1. **RECOMMENDATION**

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

2. **EXECUTIVE SUMMARY**

2.1 The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues.

2.2 The report appended is in response to the Panel’s request for an update on health of looked after children.
3. **DETAIL OF YOUR REPORT**

The report on “Assessing the health and wellbeing of Croydon’s looked after children” is appended.

3.1 **The process for LAC health assessments**

- When a child or young person becomes looked after in Croydon, a referral is made into the health service by the administrators in Social Care. Notification to health professionals of the child’s details, including address and date of becoming looked after is shared by secure email. LAC health administrators arrange for a Looked After Children health assessment to be completed according to statutory timescales - within 20 working days of becoming looked after.

- When a child or young person is due a review a health assessment- either 6 monthly for a child under 5 years old, or yearly for children over the age of 5 and up to 18 - a referral is sent to health partners so that an appointment could be offered for a health assessment.

- The current process does not allow for timely notification of placements and looked after status into the health system. A LEAN review group has been established to evaluate the current process and develop one that allows for the sharing of timely and accurate information. Group membership includes Social Care and Business Support managers, the operational leads for LAC health, and the Project Manager in the Children’s Improvement Team. The governance for the group rests with the Partnership Task Group and the Children’s Improvement Board, and the overall aim is for the Looked After Children’s population in Croydon to access good quality, timely health services that meet their health needs and improves their health outcomes.

3.2 **Delivery of initial health assessments for looked after children**

- Improving the timely delivery of initial health assessments is a priority for the LAC health partnership in 2018/19. All our LAC should receive an initial health assessment.

- Our local targets are as follows:
  - 75% of new LAC will be referred to the LAC Health team for initial health assessments within 3 working days of the child becoming looked after
  - 75% of initial health assessments will be delivered within 16 working days of the referral
  - 75% of intial health assessments will be delivered within 20 working days of the child becoming looked after.
  - These targets will be reviewed and reset for the period 2019/20, to ensure that most children who are a part of the Croydon LAC population are accessing services according to statutory timescales
The chart below shows that there is considerable work to do to achieve target performance:
- Social Care and Health services are working in partnership to resolve issues.
- Social Care Improvement are in the process of completing a LEAN process review covering the pathway from the child becoming looked after to the referral to the LAC nursing team to ensure the 3 working days referral target can be met. Actions from these meetings are escalated into the Partnership Task Group.
- The Head of Children and Maternity Integrated Commissioning on behalf of Croydon Clinical Commissioning Group has agreed additional clinics within resources to ensure the 16 working days delivery target can be met.

3.3 Delivery of review health assessments for looked after children

- Improving the delivery of review health assessments is Looked After Children (LAC) Health Partnership priority for 2017/18 and 2018/19. LAC must receive an annual review health assessment if they are aged 5 to 17 years, or two reviews if they are aged under 5.

- Following a demand and capacity review in 2017/18, Croydon Clinical Commissioning Group agreed immediate additional funding for the Looked After Children nursing team and a further cash injection was approved at the start of 2018/19.

- Based on the agreed additional CCG funding 1.6 WTE specialist LAC nurses and 0.6 WTE business support have been in place since the start of Sep 2018.
and this has enabled a significant increase in the number of review health assessments delivered. The chart below shows the improvement over the year with current performance exceeding the target of 75% set at the start of the year.

- The target of 75% was initially set as an aspirant target for the course of 2018/19 in light of the health provider previously not meeting service delivery targets set by the CCG. The provider service has exceeded the 75% target and this will be reviewed and reset with the aim of reaching a higher target of between 95% to 100%.

- The priority for the last quarter of the year for review health assessments will be to improve on the delivery of health assessments for Croydon LAC placed locally and in other areas, by achieving a higher rate of health assessment completion. Where the local LAC health team is unable to deliver health assessments, there will need to be negotiation with LAC health counterparts in the areas where the children and young people are placed, to achieve this.
3.4 Looked After Children access to emotional wellbeing and mental health services

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

3.4.2 The CAMHS team accepts referrals of looked after children and young people with emotional, behavioural and mental health difficulties. In 2017 / 18 CAMHS received 101 referrals for Croydon LAC and accepted 91 (90%). So far in 2018 44 referrals were received by CAMHS and 29 (66%) accepted (data from the London Dataset 2017 / 2018). The team offers an initial consultation following referral to explore the most appropriate response to meet the needs of the child or young person referred.

This may involve:
- assessment and treatment for the child or young person,
- working with the child or young person’s foster carers, residential staff
- or, where appropriate, working with the birth family,
- supporting professionals’ network meeting
- support for foster careers; e.g “Fostering Changes” which is a twelve week course which runs twice yearly for foster carers. This course covers the effects of disrupted attachment and trauma on children’s emotional well-being as well as providing practical strategies for managing behaviours.

3.4.3 The Croydon CAMHS service has had a recent restructure. One aim of this restructure was to increase the size of the team working with vulnerable children including children who are looked after. Another aim was to increase accessibility to wide range of therapeutic modalities for looked after children. The team which has the most contact with looked after children is the Getting Support with Risk team. This is made up of:
- Iris Varales – Team Leader
- Dr Michaela Murray – Clinical Psychologist - part time
- Dr Jo Webb- Clinical Psychologist- part time
- Dr Simon Wilkinson – Consultant Psychiatrist – part time
- Alison Floyd - Family Therapist- full time
- Maxine Oteng – social worker
- Sydney Dennis – YOS diversion officer
- Dr Ali Ibrahim – Specialist trainee in psychiatry
- Dr Su Chakrabarti - Specialist trainee in psychiatry
- Jo Blankson – Administrator
3.5 Croydon CAMHS provides consultation advice and support to the LAC Social Work Teams, Supervising Social Workers and the Virtual School staff team on both a regular and an ad hoc basis, to ensure oversight of all looked after children and young people’s emotional well-being and mental health needs. This involves identifying behaviours and presenting difficulties that indicate need for further assessment or CAMHS support, supporting care planning and review processes, offering a direct referral route into the CAMHS service and prompting strong working relationships between Social Care and CAMHS.

3.6 Croydon CAMHS does not offer a differentiated service offered by Tier and referrals or interventions are not processed in this way. Once a LAC YP is accepted for a CAMHS service they are able to access any assessment or treatment that is considered appropriate (irrespective of Tier) and referrals are accepted for LAC YP (0-18yrs) at a lower threshold than the generic mental health or neuropsychiatric service (generally considered to be a Tier 2 & 3 service). This group also get priority access to assessments and treatment as part of CAMHS funding agreements and in recognition of their particular vulnerabilities. A network meeting/consultation is offered as a first appointment, to explore what is going to be most helpful and what mental health concerns have been raised. Children and young people requiring assessment and intervention, are offered a specialist CAMHS assessment, including neuropsychiatry, mental health and cognitive assessments and evidence based interventions, such as cognitive behaviour therapy, family therapy, Dialectical behavior therapy (DBT)-informed therapy, trauma-focussed therapy and narrative exposure therapy.

3.7 Specific traumas within the UASC population (as for any young person) are assessed on an individual basis rather than adopting a standardised response and the focus is on assessment of need and offering the most appropriate evidence-based intervention. This could include watchful waiting, Trauma-focused CBT, Narrative Exposure Therapy (NET) and/or EMDR (Eye Movement Desensitising Reprocessing). These CYP are also able to access evidence based treatment for other conditions such as depression and anxiety.

3.8 The LAC CAMHS team also offers:
- Network meetings for foster carers, social workers, teachers and other relevant professionals in a young person’s life to discuss their mental health and how best to support them
- Fostering Changes Courses: 12 week programme which runs twice yearly for foster carers. This course supports foster carers to form a greater understanding of the effects of disrupted attachment and trauma on children and young people’s overall development and provides practical strategies for managing behaviour.
- A regular drop in slot for foster carers to discuss any concerns they might have about their child’s mental health with a CAMHS clinician.

3.9 LAC CAMHS also offers a training programme to Children’s social care to support the awareness raising and development of the childrens services workforce in relation to emotional and mental health needs for children and young people, providing training on emotional and mental health development, attachment, trauma and role of CAMHS.
4. **CONSULTATION**

4.1 This report has been produced in collaboration between health commissioners, Designated professionals, health provider leads and Croydon Local Authority social care managers.

5 **FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

5.1 There are no financial considerations arising from this report.

6. **COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER**

6.1 There are no legal implications of this report.

7. **HUMAN RESOURCES IMPACT**

7.1 There are no human resources implications of this report.

8. **EQUALITIES IMPACT**

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

9. **ENVIRONMENTAL IMPACT**

9.1 There are no environmental implications of this report.

10. **CRIME AND DISORDER REDUCTION IMPACT**

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

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**APPENDICES:** None