

CORPORATE PARENTING PANEL

**Meeting held on Wednesday 19 July 2017 at 5.00pm in the Council Chamber,
Croydon town hall, Katharine Street, Croydon, CR0 1NX**

MINUTES - PART A

Present: Councillor Alisa Flemming (Chair)
Councillors Maria Gatland and Patricia Hay-Justice

Officers Amanda Tuke, Sarah Baker, Wendy Tomlinson, Ian Johnston, Caroline Baxter, Lyn Glover, Dionne Sang, Ilona Kytomaa (clerk)

Also in attendance: Looked After Children

A34/17 APOLOGIES FOR ABSENCE (agenda item 1)

Apologies were received from Councillors Shafi Khan, Andrew Rendle and Andy Stranack, and from Ian Lewis.

A35/17 MINUTES (agenda item 2)

RESOLVED that the minutes of the meeting held on 26 April 2017 be agreed and signed by the Chair.

A36/17 DISCLOSURE OF INTEREST (agenda item 3)

None

A37/17 URGENT BUSINESS (agenda item 4)

None

A38/17 EXEMPT ITEMS (agenda item 5)

None

**A39/17 ASSESSING THE HEALTH AND WELLBEING OF CROYDON'S
LOOKED AFTER CHILDREN (agenda item 6)**

Part 1 of this agenda item focused on arrangements for improving health outcomes for Croydon's looked after children. Officers highlighted performance issues in relation to looked after children's health assessments. Members were reminded that initial health assessments should be carried out within 20 working days of the individual being registered as being in care. In 2016-17, only 20% of assessments were carried out within this period of time, due to insufficient capacity. As a result, the commissioning officer escalated the matter and obtained additional funding to commission assessments at the North Croydon Medical Centre. Now, Panel members were informed that there was sufficient capacity for the very first time to deliver initial health assessments within the above-mentioned deadline.

Members were also informed that the health assessment template had been improved and that the process for consenting to a health assessment had been simplified. Officers will also be working on improving the process for notifying medical staff that a health assessment was needed.

Officers stated that reassessments needed to be carried out at least once a year and twice a year for children aged under five years. They informed members that there had been a deterioration in providing timely repeat assessments in 2016-17, again as a result of capacity issues. To improve matters, the Designated Nurse for looked after children moved reassessments to a clinic, as a result of which their number had risen to 30 per month, which is an improvement though still insufficient. Officers highlighted the need for more nurses to carry out reassessments within deadlines. Members were also informed that health staff were working hard to minimise the number of missed appointments, particularly for hard to reach children and young people. If a young person misses an appointment twice, social services are contacted to resolve the situation and have the young person's health reassessed.

Councillors expressed concerns regarding the fact that problems with the timeliness of health assessments had not improved despite being raised in the Annual Report of the Safeguarding Children Board as well as the recent Joint Targeted Area Inspection. They expressed the wish to receive more regular performance updates.

Young people attending the meeting were asked to contribute to discussions on health assessments.

R.

R. questioned officers regarding sexual health advice for young people. He asked whether the assessment gave young people an opportunity to ask the nurse for information and advice, and to find out more about

relevant services and the agencies that provide them. The designated LAC nurse explained that staff carrying out health assessments had been trained to provide such information and advice in a way that is clear and easy to understand. She added that while health assessments usually lasted an hour, it was possible to lengthen them slightly to discuss issues raised by the young person. If need be, the young person's concerns can be recorded on his/her confidential health assessment record and action plan.

R. was asked whether he felt that his health assessments provided satisfactory information and advice and stated that he did not receive this during his own assessments. He also reported that health assessments tended to be carried out by different nurses from one year to the next, preventing him from developing a trusting relationship with medical staff. Councillors sympathised with this view point. The Designated L.A.C. nurse stated that efforts were made to maintain continuity whenever possible.

Members pointed to the information in the report on health assessments (page 12, paragraph 17) stating that the Croydon Health Services community children's medical service provided six to twelve initial health assessments per month and that further initial assessments were delivered by the North Croydon Medical Centre. They asked how well the extra funding obtained was likely to meet demand. Officers explained that the additional funding covered an additional 7-8 assessments per week.

The Independent Chair of the Children's and Adult Safeguarding Board echoed members' concerns regarding the timeliness of health assessments. She asked looked after children where they preferred to have their assessments, at a clinic or at another place of their choice. R. responded that they would rather have their assessments at home during the weekend.

R. stated that it would be a good idea to have a health assessment shortly before leaving foster care to prepare oneself for dealing with one's health needs as an adult. Officers observed that current performance and capacity issues made this somewhat difficult to achieve. However, they added that a leaving care "summary" was completed by the nursing team shortly before a young person left care, to ensure that all health checks and care had been carried out. Moreover, if a young person has health concerns, the simplest approach was to contact his/her G.P. for advice and treatment where needed.

R. stated that it was important for health reassessments to take place at a location close to home, and for them not to encroach on a young person's education, training or work. The Designated Nurse explained that an appointment based system had been introduced to reduce the number of missed appointments. A plea was made for weekend appointments, including Sunday, as many young people had weekend jobs. Unfortunately, it was observed that clinics took place Monday to Friday

from 9am to 5pm and that capacity issues would make it difficult to offer weekend appointments.

Officers highlighted the useful outcomes of a health awareness day held about two years previously, in which young people had been given the opportunity to ask a wide range of questions regarding their health needs.

Asked whether foster carers spoke to looked after children about sexual issues, officers explained that this formed part of their training.

Officers were questioned regarding the decrease in the number of completed Strengths and Difficulties questionnaires. It was observed that this did not mean that young people's needs had changed. It was observed that the scores achieved on these questionnaires was low and had fallen in 2016, which was positive. Members were advised that STQ scores in Croydon were generally better than those of other looked after children in the country.

Officers gave the Panel assurances that Independent Reviewing Officers were given health assessment reports prior to statutory reviews and used the health section of the review minutes to record any health concerns such as delays in obtaining health services. Members asked whether IROs could be advised of health issues *before* an assessment was carried out. They were advised that the pre-meeting report provided the opportunity to highlight any health concerns. Officers added that they were pooling statistics from various service providers in order to identify issues as early as possible.

Part 2 of this agenda item focused on the results of an assessment of the health needs of Croydon's looked after children, based on the findings from an audit of the following:

- initial and review health assessments of 80 cases
- analysis of referrals to LAC CAMHS
- analysis of information about LAC with Special Educational Needs and Disabilities

Officers reported that the quality of the assessments had been generally good, although they highlighted concerns regarding the assessment of mental health needs and the failure to assess the Body Mass Index of looked after children when measuring and weighing them. They explained that 15% of unaccompanied asylum seeking children were below the normal range, but that this had not been identified or tackled. Likewise, 40% of these children were above the normal range and referrals to relevant services had not been made.

Officers stated that they had analysed 35 mental health assessment from the past year. They stated that there was an improvement in health staff's recognition of mental health needs. Members heard that 40-50% of the cohort had mental health needs and there was evidence that more young

people with mental health needs were getting a referral to relevant services.

Officers added that the assessment form needed improving. In particular, they needed to reflect the different health needs of three age groups:

- 0-5 year olds
- 5-10 year olds
- 11 year olds and above

Members were informed that the young people who were underweight were mainly from Syria and Afghanistan. They do not eat well because of stress issues. They can be referred to a dietitian but the cause of the problem is emotional. This is now being addressed in GP training. Officers stressed the importance of asking the right questions to identify young people's emotional problems. One hurdle to obtaining information is the fact that many unaccompanied asylum seeking children do not know how to express or explain their emotions, and translators need to know how to draw out this information sensitively and tactfully from them. Officers explained that services such as the "Off the Record" counselling service was particularly well geared up to deal with such issues in a holistic way.

R. stated that moods could affect people's appetite significantly. He added that it might be difficult for foster carers to find the type of food children were used to and that some might not be familiar with the dietary rules linked to the children's religion.

A40/17 CORPORATE PARENTING PANEL WORK PROGRAMME (agenda item 7)

The topic of the 11 October 2017 meeting was confirmed as engagement.

Members also agreed that each meeting should commence with a short agenda item on progress made since the previous meeting. For the October meeting, this will include progress on the following:

- reducing delays in initial and repeat health assessments
- completing a higher number of Strengths and Difficulties Questionnaires
- re-examining statistics relating to Strengths and Difficulties Questionnaires (number of questionnaires completed and scores achieved)

Officers in attendance at this meeting committed themselves to attend the October meeting to respond to Members' questions.

Members were also informed that officers would be reviewing the Terms of Reference of the Corporate Parenting Panel.

A41/17 DATES OF FUTURE MEETINGS (agenda item 8)

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

The meeting ended at 6.45 pm