

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 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)

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

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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

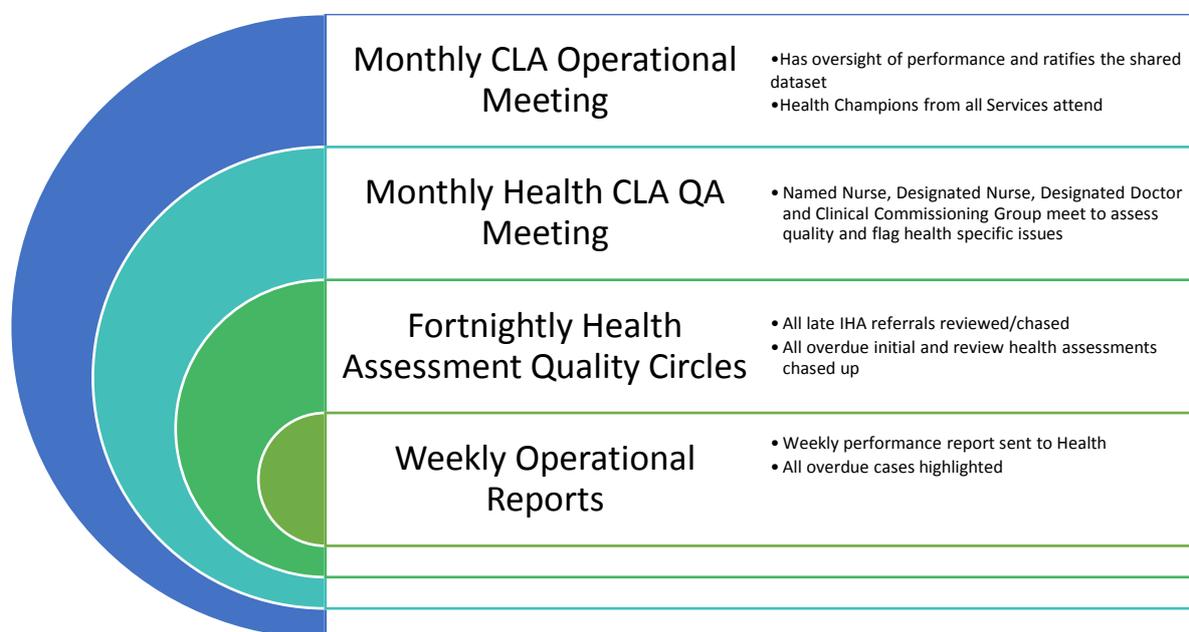
Figure 1

- 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



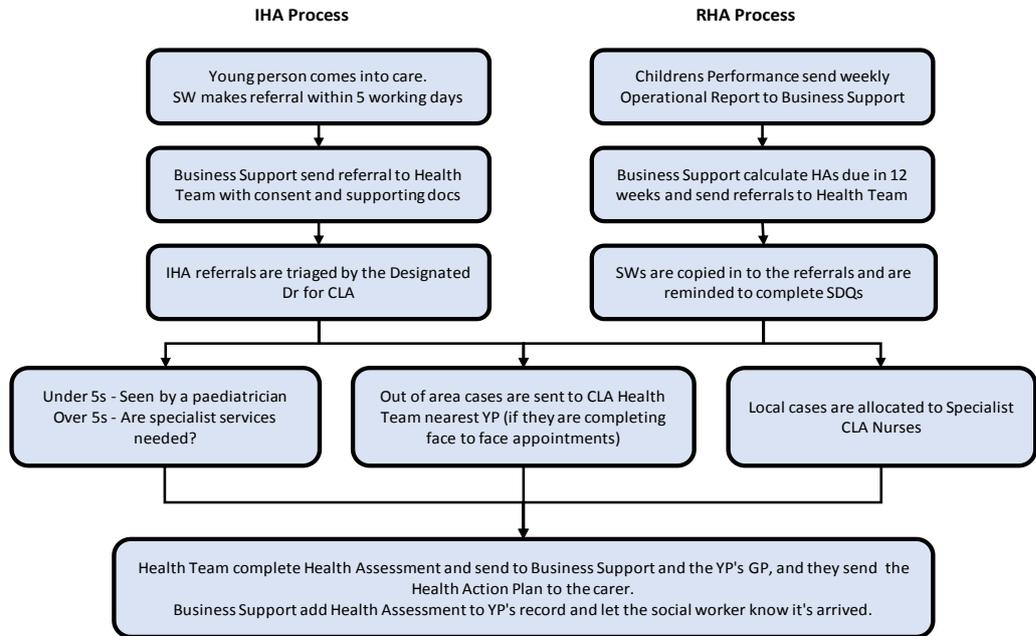
- 2.4 To provide clinical oversight and quality assurance, the Clinical Commissioning Group with the health provider, Croydon Health Services, provide strategic oversight through the Croydon Health Services Steering Group and the CLA Assurance meetings. Performance and risks are reported to these groups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

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APPENDICES TO THIS REPORT

None