counselling or education, such as extra tuition through the Personal Education Plan, or their social relationships, such as contact or life story work
- A child not being visited, or required reports or care plans not being completed for the Child Looked after Review

Our challenge and scrutiny is increasingly present outside of the CERP process and our increased IRO footprint evidences our high support and high challenge within a continuum of IRO activity.

Good Practice Example:

An IRO observed a fraught relationship between a mother and a mother and baby foster carer. Despite this, both mother and carer described their relationship as very positive. The IRO explored with the supervising social worker how the foster carer was supported, and how she fed back to her supervising social worker any concern that she had. With further exploration by the supervising social worker it was identified that there were difficulties between the adults that required intervention. This improved the quality of care the baby received.

The strength of our relationships with colleagues, enables our challenge to collaborative and contributes to wider discussions in networks about the care planning.

Good Practice Example:

I have been very impressed by their joint up working approach and active involvement in attending meetings to share information, reflect, respectfully challenge and hold xxx at the forefront of decision making.

They have each contributed in the planning and decision-making and I think they set an outstanding example of how social worker's, IRO's and guardians should work together to carefully consider and plan for children's future care. Their ability to value each other's views and take on each other's suggestions has led to child centred and good care planning for xxxx.

Feedback from team manager, July 2021

The IRO Service Manager supports the IRO's challenge and scrutiny by convening issue specific meetings alongside the IRO. Ongoing concerns are communicated to senior managers where they have not been resolved and options are explored to achieve best outcomes.

Good Practice Example:

- An IRO was concerned that a Care Act assessment had not been begun, and a social worker from the Transitions Team had not been allocated to undertake this. The IRO raised an alert to the Director who spoke with counterparts in Adult Services. Subsequently the young person was allocated a social worker and the Care Act assessment was begun.

In our thematic audit, 'we found that as a service we continue to face dilemmas about when the threshold to raise a formal escalation is met. There is concern at whether these are effective ways of resolving practice issues for children and progressing children's care plans which is our highest context. This is particularly the case when the use of complaints, advocacy or informal discussion is achieving the same objectives. In this audit several issues were seen where a CERP would have been merited. This included a child not being visited in timescale and over a number of months, the repeated failure to enact previous review decision in the context of re-allocation of social workers and decision making being made outside of the appropriate level of operational management'.

'IROs are intervening effectively on children's behalf on discrete care issues but continue to use informal means over and above formal escalation. This can obscure the impact that they have had to improve outcomes for children in care. This is also a measure of effective relationships with colleagues. These have been steadily improved over the last 2 years and accelerated by IROs' accessibility while working virtually'.

The existing formal escalation process – CERPS – will be reviewed across Quality Assurance. We wish to explore the development of an approach that privilege's collaborative working with colleagues and enables IRO to meet the expectation that they formally identify good practice and also drift and delay.

11. Complaints and Compliments:

The Complaints leaflet revised in 2017-18 for children and young people is distributed by CLA admin to all children and carers who receive invites to Looked After Children Reviews.

Several IROs have empowered children to make complaints in this period and reflect that when these are responded to it can give the young person a strong sense of being heard and respected.

Where practice issues are raised informally, the IRO Service Manager addresses this, usually by bringing the professional network together, to explore our different perspectives and agree the best way forward.

The IRO Service Manager meets quarterly with the Children's Complaints Officer to highlight themes in complaints. They are also copied to the weekly Complaints bulletin.

We have been encouraging IROs to recognise and promote good practice where they see it. IROs praise both social workers practice with children and the quality of their written work and presentation. It is recognised by the IRO Service that alongside challenge we need to continue to support our colleagues through recognising good work.

12. Advocacy:

Our Advocacy Service is currently provided by Barnardo's. This service also provides Advocacy to children who are subject to Child Protection Plans. Barnardo's have provided advocacy to 97 children looked after (as of October 2021) and this reflects the average number of children, young people and care leavers open to their service at any one time. A range of issues have been addressed including;

- Quality of housing to care leavers
- Savings and entitlements predominantly care leavers
- Supporting children and young people in CLA Reviews, or to express their views about proposed changes in living arrangements that they do not agree to.

Good Practice Example:

An IRO referred a 17 year old young person for Advocacy, who did not wish to move from her semi-independent placement. The IRO arranged the CLA Review in a series of meetings to enable the advocate to take part and support the young person to express their views. The young person remained in the placement until after her exams when she moved to a new tenancy.

The IRO Service Manager has supported the Advocacy Service to further raise specific children and young people with senior managers where issues being pursued continue to be unresolved.

Barnardo's Advocacy Leaflet for children and young people is distributed by CLA admin to all children and carers who receive invites to Looked After Children Reviews.

It is recognised, that the Advocacy Service is underused by children and young people under the age of 18 years, relative to the number of children looked after in Croydon with Care Leavers.

There are quarterly meetings to plan and support promotion and referral to Advocacy directly to children, and also to raise awareness in the social work teams. Additionally a survey is being used to explore the understanding of Advocacy amongst all staff to plan focused work around this issue, particularly with children with disabilities and children in custody.

Conclusion:

We have continued to develop the IRO service as evidenced by:

- Maintained IRO footprint particularly the use of Midway Reviews, sustained timeliness of writing CLA Review records and the embedding of letter writing to children.
- The involvement of IROs in a wider range of practice forums, in which they can provide high support and high challenge to colleagues.
- Increasing inclusion of IROs in wider reviewing functions to support best quality care for children looked after.
- The continuation of respectful and close working relationships between the IROs and social work services which facilitates high support and high challenge.
- Continuing relationships between IROs, children and young people and parents that facilitate effective CLA Reviews and provide meaningful support throughout the child's journey in care.
- Greater participation of children and parents, by use of virtual platforms and convening CLA Reviews in a series of meetings/conversations rather than one meeting and conceptualising the CLA Review as a process, rather than a single meeting.

There remain areas for growth:

- Continuing scope to develop the involvement of children, their families and carers in their meetings and include them in the evaluation and development of our practice, and further development of meeting and gaining children's views before reviews.
- Achieve a 'mixed economy' of CLA Reviews recognising the advantages of on-line meetings, balanced against the needs of children whose meetings would be better for them face to face.
- Quality and availability of Consultation Documents, Progress Reports and current care plans to Child Looked After Reviews
- Continue to evidence impact of IRO involvement to achieve outcomes for children across the entirety of IRO footprint.
- Development of collaborative approach to formal escalation of concerns with QA colleagues.
- Support increased use of Advocacy Services.
- Continue to develop systemic and relationship based practice in the IRO Service.

2. CONSULTATION

N/A

3. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

3.1. Revenue and Capital consequences of report recommendations

N/A

3.2. The effect of the decision

N/A

3.3. Risks

N/A

3.4. Options

N/A

3.5. Future savings/efficiencies

N/A

4. LEGAL CONSIDERATIONS

4.1. None

5. HUMAN RESOURCES IMPACT

5.1. None

6. EQUALITIES IMPACT

6.1. None

7. ENVIRONMENTAL IMPACT

7.1. None

8. CRIME AND DISORDER REDUCTION IMPACT

8.1. None

9. DATA PROTECTION IMPLICATIONS

9.1. WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

(If yes, please provide brief details as to what 'personal data' will be processed and complete the next question).

(If no, please complete the sign off)

9.2. **HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

N/A

9.3. Approved by: Róisín Madden Director of Early Help & Children's Social Care

CONTACT OFFICER: *Adam Fearon-Stanley, IRO and IV Service Manager.
07435763400 Adam.Fearon-Stanley@croydon.gov.uk,*

APPENDICES TO THIS REPORT

None

BACKGROUND DOCUMENTS:

None

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Agenda Item 8

REPORT TO:	Corporate Parenting Panel 10 th November 2021
SUBJECT:	Initial Health Assessments and Review Health Assessments for Looked After Children Emotional Wellbeing and Mental Health offer for Children Looked After
LEAD OFFICER:	Derek Dyer Service Manager Roneeta Campbell-Butler Lead Commissioner, Children and Families
CABINET MEMBER:	Cllr Alisa Flemming, Cabinet Member for Children, Young People & Learning
WARDS:	ALL
PUBLIC/EXEMPT:	N/A

SUMMARY OF REPORT:

This report will be provided in two parts to explain the current performance and pathways for the Initial Health Assessment and Review Health Assessments (Part 1) and an update on the Emotional Wellbeing and Mental Health offer for Children Looked After. (Part 2)

POLICY CONTEXT/AMBITIONS FOR CROYDON:

The health and wellbeing of children in care encompasses their physical, social and emotional wellbeing, all of which are influenced by multifactorial factors including the care they receive.

In order to thrive, children and young people have certain key needs that good parents generally meet. The Corporate Parenting Principles¹ set out seven principles to exercise their local areas statutory duties. One of the key corporate parenting principles is to 'act in the best interests and promote the physical and mental health and wellbeing of children looked after'.

Croydon Corporate Parents are required to provide effective, safe and efficient services for children and young people who are looked after and this supports our corporate objective "Our children and young people thrive and reach their full potential."

Services for both the Physical Health and Emotional Health and Wellbeing are commissioned by the Children, Families and Education Integrated Commissioning Team. Croydon Health Services (NHS Trust), South London and Maudsley (NHS Trust) and voluntary sector partners, with Croydon Council. Collectively we work to meet the statutory requirements as outlined in the "Promoting the health and wellbeing of looked-after children 2015" statutory guidance. Our aim is to develop high quality services where health and social care services are appropriately integrated to improve health outcomes for children and young people.

A key component in delivering against our statutory duty is providing Initial and Review Health Assessments to our Children Looked After. Health Assessments are completed by Croydon Health services and quality assured by a Designated Doctor and Designated

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683698/Applying_corporate_parenting_principles_to_looked-after_children_and_care_leavers.pdf

Nurse, who are employed by and represent the CCG. Designate professionals are statutory roles who maintain a strategic overview of the Children Looked After population, provide expert clinical advice to commissioners as well as quality assure the health assessments, assuring the CCG that the children and young people in the care of the borough are being safeguarded, and their health needs identified and met.

A Health Needs Assessment of Looked After children was undertaken by Public Health between December 2020 and February 2021 and published in May 2021. It considered Croydon's current provision which provided a number of recommendations that have formulated into an integrated improvement plan that sits across the CCG and the Council, which is monitored at strategic and operational level.

FINANCIAL IMPACT:

There is no financial impact to the Local Authority.

Within the Local Authority, Children Social Care are responsible for referring and providing oversight of the performance for health assessment delivery and for providing social, emotional and mental health support to all looked after children through its corporate parenting responsibilities.

The South West London CCG fund the clinical professionals with Croydon Health Services to provide the Initial and Review Health Assessments as well as Children Adolescent Mental Health Services provided by South London and Maudsley (NHS Trust) and the voluntary sector organisations. The In-House Systemic Practice Clinical Therapy team is fully funded by the Local Authority and training provided on System Practice Clinical Team.

RECOMMENDATIONS:

Corporate Parenting Panel are asked to:

1. Review and note the performance of the initial and review health assessments and the actions that have been undertaken to reduce the risks associated with delivering these statutory assessments.
2. Review and note the Emotional and Wellbeing Offer for Children Looked After

Part 1 Initial and Review Health Assessments

1. Background and Context

1.1. The number of children in care to Croydon has reduced from 819 in 2019, to 791 in 2020, to 595 in 2021 as at 31st September 2021. The current cohort is made up of 458 children who are local and 137 Unaccompanied Asylum Seeking Children (UASC).

1.2. In the year 2020/21 there were 162 less new CLA than the previous financial year and in the year 2019/2020 there were a further 158 less new CLA than the financial year 2018/19. There has been a downward trend in new children becoming looked after. Figure 1 shows the trend over the last 7 years.

	2016	2017	2018	2019	2020	2021	31/9/2021
Number of CLA 31 st March	805	785	783	819	791	684	595
Rate per 10,000 of children looked after aged under 18 years as @ 31 st March	87	83	81	86	83	72	62

No. of UASC @ 31 st March	430	390	285	265	270	212	137
No. of LOCAL CLA @ 31 arch	375	395	488	554	521	472	458
No. of children who started to be looked after, yr ending 31 March	414	446	426	515	357	195	103
Change of New CLA compared to previous year.		32 less	20 more	89 more	158 less	162 less	
No. of children who ceased to be looked after, yr ending 31 March	421	479	454	475	388	304	190

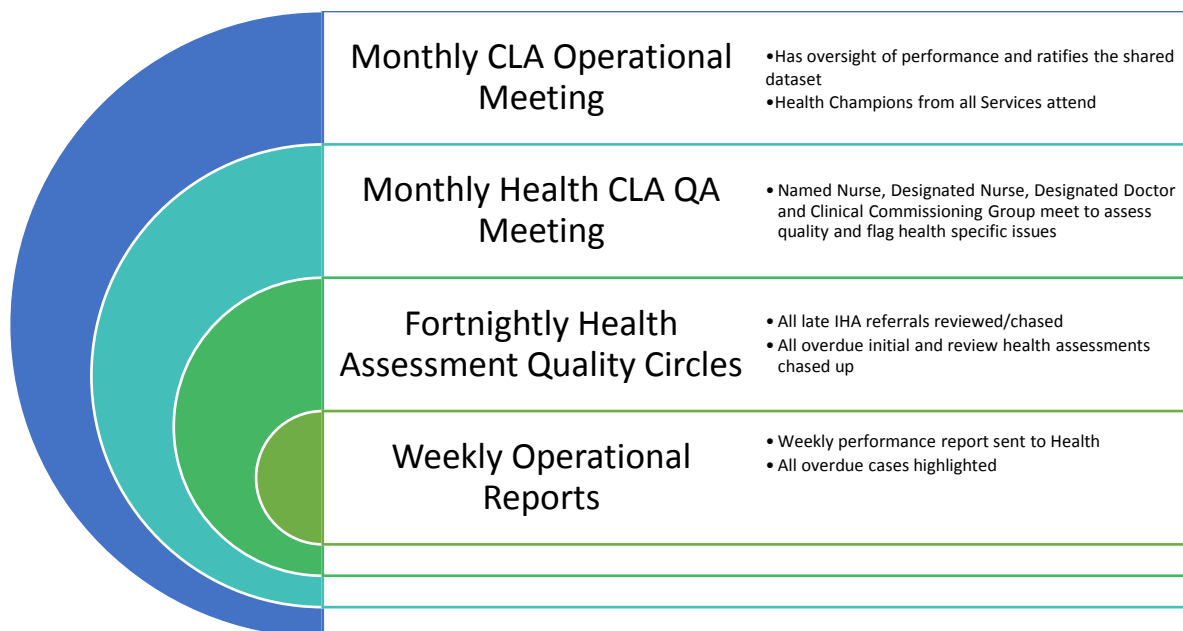
Figure 1

- 1.3. Improving health outcomes for Children Looked After and Care Experienced adults is a key Croydon priority. We have developed and delivered against improvement plans that have reflected this ambition.
 - 1.4. Following the Ofsted Inspection outcome in February 2020 a Children Looked After (CLA) and Care Leavers (CL) Health and Wellbeing multi professional improvement plan (April 2020 – March 2021) has been developed which aims to:
 - a) To promote children’s health and wellbeing requirements as their corporate parents
 - b) To improve partnership working between, Education, Children’s Social Care and Health partners to ensure health needs of looked after children are prioritised
 - c) To strengthen management grip and oversight of CLA Health performance to drive improvements in timeliness and quality of all CLA Health indicators
 - d) To ensure more children looked after and those leaving care benefit from having timely health interventions.
 - 1.5. In addition to the improvement plan a Health Needs Assessment (HNA) was carried out by Public Health Croydon between December 2019 and February 2021 to improve local understanding of the health needs of CLA in Croydon and to inform the future direction, priorities, and commissioning of the service to improve the health and wellbeing of CLA in Croydon. The Health Needs for Children Looked After was published in May 2021 and the 25 recommendations grouped into 8 themes from the report will be used to refresh the improvement plan.²
 - 1.6. In October, One Croydon refreshed its Health and Social Care Plan in consultation with key stakeholders. Children looked after health has been identified as one the key priorities, under our ‘Best Start to Life’ outcome. This includes the provision of a detailed, high quality assessment of children’s health needs and ensuring that appropriate services are developed to meet their needs and improve their health outcomes.
- 2. Governance Arrangements and Performance Oversight**
- 2.1. The delivery of the statutory health assessments for children is the responsibility for both the local authority and the health provider. To ensure the processes are in place to enable strategic and operational oversight and in response to the Ofsted Inspection, a multi-agency Improvement plan was developed in April 2020 which is continually updated. This plan is overseen by the Head of Social Work with Children in Care & Care Experienced adults; whilst the day to day delivery of the plan is managed through the CLA Operational Group, chaired by Derek Dyer Service Manager.

² <https://www.croydonobservatory.org/wp-content/uploads/2021/07/CLA-health-needs-assessment-Final-May-2021-Croydon-Observatory.pdf>

2.3 Over the past 2 years the monitoring and governance arrangements have been strengthened to ensure there is grip and pace in implementing the improvement plan the governance and oversight arrangements described below are now in place to drive forward performance and operations:

Figure 2 CLA Health Assessments Performance Governance structure



2.4 To provide clinical oversight and quality assurance, the Clinical Commissioning Group with the health provider, Croydon Health Services, provide strategic oversight through the Croydon Health Services Steering Group and the CLA Assurance meetings. Performance and risks are reported to these groups and then escalated through to the CHIST Steering Group and Joint Commissioning Group.

3 Initial and Review Health Assessments

3.1 We know from research and from our own 'in house' Health Needs analysis data that although Children Looked After have many of the same health issues as their friends, the extent of these is often greater because of their past experiences. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

3.2 Initial and Review Health assessments are delivered through partnership between the council and the Local Authority. These are holistic health assessments that support the statutory reviews conducted by the local authority and ensure that we are able to immediately identify health issues and ensure they are addressed.

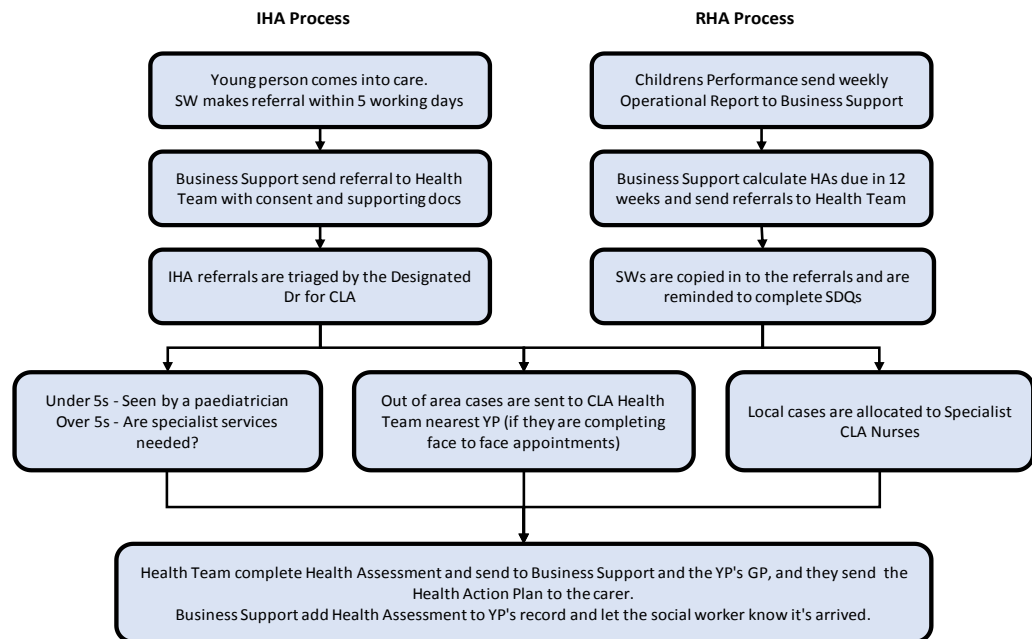
3.3 To ensure the timely delivery of the health assessments, a pathway has been established to review referrals and progress of the assessments completion.

3.4 Figure 3 below shows the checkpoints and pathway of health assessments and the operational arrangements in place to review timescales and performance.

3.5 During the lockdown the council continued to provide both initial and review health assessments through a range of online services. The 'Attend Anywhere' platform

was set up by the NHS to assist Review Health Assessments to continue. However, we are now moving back to a clinic based approach.

Figure 3 – IHA and RHA Pathways



4 Initial Health Assessments: Process and Performance

- 4.1 Initial Health Assessments (IHA) are provided within 20 days of a child entering care. The IHA will provide a holistic review of the child or young person's health needs assessing their physical and emotional wellbeing, SEND needs as well as specific health needs for our UASC population. They are undertaken by a paediatrician. Croydon Medical Services and GP's at the North Croydon Medical Centre are commissioned to provide clinics Monday to Saturday to conduct the IHA's.
- 4.2 The statutory timescale for the IHA to be completed within is 20 days, enabling the assessment to be made available for the child's first Looked After Child review, at week 6 (Day 30) of the child being in care.
- 4.3 To review and validate data, a weekly meeting of children that have entered care that week takes place every Friday. The aim is to ensure referrals are made to CHS on time (at least within 5 days) and progressed accordingly through the IHA pathway. Since this was implemented in April, performance has improved. The CLA Operational Group (which meets monthly) will address issues that have arisen for not meeting performance targets. The reasons for not meeting targets will vary, from the referral not being provided to health on time or the child / young person declining the assessment or the child has been placed out of area, which can cause delays in the assessment turnaround time.
- 4.4 A Partnership performance dashboard has been created which aims to provide a single view of performance from both children social care and Croydon Health

Services. This enables the Partnership to start reviewing the current health assessment pathways in line with statutory guidance and locally agreed targets.

- 4.5 The statutory timescale for the delivery of Initial Health Assessments is 20 days. As can be seen by Figure 5, Croydon IHA delivery data varies from month to month. A 12 month snap shot of this data informs that as at August 2021; 89% of IHA's were provided within 20 days.

Figure 4 – IHA within 20 days September 2020-September 2021

Initial Health Assessment 20 Working Days- (CLA remained in care for more than 20 working days and none remand(J1))

Length in Care (Over 20 days) yes
 Legal Status (All)

Initial Health Assessment	2020/09	2020/10	2020/11	2020/12	2021/01	2021/02	2021/03	2021/04	2021/05	2021/06	2021/07	2021/08	2021/09	Grand Total
Not on Time	5	3	4	6	1	4	2	2	4	1	8	1	4	45
On Time	8	7	10	12	13	6	10	3	8	8	9	8	1	103
Grand Total	13	10	14	18	14	10	12	5	12	9	17	9	5	148
	62%	70%	71%	67%	93%	60%	83%	60%	67%	89%	53%	89%	TBC	TBC
	8/13	7/10	10/14	12/18	13/14	6/10	10/12	3/5	8/12	8/9	9/17	8/9	TBC	TBC

- 4.6 However further analysis indicate that of the 103 not delivered on time, 70% are delivered by the 30th day of the CYP coming into care, which is still in time for the child's first looked after child review, which is demonstrated in Figure 7.

Figure 5 – IHA not on time September 2020-September 2021

Initial Health Assessment working days	2020/09	2020/10	2020/11	2020/12	2021/01	2021/02	2021/03	2021/04	2021/05	2021/06	2021/07	2021/08	2021/09	Grand Total
Not on Time- Working Days	5	3	4	6	1	4	2	2	4	1	8	1	4	45
21			1			1					1			1
22		1	1								1			2
23											1			3
25									1					1
26		1						1						2
27				1										1
28											2			2
29				1										1
30						1				1				2
34				2			1							3
36						1								1
37												1		1
43	1													1
50							1							1
52											1			1
60			1											1
61		1												1
69									1					1
93				1										1
94					1									1
131	1													1
163	1													1
247	1													1
On Time Working Days	8	7	10	12	13	6	10	3	8	8	9	8	1	103

- 4.7 **Reasons for late IHA's**
- 4.8 A review in June 2021 was conducted to understand the most common themes for IHA's being delivered late. The multi-agency team have identified mitigating activities to reduce the opportunities for late referrals. These are below:
 - 4.8.1 **Decliners, missing young people and remand orders:** Young people may decline their assessment because they can't be forced to or they are missing. Working in partnership with Children Social Care and CLA Health teams, policies have been put in place to mitigate continued decliners. The Decliner pathway will ensure that children and young people are followed up when they decline a health assessment and they should be supported within the context of Gillick competency and the Liberty Protection Safeguards (MCA 2019/

Liberty Protection Safeguards) must be applied to ascertain consent and the young person's decision-making in refusing to comply with the health assessment. Notably, the number of young people declining health assessment reduced over the lockdown when health assessment were being delivered virtually. So going forward the learning from lockdown is that we can reduce the number of decliners by offering some virtual health assessments, although it is acknowledged and accepted that 'in-clinic assessments' are preferable.

- 4.8.2 **Late Referrals:** This is where the social work team refer an IHA after the 5 day target date. The percentage of late referrals varies between 10%-30%. The team continue to monitor new CYP that enter care to ensure the referrals are made on time.
- 4.8.3 **YP did not attend or was not brought for the appointment booked for them:** there are two main reasons for why a young person may not attend their appointment. This will be because they have changed placement or their carer has not brought in the child or young person. We use the Health Road shows and the Quality Circles to improve awareness of placement changes remind SW's to chase carers who do not bring children.
- 4.8.4 **An out of area (OOA) Health Team was arranging the appointment:** When a child or young person is placed in a distant borough, our Health Team may commission an out of area (OOA) CLA Health Team to complete the assessment on their behalf. These teams will often prioritise their own area's workload which means that effectively our Health Team has to wait in a queue until an appointment becomes available. COVID-19 resulted in some appointments happening virtually. This meant that the number of out of area cases was reduced to an all-time low. However, as we emerge from restrictions, it's important that face to face appointments resume as you can't detect important health issues, (like heart murmurs for example), through a computer monitor.

5 Review Health Assessments: Process and Performance

- 5.1 Review Health assessments are conducted every 12 months if the child is over 5yrs and every 6 months if the child is under 5yrs. The RHA's are carried out by the Croydon Health Services Specialist Nursing Team and clinics are available Monday to Friday. CSC monitor young people that are due a review health assessment and refer to the health service 12 weeks before the due date (please refer to Figure 4 for the RHA pathway)
- 5.2 Most of Croydon's children in care are placed in foster placements. During the health assessment the carer has the opportunity to share any concerns they may have about the child's health and an action plan is developed by health to support with this. Concerns may be around behaviour, sleep, mental and emotional health, and diet, and may impact on the carer's own health and well-being, and/or that of their family members.
- 5.3 These issues are shared with the social worker by the assessing health practitioner. A health action plan is developed and a copy is uploaded to the young person's file and is shared with their carer. Health action plans are required to be present at CLA reviews to ensure the care plan captures any actions identified in their initial or review health assessment.

- 5.4 Figure 7: Health Indicators for CLA +12months shows RHA monthly performance in September is currently at 87% which is below the target of 95%. A local indicator was created to ensure that RHA's are delivered within the month they were due. In September 10/73 RHA's were delivered on their due month. This is because the CLA nursing service is working through a back log of RHA's due to staff shortages. The RHA back log is due to be reduced by November where we will see more RHA's delivered in the month they are due.
- 5.5 As part of the performance monitoring process; The CLA health team will also review reasons why children and young people will miss their review health assessments. A snap shot of the month of September 2021 identified that 64 RHA's were offered; 36 were completed 8 CLA cancelled and 5 cancelled due to CLA health staff sickness. The team saw 10 that had previously declined and 5 were missing.
- 5.6 To improve the turnaround time for referrals outstanding RHA's are reviewed at the two-weekly meetings, as are decliners.
- 5.7 Through a quality audit conducted by the Designated Nurse in November 2020, the assessment form did not reflect that health promotion activities including discussion around physical, mental, emotional, and sexual health and wellbeing were taking place during the course of the health assessment. To improve the quality of the assessments, the Named Nurse now reviews all assessments completed by the nursing team, while the Designated Nurse dip samples a proportion of these.
- 5.8 There has since been an improvement in the quality of RHAs completed by the nursing team and there is also a service improvement plan to help sustain these improvements within the nursing team.
- 5.9 **Health Outcomes Data** Figure 7: Health Indicators for CLA +12months is a table providing performance data for key health outcome data which form part of the council statutory returns to the Department for Education.
- 5.9.1 CLAH12 - Immunisations: Uptake of immunisations in the CLA population has remained around the 60% mark throughout the course of the year. The immunisation link practitioner role in the nursing team will work with CLA, foster carers and social workers to increase the uptake of immunisations. GP surgeries have continued delivering immunisations as a core service during Covid³. Carers' reluctance- particularly those who were previously shielding- to attend GP surgeries and hospital appointments during Covid restrictions has been discussed at the multi-agency immunisation task and finish group. All professionals who contribute to the CLA's package of care have a vested interest in promoting the uptake of immunisations and raising awareness of its importance. Work will continue within the group in the coming year to further advance on supporting professionals to increase immunisation uptake for CLA in Croydon.
- 5.9.2 CLAH13 - Dental Check Uptake of dental checks remain an issue that needs to be addressed. Only 32% as at September 2021 of CLA have had an up to date health check. Work is in progress in conjunction with public health and dentists in Croydon to see children particularly as service provision has been

³ <https://www.nice.org.uk/media/default/about/covid-19/specialty-guides/maintaining-immunisation-programmes.pdf>

impacted by Covid restrictions. Dentists have not offered routine appointments and have seen those children deemed to be a priority. Anecdotal reports suggest that during lockdown, children may have had more access to sugary foods and snacks, and this may have affected their oral health. Due to the impact of neglect there is increased need within the CLA population and following the lockdown foster carers will play a key role in supporting young people to attend dental appointments. Key stakeholders in oral health have been invited to attend the foster carers association and also to provide specific training to the nursing team on supporting dental care. The oral health pathway and access to orthodontist treatment for looked after children has been discussed in the operational group.

5.9.3 CLAH14 Strengths and Difficulty Questionnaires are scoring tools that are used by foster carers, social workers, and schools to assess a child or young person's mental and emotional state at a given time. These are usually completed annually and submitted in order to contribute to the health assessment process. The below data sheet says that only 45% of CYP have completed an SDQ. A working group has been developed to improve the update of the SDQ completion, working with social workers and the CLA Nursing team. There is an immediate plan to drive the performance of SDQ's across the workforce and the in-house clinical service are supporting this goal in all consultations. Further training will be delivered on the purpose and process of SDQ's to the workforce starting in January 2022.

Figure 6

Indicator Title		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Health Indicators for CLA 12+ months													
CLAH10	Number of CLA in care for 12 months or more with an up to date health assessment	488/561	476/562	484/562	492/544	498/547	497/548	477/539	437/531	434/514	414/495	419/489	415/478
CLAH11	Percentage of CLA in care for 12 months or more with an up to date health assessment	87%	85%	86%	90%	91%	91%	89%	82%	84%	84%	86%	87%
New	Number of children in care for at least 12 months for whom health assessments were due in the month (completed/due in month).	42/128	47/124	20/81	35/87	18/49	7/51	8/70	14/118	13/93	8/89	9/79	10/73
CLAH12	Percentage of CLA (12 months in care) whose immunisations are up-to-date	64%	63%	64%	63%	61%	61%	63%	62%	60%	59%	57%	56%
CLAH13	Percentage of CLA (12 months in care) with an up-to-date dental check	42%	38%	34%	28%	20%	17%	20%	20%	25%	28%	32%	33%
CLAH14	Percentage of CLA (12 months in care) with an SDQ	74%	75%	74%	72%	73%	73%	72%	58%	47%	41%	45%	46%

The Health Needs of Unaccompanied Asylum Seeking Children

- 5.10 The majority of children in care in Croydon have been admitted to care due to abuse and neglect. Unaccompanied minors account for the second largest group of children in care in Croydon. Some of the research shows that unaccompanied minors have specific health needs which needs to be recognised.
- 5.11 The focus on unaccompanied minors is reducing as the Croydon takes a different strategic approach towards this cohort and the number of unaccompanied minors have significantly reduced during the lockdown. However, there remain a significant number of unaccompanied young people (137) within Croydon's CLA population and understanding their distinct health and wellbeing needs is an important factor in the planning and delivery of services.
- 5.12 The demographic of this group is that they are largely male. Skin conditions have been shown to be common amongst the UASC population as are gastro-intestinal issues. There are significant dangers associated with the journeys unaccompanied minors travel to reach the United Kingdom and reports of physical and sexual violence are common.

- 5.13 During health assessments nurses and paediatricians explore the impact of the child's previous experiences on their current health and development, including their experiences of war, crisis, ill health, abuse and loss, taking into account the cumulative risk of abuse and neglect in the child's life and the impact of adverse childhood events (ACEs) on their physical and mental health.
- 5.14 One of the challenges of completing health assessment with unaccompanied minors is that young people can be reticent to share details about themselves or their families through fear that this may be used against them in any immigration applications. There is also often a culturally associated fear of authority relating to experience of authority in their country of origin. In addition, unaccompanied minors arrive in the country without a health history or record of an immunisations and a specific pathway has been devised to address the immunisations needs of unaccompanied minors.
- 5.15 Carers and social workers should also be supported to understand these issues and can link into the health team for further guidance and the CLA health team has contributed to foster carer training about recognising and addressing the health needs of children in their care.
- 5.16 During the recent transition of power in Afghanistan Croydon held a forum for all foster carers and identified carer and children that might need additional support with the stress and anxiety caused by the transition of power to the Taliban.

6 Planned Actions to improve the health assessment performance and quality

The partnership recognise that, though we have seen improvements in areas and we are still not meeting statutory and local targets set. Below are a list of improvements that we are working towards, in line with the Improvement Plan; post our Ofsted Inspection in February 2020. Note that the Integrated Action Plan following the Health Needs Assessment is still to be completed and signed off. The integrated action plan is in development and will be ratified by the quality assurance and health and wellbeing operations groups in January 2022 and will be reviewed by senior leaders.

Reference Number	Planned Actions as at November 2020	Update as at September 2021
1	Children Social Care are working with health colleagues to Consider if systems can be integrated to promote joined up systems.	A portal system is being considered where health and social care would both have access to the portal to promote a more seamless end to end process.
2	<p>A virtual "Health Road Show" is being developed where social workers will have the opportunity to hear from a range of clinicians, including specialist nurses, sexual health, immunisations, to promote the health for looked after children and importance of the health assessment process (over the next 12 months)</p> <p>For the next roll out a survey will be developed to gauge how helpful the training is and what social workers would like to see in future road shows.</p>	<p>The Health Road shows have been up and running for a year and continue to be attended by social workers</p> <p>The Health Road shows has been out rolled out to all services and planning for the next roll out is underway. There has been an increase in SW's asking the health team questions and there has been increased visibility and profile of the health service.</p>
3	Development of the Health Champions roles within children social care; providing a professional platform for social workers to champion the health of looked after children ensuring processes for the RHA and IHA process are adhered to.	Health champions have all been appointed and play an important role in driving performance.
4	The development of the CLA Health Needs Assessment, which aims to improve the local understanding of the health needs of CLA and to inform the future direction, priorities and commissioning of the services supporting their health needs (January 2021)	CLA Health Needs completed in May 2021 and contributes towards the continuous improvement plan which is due to be ratified in Jan 22
5	A workshop with the CLA health team was organised by the Children and Families Commissioning team. The outcome will support the development of a renewed nursing	Croydon NHS Trust CLA Health Service Specification which was signed off in August 2021.

	specification and identify areas of improvement.	
6	Clinicians to meet with EMPIRE to consult on the health assessment process (November 2020)	Clinicians did meet with Empire, who helped shape the CLA Needs Assessment.
7	Review and audit is underway for all CLA that have a SEND and a disability.	This has been completed

Future savings/efficiencies

The delivery of the Health Assessments do not have a direct financial impact on Croydon Council as the South West London (Croydon) Clinical Commissioning Group commission and fund these assessments.

PART 2 Emotional well-being and mental health offer for Children Looked After

1 Background and Context

- 1.1 Looked-after children are some of the most vulnerable children and young people in our society. As such, they need and deserve the best possible support from the services there to help them. Nowhere is this more important than in the services that give care and support to help meet their mental health needs.
- 1.2 Well-being is a less concrete idea than that of physical health and the wellbeing of looked after young people can be measured in a number of ways. Broadly, when we focus on emotional wellbeing in relation to children and young people we focus on availability (helping children and young people to trust), sensitivity (helping children/young people to manage feelings and behaviour), acceptance (building children/young people's self-esteem), cooperation (helping children/young people feel effective/be cooperative), family membership (helping child/young person feel that they belong). We also consider how we are supporting building resilience in our children and young people as they develop. For example, in being connected - building positive relationships with loved ones and friends and having supportive relationships, feeling acceptance - viewing themselves positively, having confidence in their own strengths and abilities, building skills in communication and problem-solving and having some perspective. It is also important to note that the wellbeing needs of looked after young people can differ from the wider population. For example, placement stability is a considered to be a significant factor in the wellbeing of children in care.
- 1.3 The Brightspots survey was developed in 2013 to identify local authorities in England which were providing good experiences for children in their care; and promote the practice that made positive experiences possible. The Brightposts survey has been important in terms of the voice of young people influencing the development of the emotional health and wellbeing offer. Going forward, how Croydon works with its partners to capture useful data on the well-being of its children in care living both in and outside of the borough, the services they are accessing and the quality of interventions is a key area of improvement. Another important area is reviewing the current commissioning arrangement to ensure health and well-being services are adequately commissioned to meet the needs of the looked-after population.
- 1.4 The health needs assessment published in May 2021 has provided a helpful overview and roadmap to build upon the existing health improvement plan. Recommendations 14 and 15 relate specifically to the Support for mental health and emotional health and wellbeing of looked after children and young people:

Rec 14 - Develop a holistic, child-centred pathway for the emotional wellbeing and mental health of CLA.

Rec 15 - Review the level of commissioned support for CLA emotional wellbeing and mental health in comparison with estimated need in the CLA population.

2 Prevalence and Performance Data

- 2.1 The Children's services Analysis tool (CHAT) shows that in the year 2019/2020 Croydon accommodated 85% of its children in care in foster placements, compared with 74% statistical neighbours. There is also slightly increased placement stability compared with the national average and statistical neighbours. In this sense, the

wider service provision and placement stability contribute towards the well-being of children in care.

- 2.2 Of the 590 looked after children in care to Croydon as of 29th October 2021, 445 of these are between the ages of 4 and 17. The national outcome measure for tracking the emotional welfare of looked-after children is the Strengths and Difficulties Questionnaire (SDQ). Strengths and difficulties questionnaires are scoring tools that are used by foster carers, social workers, and schools to assess a child or young person's mental and emotional state at a given time. These are usually completed annually and submitted in order to contribute to the health assessment process. This is completed for all children aged 4-17 and of the 445 young people in that age group (214) 48.1% currently have an up to date SDQ.
- 2.3 Despite the low number of SDQ returns a review of the 4-17 cohort of Looked After Children 198 have been identified as currently receiving (or have received within the last 12 months) a targeted emotional and/or psychological intervention, which is 44% of the 4-17 cohort.
- 2.4 At the end of March, the table above shows that 12 children were known to substance misuse services. Assessing children for substance misuse as well as completing health promotion work around substance and alcohol misuse is an important aspect of the health assessment process. Better multi-agency work is planned for the coming year to provide seamless support for those children who require support with this aspect of their health.
- 2.5 As at July 2021 (Quarter 2) 31 referrals for CLA to work directly with CAMHS as part of a professional package of support were made and 28 were accepted.

3 Emotional Wellbeing and Mental Health Services for Children Looked After

- 3.1 The term emotional and psychological intervention to describe an evidence based intervention which is informed by NICE (National Institute for Health and Care Excellence) guidance. These are often delivered by counsellors and therapists but in some circumstances are other clinically informed professionals do this work, such as emotional health and wellbeing practitioners in schools.
- 3.2 Some young people don't feel able to work directly with emotional and psychological interventions but they continue to need emotional support. A vital part of the offer to these young people is clinical support to networks and to the people providing them with care. This means helping foster carers, social workers and other important professionals around the young person think about the emotional needs of the young person, and of the people working directly with the young person, as well as supporting emotion centred work being carried out by people that have meaningful relationships with the young person.
- 3.3 The Emotional wellbeing and mental services available for all Children and Young people in Croydon is comprised of South London Maudsley NHS Foundation Trust (CAHMS and the Child Wellbeing Practitioner Programme) Croydon Drop in, Off the Record counselling services and access to NCPCC Emotional Wellbeing Service (for sexual assault and abuse). All referrals to these services are managed by the Single Point of Contact (SPOC). This section explains the offer available and how young people and social care teams can access these services.

- 3.4 **Croydon Children Social Care Systemic Practice Team and Model:** this is a whole system in-house approach to therapy for all children and families known to children social care.
- 3.4.1 Launched in Autumn 2019, Croydon's in-house emotional wellbeing Tier 2 offer comprises of a team of 7 clinicians co-located across children's Social Care and Early Help. With oversight and co-ordination by the head of systemic clinical services and currently they receive referrals from all social care teams to support the families and children they work with, including CLA. Over the past year the clinical service have offered 161 clinical consultations and worked directly with 22 CLA young people.
- 3.4.2 Training social workers in systemic practice has been a key aspect of Croydon's emotional wellbeing offer. The training offer is a level 1 certificate in family therapy which promotes emotionally literacy amongst social workers and increases their capacity to support the emotional needs of our young people and their families.
- 3.4.3 Clinical practitioners have attended professionals meetings and group supervisions to help networks think about the emotional and mental health needs of our young people, promoting emotionally attuned social work. Our in-house clinical practitioners have also provided therapeutic support to foster carers, promoting placement stability for Croydon's looked After Children. Consequently, Croydon's Looked After Children have better placement stability than both statistical neighbours and the England average.
- 3.4.4 Sitting alongside the clinical team has been the edge of care team who provide short term interventions to families promoting positive family relationships. The edge of care team have worked with foster placements to promote placement stability and with looked-after children and young people returning to their parents care.
- 3.5 The **Child Wellbeing Practitioner programme** is part of the national Children's and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme. It provides an early intervention service to those young people who would not previously have met the threshold for a mental health service. The team provides brief, low-intensity, evidence-based, guided self-help interventions for children, young people and their parents/carers where the child or young person has mild to moderate emotional or behavioural difficulties. The children's wellbeing practitioners programme sit within Early Help. These practitioners work at tier 2 and 3 to promote easy access to psychological services linking up key stakes holder such as GP's, schools and CAMHS services. They are report to the GP Monthly Conference, run by the Primary Care Trust. Whilst they are not a direct aspect of the CLA offer they play a vital role in preventing children becoming Looked After.
- 3.6 **Croydon Drop In** is a local charity, providing services such as outreach and Talkbus in school and community settings across the borough. It provides AQS-accredited advice & advocacy services on issues such as benefits, school exclusions, housing and employment; key work & therapy for pregnant mums and families with children aged 0-2 (Parent Infant Partnership) and trauma-informed therapeutic and counselling services for 4 – 25 year olds.

- 3.7 **Off the Record** is a charity providing counselling to young people 14 to 25 who live, study, work or have a GP in the borough of Croydon. The charity has an online counselling service for young people 11 to 25, a project providing support, information and activities for young carers aged up to 25 (minimum age 7), a project providing counselling for refugees, asylum seekers and forced migrants aged 11 to 25 (sometimes through interpreters) and a Community Development Service seeking to ensure equal access to all mental health services (including statutory services) to minority communities in Croydon.
- 3.8 Off The Record' reported the following data relating to Children Looked After:
- Croydon Counselling - 6
 - Croydon Online Service - 22
 - Refugee and Asylum Seekers Service- 88
- 3.9 **National Society for the Prevention of Cruelty to Children (NSPCC)** is a national charitable organisation commissioned across the South West London region of clinical commissioning groups, to provide an Early Emotional Support Service to children and young people up to 18 years old. The Early Emotional Support service provides mental health and emotional wellbeing assessments and support to children and young people who have been victims of child sexual abuse, as well as their non-offending families and carers. The service is provided to children and young people registered with a general practitioner, meeting the referral criteria and offers all child sexual abuse victims the following:
- 3.9.1 Assessment of emotional needs and risk;
- 3.9.2 Brief intervention and family support;
- 3.9.3 Targeted outward referral e.g. referral to CAMHS through SPOC, school counselling/nurse, with support from experts.
- 3.10 **Croydon CAMHS** is the commissioned specialist child and adolescent mental health service for children and young people up to the age of 18 years who are presenting with moderate to severe mental health or neuropsychiatric disorders resulting in significant functional impairment and requiring a high level of multidisciplinary assessment and/or treatment.
- 3.11 Looked After young people are accommodated in a range of placement settings both in and outside of Croydon. As such, there is a multitude of pathways by which young people are referred for and receive emotional and psychological interventions:
- As part of a commissioned package in a registered children's home or foster placement.
 - Provision of CAMHS by other Local Authorities in which the child is living.
 - Referrals to psychological services in the community such as private therapists.
 - Direct support through pastoral care in schools.
 - Self-referrals to online portals (e.g. Kooth, The View)
- 3.12 The COVID pandemic will have exacerbated children and young people's existing health and wellbeing concerns and may also have impacted negatively on the wellbeing of their carers. Services need to be aware of additional vulnerabilities and identify and support these needs

4 Future developments

- 4.1 To ensure that we meet the growing emotional wellbeing and mental health needs of this cohort, we will be progressing with the following key actions; ensuring that we meet the recommendations with the Health Needs Assessment and NICE guidelines
 - 4.1.1 A clear emotional wellbeing and resilience pathway which provides timely clinical consultation and intervention to the CLA population and that considers NICE guidelines/interventions with clinical effectiveness.
 - 4.1.2 Develop partnership between the in house clinical team and the CLA nurses to coordinate the completion of health assessments.
 - 4.1.3 A SDQ process which triggers frontline social care staff to request consultations with the in-house clinical team and support to develop plans and interventions to promote emotional wellbeing and resilience.
 - 4.1.4 Routinely be using SDQ data to inform plans to promote emotional wellbeing and resilience
 - 4.1.5 Develop routine review SDQ collection to measure effectiveness of targeted support and intervention
 - 4.1.6 Develop a clinical consultation pathway and support to networks providing care.
 - 4.1.7 Continue to provide consultation with a holistic approach in mind when working to promote good mental health and wellbeing, considering physical health, sexual, emotional and mental health, wellbeing and health promotion
 - 4.1.8 Continue to promoting the importance of choice and respect for children and young people's views around accessing help, counselling and therapy
 - 4.1.9 Hold onto and talk about stories of personal achievement, talent, ability, and qualities in our young people with our young people and wherever we purposefully can in whatever forum we can for the benefit of their self-esteem, positive self-regard and sense of self-efficacy
 - 4.1.10 We will continue to strive to offer advice, guidance and work that promotes dignity, respect, compassion, is responsive and supportive
 - 4.1.11 We will think actively with carers, networks and Social Workers about the building blocks of resilience and with our children and young people
 - 4.1.12 In our consultations with carers, networks and Social Workers we will consider screening for trauma and loss where appropriate and offer advice.

2 LEGAL CONSIDERATIONS

N/A

3 HUMAN RESOURCES IMPACT

N/A

4 EQUALITIES IMPACT

N/A

5 ENVIRONMENTAL IMPACT

N/A

6 CRIME AND DISORDER REDUCTION IMPACT

N/A

7 DATA PROTECTION IMPLICATIONS

7.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

8 Approved by: Róisín Madden Director of Early Help & Children's Social Care

CONTACT OFFICER: *Derek Dyer, Service Manager Children Looked After, 0208 726 6000 (Ext: 50026)*

APPENDICES TO THIS REPORT

None

REPORT TO:	CORPORATE PARENTING PANEL
SUBJECT:	WORK PROGRAMME 2021-22
LEAD OFFICER:	Stephen Rowan, Head of Democratic Services and Scrutiny
ORIGIN OF ITEM:	The Work Programme is scheduled for consideration at every ordinary meeting of Corporate Parenting Panel.
BRIEF FOR THE COMMITTEE:	To consider any additions, amendments or changes to the agreed work programme for the Panel in 2021/22.

1. EXECUTIVE SUMMARY

- 1.1 This agenda item details the Panel’s proposed work programme for the 2021/22 municipal year.
- 1.2 The Panel has the opportunity to discuss any amendments or additions that it wishes to make to the work programme.

2. WORK PROGRAMME

2.1 The work programme

The proposed work programme is attached at **Appendix 1**.

Members are asked to consider the work programme in the context of the Panel’s terms of reference and whether the proposed items will support the Panel in meeting its delegated responsibilities.

2.2 Additional Items

Members of the Panel are invited to suggest any other items that they consider appropriate for the Work Programme. However, due to the limited time available at Panel meetings, Members are strongly encouraged to not propose meeting agendas that contain more than three hours of substantive business in order to allow full consideration of the items on any given agenda.

The Panel should also be mindful that the Council is operating under both very restricted resources and, while no longer formally subject to section 114 spending restrictions, the Council has resolved to continue to operate in accordance with such restrictions. To that end, Members should be mindful

that requests for additional reports will need to be considered in the wider context of demand for Council resources and the requirement for the Council to only incur expenditure on statutory functions.

2.3 **Participation in Corporate Parenting Panel**

Members of the Panel are also requested to give consideration to any persons that it wishes to attend future meetings to assist in the consideration of specific agenda items.

3 **RECOMMENDATIONS**

- 3.1 The Panel is recommended to agree the Work Programme 2021/22 with any agreed amendments.

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BACKGROUND DOCUMENTS: None

APPENDIX 1: Work Programme 2021/22 for the
Corporate Parenting Panel.

Corporate Parenting Panel Work Programme 2021/22

Meeting date	Thurs 24 Jun 21 NEW DATE	Wed 8 Sept – Postponed to NEW DATE – Wed 22 Sept	Wed 10 Nov	Wed 12 Jan 22	Wed 2 Mar	Wed 27 Apr
Theme	SUFFICIENCY	EDUCATION	HEALTH	ADOPTION	CARE LEAVERS	FOSTERING
	CIC Performance Scorecard	CIC Performance Scorecard	CIC Performance Scorecard	CIC Performance Scorecard	CIC Performance Scorecard	CIC Performance Scorecard
	Annual Report of Corporate Parenting Panel 2020-2021	Exam Results Exclusion SEN	Initial Health Assessment and Review Health Assessment Report	Summary of ASL Adoption activity	Care Leavers and Support for Care Leavers	Annual Report of Fostering Service and Panel Statement of Purpose
	Update on the South London Commissioning Programme (Service/Strategy)	Mentoring and Careers guidance for LAC an CL Independent Visiting Report work	Update on Emotional Wellbeing and Mental Health Offer for Children Looked After	Croydon Social Care update on children with a plan for adoption	Leaving Care Offer and pledge	Recruitment and Deregistration
	IRO Annual Report	Engagement Achievement (inc. complaints and leaving opportunities)	EMPIRE Presentation	Renewal Plan and the Impact on Children	Missing Children	Review of Fostering Services Escalation Policy for Foster Carers
	Children's Social Care Placement Sufficiency	Annual Report of Virtual School	IRO Annual Report			Annual Report of Corporate Parenting Panel 2021-2022
	Terms of Reference	EMPIRE – the summer provision overview report				
		EMPIRE – Engagement Report				

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