

# Corporate Parenting Committee

Monday 6 November 2017

2.00 pm

Ground Floor Meeting Room GO2A, 160 Tooley Street, London SE1 2QH

## Membership

Councillor Victoria Mills (Chair)  
Councillor Jasmine Ali  
Councillor Eliza Mann  
Councillor Renata Hamvas  
Councillor Kath Whittam  
Councillor Kieron Williams  
Councillor Catherine Rose  
Florence Emakpose (Co-opted Member)

## Reserves

Councillor James Okosun

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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### Access to information

You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

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### Contact

Paula Thornton 020 7525 4395 or email: [paula.thornton@southwark.gov.uk](mailto:paula.thornton@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 27 October 2017



# Corporate Parenting Committee

Monday 6 November 2017

2.00 pm

Ground Floor Meeting Room GO2A, 160 Tooley Street, London SE1 2QH

## Order of Business

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### MOBILE PHONES

Mobile phones should be turned off or put on silent during the course of the meeting.

### PART A - OPEN BUSINESS

#### 1. APOLOGIES

To receive any apologies for absence.

#### 2. CONFIRMATION OF VOTING MEMBERS

A representative of each political group will confirm the voting members of the committee.

#### 3. ELECTION OF VICE-CHAIR

To elect a vice-chair for the 2017-18 municipal year for the corporate parenting committee.

#### 4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.

#### 5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

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	To approve as a correct record the minutes of the open section of the meeting held on 10 July 2017.	
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<b>10.</b>	<b>CORPORATE PARENTING COMMITTEE - WORK PLAN 2017-18</b>	75 - 77

#### **OTHER ITEMS**

The following items are also scheduled for consideration at this meeting:

- 11. SUFFICIENCY STRATEGY FOR LOOKED AFTER CHILDREN 2018-2022**
- 12. ADOPTION SERVICE ANNUAL REPORT 2016-17**
- 13. FOSTERING SERVICE ANNUAL REPORT 2016-17**

**ANY OTHER OPEN BUSINESS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

#### **EXCLUSION OF PRESS AND PUBLIC**

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”

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**PART B - CLOSED BUSINESS**

**ANY OTHER CLOSED BUSINESS AS NOTIFIED AT THE START OF  
THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 27 October 2017



## Corporate Parenting Committee

MINUTES of the OPEN section of the Corporate Parenting Committee held on Monday 10 July 2017 at 2.00 pm at the Council Offices, 160 Tooley Street, London SE1 2QH

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<b>PRESENT:</b>	Councillor Victoria Mills (Chair) Councillor Jasmine Ali Councillor Helen Dennis Councillor Kath Whittam Councillor Kieron Williams Florence Emakpose (Non-voting co-opted)
<b>OFFICER SUPPORT:</b>	David Quirke-Thornton, Director of Children's and Adults Services Alasdair Smith, Director of Children and Families Rachel Flagg, Head of Joint Commissioning for Children and Young People, CCG Helen Woolgar, Children's and Adults Services Andrew Fowler, Children's and Adults Services Sophie Gray, Senior Joint Commissioning Officer, CCG April Bald, Assistant Director Children's Safeguarding, Children's and Adults' Services Jackie Cook, Head of Social Work Improvement and Quality Dechaun Malcolm, Children's Rights and Participation Officer Robyn Parker, Children's and Adults Services Beverley Olamijulo, Constitutional Team Paula Thornton, Constitutional Team

### 1. APOLOGIES

Apologies for absence were received from Councillor Evelyn Akoto.

### 2. CONFIRMATION OF VOTING MEMBERS

The members listed as presented were confirmed as the voting members of the meeting.

### **Barbara Hills, Co-opted member**

The chair announced the sad passing of Barbara Hills who served as a co-opted member on the corporate parent committee since February 2009. The chair said Barbara was a great contributor to these meetings. On behalf of the committee, the chair said she would convey her condolences to Barbara's family.

### **3. ELECTION OF VICE-CHAIR**

The chair announced that the election of the vice-chair for the municipal year 2017-18 would be deferred until the next meeting. It was noted that the council assembly meeting on 12 July 2017 would consider the appointments of committee memberships.

### **4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

No urgent items were identified.

### **5. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

No disclosures or dispensations were made.

### **6. MINUTES**

#### **RESOLVED:**

That the minutes of the meeting held on 25 April 2017 be approved as a correct record and signed by the chair.

### **7. SUFFICIENCY STRATEGY FOR LOOKED AFTER CHILDREN 2017- 2020**

The head of joint commissioning for children and young people, clinical commissioning (CCG) presented the report and outlined detail about the sufficiency strategy which was to meet the needs and improve the outcomes for looked after children, and young people.

The committee were asked to note and agree the key priorities of the sufficiency strategy and proposed timescales for strategy development.

#### **The key priorities:**

1. Look at a preventative intervention on fostering and commissioning framework which Croydon council have been leading on since 2013.
2. Look at cost implications within the existing framework.
3. Review of residential placements – six recommendations were considered and presented at cabinet in May 2017.
4. Time scales: June/July – council proposes to meet with stakeholders, health forums

and social care providers.

5. Propose special care needs assessment and engagement with young people, speakerbox and other youth groups.
6. Issues highlighted at the meeting included the variety and diversity of foster carers, addressing adolescents with their particular needs and the support that was provided.
7. The council's housing allocation policy discussed and need for data indicated. Confusion raised about bands 1 and 2
8. To help develop the sufficiency strategy, a workshop had been arranged for foster carers to attend so they could give their input.
9. Further queries were raised about the support of local children being placed out of the borough and essential that the sufficiency strategy should address.

**RESOLVED:**

1. That the key priorities of the sufficiency strategy be noted.
2. That the proposed timescales for the strategy development be agreed.
3. That it be noted that the draft strategy would involve more discussion with members in August 2017 (virtual) so that any comments or ideas could be incorporated.
4. That officers present a final report to the committee in November 2017.

**8. OFSTED INSPECTION REPORT MARCH 2017**

The committee took on board the officer's comments from the Ofsted inspection report concerning the inspection of services for children in need of help and protection, children looked after and care leavers.

- The meeting were informed that a huge amount of work had been undertaken by those within the council.
- That the children's services in Southwark were classified as good.
- That a number of social workers were contacted on their case management and the effectiveness on arrangements to help and protect children.
- Reported that assessments were of a high standard and the council adopted best practice for long term foster care.
- Reported that there was a good range of support for the carer.

The meeting addressed queries about the specific level of care and quality of placement. Also the placement of care leavers, review of housing allocation, external fostering services and addressing criminal exploitation of young people and the advice services.

**RESOLVED:**

1. That the Ofsted inspection report in March 2017 be noted.
2. That it be noted that the post action plan will be presented to cabinet in September, prior to its submission to Ofsted.
3. That officers organise a separate briefing for members of the committee on the proposed action plan in September.

**9. SPEAKERBOX - PRESENTATION**

The committee watched videos of young people who voiced their views (as a sibling) about how they were not being able to contact or be part of their brothers or sisters lives since being placed in care. It was noted that work would continue to assist foster carers and provide support to the families that had become estranged.

**10. CORPORATE PARENTING COMMITTEE - WORK PLAN 2017-18****RESOLVED:**

That the work plan for 2017-18 be noted.

The meeting ended at 4.15pm.

**CHAIR:**

**DATED:**



<b>Item No.</b> 7.	<b>Classification:</b> Open	<b>Date:</b> 6 November 2017	<b>Meeting:</b> Corporate Parenting Committee
<b>Report title:</b>		Southwark Looked After Children Health Annual Report 2016-2017	
<b>From:</b>		Dr. Stacy John-Legere, Designated Dr. for Looked After Children (LAC) Angela Brown, Designated Nurse for Looked After Children (LAC)	

### RECOMMENDATION

1. The committee note the report attached as Appendix 1.

### BACKGROUND INFORMATION

2. This report is to assure Southwark corporate parenting committee areas of significance for children looked after by the London Borough of Southwark. It provides an overview of multiple areas of importance and continues the theme of partnership working across the sectors; and expands on the client experience. The full report presents updates regarding physical health, emotional health and wellbeing of looked after children, access to local services and indicators of need. The views and experiences of the young people themselves are reflected in consultation responses.

### KEY ISSUES FOR CONSIDERATION

3. The Southwark Safeguarding Children Board (SSCB) recently considered this report and were required to note:
  - Feedback from the recent OFSTED inspection of the local authority – publication date June 2017; is integrated into the action plan for 2017-2018
  - Overall statutory performance is satisfactory
  - Further work is required to improve the timeliness of initial health assessments
  - The issues reflected in overall performance of the provider service (Southwark LAC Health Service) have been noted by the CCG. They are being monitored via provider assurance pathways. The CCG has committed additional resource.
4. The CCG is engaged in robust scrutiny of issues pertinent to the health of looked after children in partnership with the local authority and the wider health economy.

Table 1: Statutory performance 2016/2017 compared with 2015/2016

Processing Year	Number of children with health surveillance checks up to date	Number of children immunisations up to date	Number of children their teeth checked by a dentist	Number of children who have had their annual health assessment	Number of children identified as having a substance misuse problem	Number of children who received an intervention for substance misuse problem	Number of children who were offered an intervention for substance misuse problem but declined
2017	13	296	291	306	25	16	7
	87%	90%	89%	93%	8%	64%	28%
2016	26	236	312	327	29	11	8
	90%	69%	91%	96%	9%	38%	28%

Processing Year	Number of children with an SDQ score	Average score per child	SDQ Score Normal	SDQ Score Borderline	SDQ Score Concern	Number of children convicted during year
2017	254	14.7	119	35	100	21
	95%	-	47%	14%	39%	8%
2016	198	14.7	91	31	76	23
	74%	-	46%	16%	38%	9%

## Introduction and background

- This report outlines the achievement by Southwark CCG and local partners in understanding and progressing the health of Southwark's looked after children. It provides an overview of multiple areas of significance, continuing the theme of partnership working across the sectors and expanding on the client experience. The report presents updates regarding the physical health; emotional health and wellbeing of looked after children, their access to local services and indicators of need. The views and experiences of the young people themselves is reflected in the consultation responses. The development of an overarching strategy for LAC health in Southwark was a significant achievement of 2015/2016. This report explores the 1<sup>st</sup> year of the strategy with respect to LAC health.
- We define health in this document as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition underpins the work of the designated professionals and the many teams providing services to Southwark's looked after children.
- The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark Clinical Commissioning Group (CCG) from Guys and St Thomas' NHS Trust (as the provider) and lies within the Trust's Vulnerable Person's Assurance Group with direct reporting into the Children's Safeguarding Executive at Guys and St Thomas'. It designates the professionals for LAC. The Designated Doctor and Nurse form part of the CCG Safeguarding Children and Adults Team and its governance is to the CCG Safeguarding Executive Committee chaired by the CCG Director of Quality and Chief Nurse. Strategically, children in care remain a priority for both the CCG and

Children's Social Care. They are factored within the Southwark Children and Young People's Wellbeing, Health Education and Social Care Strategic Framework 2016-2021 as well as the specific Southwark Children in Care and Care Leaver's Strategy. The Children and Young People Commissioning Development Group (chaired by Caroline Gilmartin) are progressing the development of a joint work stream to collectively improve outcomes of LAC and ensure they experience stable placements.

8. Strategically, the health and well-being of looked after children remains a national and local priority. LAC is well represented in the established priorities of the council as well as the CCG as can be demonstrated by the work of the children and young people integrated commissioning group. Services specifically commissioned to deliver high-quality care for the children looked after by the London borough of Southwark, continues to provide good care, including the provision of care leavers health summaries as well as health and lifestyle input.
9. The specially commissioned Carelink CAMHS service has continued to provide high-quality care to children and young people, their carers as well as the offer of professional outreach to the network around the children and young people. Carelink have a strong tradition of high quality research into the mental health and well-being for children – notably, the SUSI project which is showing very positive outcomes at an early intervention stage for our youngest and most vulnerable children.
10. Southwark looked after children are also prominently figured in one of the work streams of the Children and Young People Health Partnership Programme (CYPHP). The strategic issues regarding Southwark's looked after children are reviewed at the Children in Care Board chaired by David Quirke-Thornton. The designated health professionals also report to the corporate parenting committee, and in their provider roles work closely with social care colleagues as well as the wider health economy both in the assessment of need as well as teaching and training
11. Additionally children looked after by Southwark continue to benefit from high-quality services available at acute hospitals (KCH & GSTT) as well as community health provision including sexual health services. Access to well-being services made available through free gym and swim and other local initiatives is maintained.
12. Another strength lies in the positive service user feedback. Ensuring the voice of the children and young people is captured is a continuous driver throughout the work done by services commissioned by the CCG. There is close work with Speakerbox as well as integration of this within individual health assessments and LAC reviews

### **Progress in the action plan**

13. The inspection highlighted very positive areas in the delivery of services to Southwark's children and young people. There were also recommendations for improvement most pertinent to children who are looked-after as well as care-leavers.
14. We note the inspector's comments regarding the access to essential health services and health assessments of those children placed outside of the borough boundaries. This has been an area of focus for both the commissioned LAC health services and had already been identified as an area for special focus and resource.
15. Additionally, inspector comments regarding the timeliness of assessment regarding physical health needs and the variability in quality of health assessments has been recognised and acknowledged by the CCG and provider services. Specific quality improvement work was implemented in 2016 and continues. The CCG has committed

additional resource to the Southwark LAC health team to ensure ability to meet statutory timescales.

16. Progress against the recommendations contained within the OFSTED report will be monitored via the CCG assurance systems. Additionally, the CCG and provider services will continue to work with Southwark Children's Services to improve the outcomes for looked-after children and care leavers.
17. Great opportunities are present in developing an understanding of the vulnerabilities of children and young people. A refreshed JSNA (joint strategic needs assessment) to include looked after children, has been requested, A more systemic understanding of young people at risk of sexual exploitation and/or are missing from their placements is emerging through the work of specific operational meetings/panels. Joint work has led to greater understanding of the health needs of late adolescent LAC and the possible impact this may have on the stability of their tenancy. Building on the work of the CYPHP project with respect to the needs of children placed OOB affords good opportunities to understand this population

### **Challenges**

18. The equity of care delivered to those children who are placed outside the borough boundaries, including those children who require mental health services is a recognised challenge. The delivery of statutory health assessment within timescales remains a challenge for the provider service
19. The changing financial envelope within which services are commissioned will be a challenge for delivery. Additional drivers will include the changes described under the Children and Social Care Act.
20. There is great drive and ambition to further develop a more-joined up approach to the delivery and promotion of the health and well-being for Southwark's looked after children. Matching ambition to available infrastructure and resource is a challenge

### **Commissioning Commitment**

21. The CCG will work towards:
  - Commissioning services that afford equity
  - Mapping of resources to need and pooling of resources including assessing third sector offer
  - Use of the evidence base as regards the local population to inform service delivery and reduction of vulnerability and risk.
22. Directly, through the commissioned provider services, the CCG will work towards:
  - All receive comprehensive and quality health assessment on time
  - Map health assessments onto the looked after review process and education health and care plan formation as needed.
  - Careleaver service design and co- delivery so that they are able to live independent fulfilling lives, positively contributing to society.

### Community impact statement

23. The health of looked after children is an important aspect of their care. All children in care to Southwark, with the exception of some unaccompanied asylum seeking young people, come from communities based in Southwark although many are placed with carers outside Southwark. It is hoped that the attention we give to the health and well-being of children in care makes an important impact on the community both now and in the future in relation to their health and wellbeing.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

### APPENDICES

No.	Title
Appendix 1	Southwark Looked After Children Health Annual Report 2016-2017

### AUDIT TRAIL

<b>Lead Officer</b>	Dr. Stacy John-Legere Designated Doctor for Children in Care	
<b>Report Author</b>	Designated Doctor for Children in Care	
<b>Version</b>	Final	
<b>Dated</b>	25 October 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	25 October 2017	

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## 1 INTRODUCTION

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The Designated Professionals for LAC provide, on behalf of the CCG, an annual report to inform the GSTT NHS Foundation Trust/ Evelina London (provider) board and the Southwark commissioners.<sup>1</sup>

The purpose of the LAC annual report includes the following:<sup>2</sup>

- the delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;
- the results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;
- presentation to the Chief Executive of the CCG who commissioned it and the Director of Children's Services.

Southwark CCG operates in line with the most current statutory guidance<sup>3</sup>. It has ensured access to the expertise of a designated doctor and nurse for looked-after children.

Main areas of work over the past reporting year has included developing a system whereby we can ensure that when looked-after children move placement or move into another CCG area and are currently receiving, or on a waiting list for, health services, their treatment continues uninterrupted. Southwark CCG is aware that Looked-after children should be seen without delay or wait no longer than a child in a local area with an equivalent need who requires an equivalent service. The length of a placement should not affect a child's access to services- the designated professionals thus champion access to services for all Southwark LAC, regardless of where they are placed.

Further development is required to ensure that arrangements are in place for a smooth transition for looked-after children and care leavers moving from child to adult health services.

This report provides a strategic overview of the health of Southwark's looked after children. It reports on activity from April 2016 to March 2017 and provides an overview of priorities and actions planned for 2017-2018.

The priorities have been updated following release of the 2017 OFSTED inspection report of Southwark LA in June 2017.

### 1.1 OFSTED INSPECTION OUTCOME 2017

The Single Agency OFSTED inspection conducted in March 2017 had as its primary focus Children's Services of LB Southwark and the work of the Local Safeguarding Children Board.

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<sup>1</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/276500/promoting\\_health\\_of\\_looked\\_after\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf)

<sup>2</sup> ibid

<sup>3</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

Table 1: Single Agency OFSTED inspection outcomes 2017<sup>4</sup>

<b>Children's services in Southwark are good</b>	
Children who need help and protection	Good
Children looked after and achieving permanence	Requires improvement
Adoption performance	Outstanding
Experiences and progress of care leavers	Requires improvement
Leadership, management and governance	Good

The inspection highlighted very positive areas in the delivery of services to Southwark's children and young people. There were also recommendations for improvement most pertinent to children who are looked-after as well as care-leavers.

We note the inspector's comments regarding the access to essential health services and health assessments of those children placed outside of the borough boundaries. This has been an area of focus for both the commissioned LAC health services and had already been identified as an area for special focus and resource.

Additionally, inspector comments regarding the timeliness of assessment regarding physical health needs and the variability in quality of health assessments has been recognised and acknowledged by the CCG and provider services. Specific quality improvement work was implemented in 2016 and continues. The CCG has committed additional resource to the Southwark LAC health team to ensure ability to meet statutory timescales.

Progress against the recommendations contained within the OFSTED report will be monitored via the CCG assurance systems. Additionally, the CCG and provider services will continue to work with Southwark Children's Services to improve the outcomes for looked-after children and care leavers.

## 2 BACKGROUND

### 2.1 WHO IS A LOOKED AFTER CHILD (LAC)?

Children Act (1989)<sup>5</sup>, refers to a child who is looked after by a local authority as child who is—

- (a) in their care; or
- (b) provided with accommodation by the authority in the exercise of any functions (in particular those under this Act) which are social services functions within the meaning of the Local Authority Social Services Act 1970

"Accommodation" means accommodation which is provided for a continuous period of more than 24 hours.

It shall be the duty of a local authority looking after any child—

- (a) to safeguard and promote his welfare; and
- (b) to make such use of services available for children cared for by their own parents as appears to the authority reasonable in his case.

<sup>4</sup>

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/southwark/052\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/southwark/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

<sup>5</sup> <http://www.legislation.gov.uk/ukpga/1989/41/section/22>

Children are looked after by the local authority until the attainment of their 18<sup>th</sup> birthday. Accommodation by the local authority may cease when the child is returned home, adopted or subject to another legal pathway such as special guardianship. Provision for care leavers is governed by the Children (Leaving Care) Act 2000<sup>6</sup> and Children and Social care Act 2017.<sup>7</sup>

### **2.1.1 Definitions related to careleavers**

**Eligible Young People:** This is a term used in the Leaving Care Procedures. Eligible Young People are young people aged 16 or 17, have been Looked After for a period or periods totalling at least 13 weeks starting after their 14th birthday and are still Looked After. (This total does not include a series of short-term placements of up to four weeks where the child has returned to the parent.) There is a duty to support these young people up to the age of 18<sup>8</sup>

**Relevant Young People** are those aged 16 or 17 who are no longer Looked After, having previously been in the category of Eligible Young People when Looked After. However, if after leaving the Looked After service, a young person returns home for a period of 6 months or more to be cared for by a parent and the return home has been formally agreed as successful, he or she will no longer be a Relevant Young Person. A young person is also Relevant if, having been looked after for three months or more, he or she is then detained after their 16th birthday either in hospital, remand centre, young offenders' institution or secure training centre. There is a duty to support relevant young people up to the age of 18, wherever they are living.

Statutory guidance (DH, DFE 2015) require that care leavers are properly supported during the transition to adult services. It is recommended that care leavers be provided with a summary of their health records and details of illness and treatment. Care leavers need information about health services, advice and support to access services.

Southwark has a legal duty to support young people after they leave care at the age of 18 in employment, education and training until they reach the age of 21. This can be extended until the age of 25 if the young person is in continuing education or training (or resource an agreed education or training pathway "previously" outlined and agreed in the needs assessment and Pathway Plan).<sup>9</sup>

## **2.2 DESIGNATED PROFESSIONALS**

### **2.2.1 Roles and responsibilities**

The roles of the designated doctor and nurse are defined in the statutory guidance as well as the intercollegiate framework.<sup>10</sup>

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2000/35/introduction>

<sup>7</sup> <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

<sup>8</sup> [http://trixresources.proceduresonline.com/nat\\_key/keywords/eligible\\_young\\_people.html](http://trixresources.proceduresonline.com/nat_key/keywords/eligible_young_people.html)

<sup>9</sup> [http://southwark.proceduresonline.com/chapters/p\\_cla\\_serv\\_adulthood.html](http://southwark.proceduresonline.com/chapters/p_cla_serv_adulthood.html)

<sup>10</sup> Statutory Guidance on Promoting the Health and Well-being of Looked After Children  
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/Healthanddisabilities/Page1/DCSF-01071-2009>

Designated doctors and nurses have a very important role in promoting the health and welfare of looked-after children. Service Level Agreements for the posts are being finalised with GSTT NHS Foundation Trust (provider service within which professionals are based)

The role is:

- to assist CCGs and other commissioners of health services in fulfilling their responsibilities to improve the health of looked-after children
- intended to be strategic, separate from any responsibilities for individual looked after children (although the professionals in these posts may also provide a direct service to children outside their designated role).

### **2.2.2 Designated Dr for LAC**

Dr. Stacy John-Legere, Designated Doctor for LAC is a consultant community paediatrician who has undergone higher clinical/professional training in paediatrics and adolescent health. She has substantial clinical experience of the health needs of looked after children and is clinically active in community paediatrics in Southwark. The Designated Dr is commissioned for 0.2WTE activity within the CCG.

### **2.2.3 Designated Nurse for LAC**

Angela Brown is a senior nurse with health visiting experience. She has substantial clinical experience of the health and health care needs of children and young people. In addition to assisting commissioners, the designated nurse continues to provide both a direct clinical service to looked after children and to support other nurses and health visitors who will be seeing these children and their carers. The Designated Nurse is commissioned for 0.4WTE activity within the CCG.

Southwark's designated professionals are:

- Clinically competent in meeting the health needs of looked after children, including those undergoing adoption
- Effective strategically, raising key issues with service planners, commissioners and service providers to ensure the needs of looked after children are taken into account locally including those placed out of the area
- Able to clearly articulate and provide sound policy advice across interagency and corporate parenting partnership and appropriate structures such as Health and Wellbeing Boards or equivalents

### **2.2.4 Designated LAC professionals within the CCG**

the Designated professional roles are well established within the CCG. They form part of the NHS Southwark CCG (SCCG) Safeguarding Executive Committee, the Health subgroup of the SSCB as well as the Audit and Learning subgroup. They attend Southwark Corporate Parenting Panel and contribute to the Southwark Children in Care Board (chaired by the LA) as well as the Children and Young People Integrated Commissioning Development Group (chaired by SCCG).

#### **2.2.4.1 Designated Professionals activities 2016/2017**

The Designated professionals work together to progress the agenda regarding LAC. Owing to the breadth of work, lead responsibilities are shared and monitored via the SCCG safeguarding team workplan as well as overall governance areas.

Lead areas of focus for the reporting year included:

- Provision of an expert view regarding health issues pertinent to LAC including ensuring the wider local health economy can recognise and acknowledge the vulnerability of LAC -issues such as routine enquiries, and flexibility of offer
- Carrying out quality audits on behalf of SCCG / local authority and review and support learning identified from provider service audits including audit of out of borough (OOB) health assessments.
- Development of a health needs monitoring pathway hosted by the provider service – including safeguarding issues such as risk of CSE/missing episodes as well as specific health needs
- Joint work with local partners including direct input to Children and Young People's Health Partnership
- Clarity on SCCG role in delivery of adult health assessments for fostering
- Development work regarding health offer to Careleavers

### 3 NATIONAL GUIDANCE/ DOCUMENTS AND POLICY UPDATES 2016/2017

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During the reporting year, several guidance documents and updates were produced which hold some relevance to looked after children. Listed below are some with main areas of relevance to looked after children and adoption.

- Children and Social Work Act <sup>11</sup> - received royal assent in April 2017 and includes further clarity on provision for careleavers and educational needs of children previously looked after. It also specifically considers the role of CDOP (Child Death Overview Panel) and local safeguarding boards.
- CSE Guidance <sup>12</sup> - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation: February 2017
- Special Guardianship - Statutory Guidance <sup>13</sup> updated January 2017
- Triennial Analysis of SCRs (Serious Care Reviews) – Pathways to Harm and Prevention <sup>14</sup> - May 2016
- Keep on Caring <sup>15</sup> - supporting young people from care to independence – July 2016
- Not Seen Not Heard – CQC Review of the arrangements for child safeguarding and health care for looked after children<sup>16</sup> - July 2016
- Children's attachment - NICE Quality standard [QS133] Published date: October 2016<sup>17</sup>

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<sup>11</sup> <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

<sup>12</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591903/CSE\\_Guidance\\_Core\\_Document\\_13.02.2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586406/Special\\_Guardianship\\_Statutory\\_Guidance\\_20\\_January\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/586406/Special_Guardianship_Statutory_Guidance_20_January_2017.pdf)

<sup>14</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/533826/Triennial\\_Analysis\\_of\\_SCRs\\_2011-2014\\_-\\_Pathways\\_to\\_harm\\_and\\_protection.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf)

<sup>15</sup> <https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence>

<sup>16</sup> <http://www.cqc.org.uk/content/not-seen-not-heard>

<sup>17</sup> <https://www.nice.org.uk/guidance/gs133>

The CCG determines assurance about new and updated guidance and policies related to the health of looked after children via the safeguarding executive attended by provider services. Assurance about the CCGs own safeguarding directions occurs via the CCG assurance pathways and its own Section 11 self-assessment.

#### **4 POPULATION OVERVIEW SOUTHWARK LOOKED AFTER CHILDREN**

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There were 498 looked after children at year end 2017.

This demonstrates an increase over 2015/2016.

Males outnumber females in all age groups. A significant proportion is aged 16-17, illustrating the need to ensure that they are provided with robust services to successfully transition to adulthood.

Thus the LAC health offer must include access to sexual health services, substance misuse service and appropriate mental health provision. Effective signposting and introduction to adult health services- including the role of the GP as their lead health professional continues to be reinforced.

Children are looked after under different legal entities. The greatest proportion of children in care are legally accommodated due to full-care orders (S31 Children Act), with the second largest proportion accommodated under voluntary section 20 (S20 of Children Act). A few children are on interim care orders; with fewer accommodated via youth justice fora.

UASC numbers have increased 7% over the last reporting year. Unaccompanied minors have specific physical and emotional health needs which includes post-traumatic stress disorder, untreated health conditions, no past medical history, no immunisation records. The health assessment require more time and resources with interpreters. LAC Health Team and paediatricians have received specific training on the health needs of UASC.

The LAC population is heterogeneous with differing needs and pathways into the care system; therefore, commissioning attention must be paid to ensuring individual needs are met as well as needs at a population level.

##### **4.1 ENTRY INTO CARE**

271 children became looked after in 2016/2017. 14% of these had a previous LAC episode – an increase from 9% recorded for 2015/2017. This has been reviewed by the LA and via the local safeguarding board and corporate parenting panel.

##### **4.2 CARELEAVERS**

247 children left care in 2016/2017 (compared to 265 in 2015/2016). An increasing proportion qualify for leaving care services (careleavers); the total number of which was 377 (up from 342 in 2015/2016).

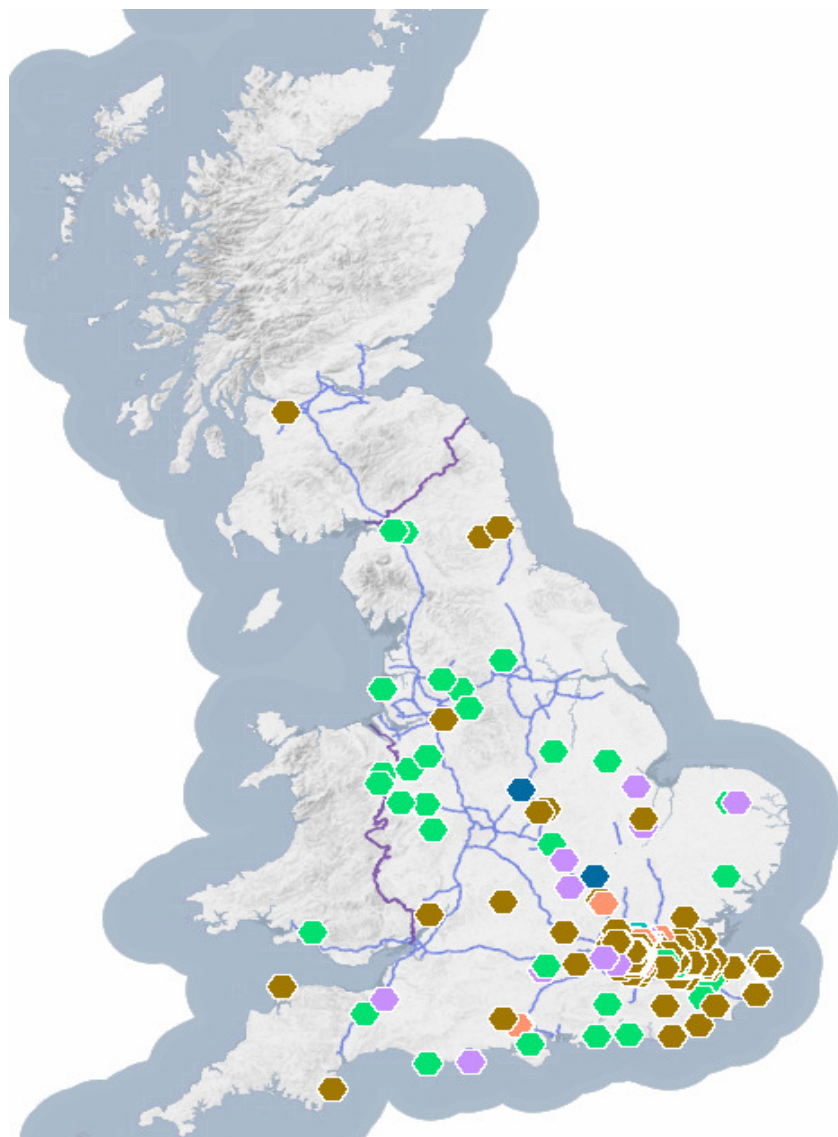
The Southwark LAC health service has increased provision of careleaver health summaries to this cohort.

The local authority has prioritised the needs of careleavers in its overarching strategy published in 2016. A major achievement of the year has been the securing of a DfE funding joint with Catch 22 to transform the series available locally for Southwark's careleavers.

SCCG will work jointly with the LA, Catch 22 and local stakeholders on design and delivery of this transformation project.

Additionally, work has been done to review the housing provision of 16/17 year olds at risk of homelessness as well as careleavers. The 16+ accommodation project aimed to deliver a refreshed preventative accommodation and support model for Southwark young people. It included consideration of health needs and contributed to a wider understanding of the housing, health and support needs of this vulnerable population

### 4.3 PLACEMENT OVERVIEWS



- a) Foster placements
- b) Placed for adoption
- c) Placed with parents
- d) Other placements in the community
- e) Secure units, children's homes and



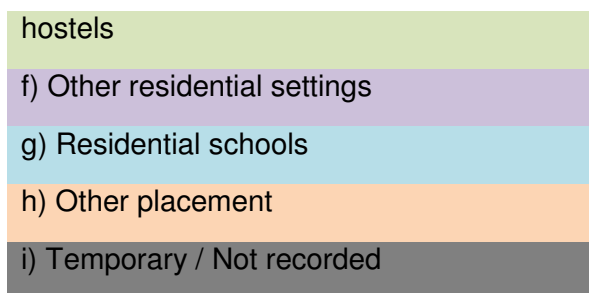


Figure 1: Placement overview - Southwark LAC, March 2017

As seen in the figure above, at any one time, approximately 75% of Southwark LAC reside in placements outside of the borough boundaries, with a smaller but significant proportion resident further afield (>20 miles away). This poses a recognised challenge in ensuring that the needs of all LAC are met in an equitable manner, and that their health assessments are carried out to an acceptable standard.

More health assessments are being done In House by the Southwark LAC health team, with both the doctors and nurses travelling out to beyond 20 miles. A CYPHP funded LAC nurse specific for out of borough (OOB) commenced work in January 2017.

There has been an improvement in the quality of health assessment undertaken out of borough. The Designated Nurse quality assures the health assessment received from out of borough with a checklist tool and guide in place to assess the quality of assessment. Payment is withheld if health assessment is not of appropriate quality – adequate or above standard. Inadequate health assessments are returned to provider service and information requested.

There is ongoing tracking of the health assessment received and ongoing monitoring in place to review the timeliness of health assessments from when the requests are sent to providers to when they are completed, returned to the Southwark LAC health team and onward to social care. The aim is to improve completion of health assessment within statutory timescales and avoid breaches.

## 5 STRATEGIC PRIORITIES

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The health need of Southwark's looked after children remained a strong focus and priority of the CCG and local authority during the reporting year. Many initiatives were launched in 2015/2016. The paragraphs below examine the progress to date with respect to the health priorities detailed within each:

### 5.1 SOUTHWARK CHILDREN AND YOUNG PEOPLE'S WELLBEING - HEALTH, EDUCATION AND SOCIAL CARE STRATEGIC FRAMEWORK 2016-2021

This strategic framework seeks to integrate a system of services for 0-25 year olds and families/households that improve their health and wellbeing outcomes and reduce inequalities across all education, health and social care.

This framework outlines the joint strategic approach of the CCG and Council to improving outcomes for children and young people who are living in Southwark; and for whom the Council has a statutory responsibility, but are living elsewhere.

Progress against the overarching areas of the framework is monitored by the Corporate Parenting Panel and the Children in Care Board. Scrutiny of the delivery of the objectives

occurs in different fora including the Southwark Children and Young People Integrated Commissioning Group.

## **5.2 SOUTHWARK CHILDREN IN CARE AND CARE LEAVERS STRATEGY 2016-2019**

One of the strategic aims within this strategy is to improve the health and wellbeing of children in care and care leavers. Core within this strategy is the commitment to partnership working with provider services. One of the strategic priorities key regarding the health of looked after children; is increasing the focus on physical and mental health; and social wellbeing through the development and delivery of services.

The strategic aims included

- Safely reduce the number of children in care
- Improve the health and wellbeing of children in care and care leavers
- Improve the quality of care and effectiveness of our workforce, leadership, management and governance

As with the Strategic framework, progress is monitored via the Corporate Parenting Panel and the children in Care board which also provides strategic oversight regarding delivery of the stated aims.

## **5.3 SOUTHWARK CORPORATE PARENTING PANEL**

The designated professionals for LAC regularly attend Corporate Parenting Panel. During this reporting year, they have presented papers based on the multi-agency audit of LAC with autism, the health and wellbeing of looked after children including emotional health (together with Carelink), sexual health issues pertinent to looked after children and the 2015/2016 LAC health annual report.

## **5.4 CHILDREN IN CARE BOARD**

The Children in care Board was established in 2016 and is chaired by David Quirke-Thornton. It offers oversight, assurance and challenge with respect to the strategic framework. It provides strategic direction to achieving the framework's aims. The Designated Dr for LAC contributes to the work of the board.

## **5.5 CHILDREN AND YOUNG PEOPLE'S COMMISSIONING DEVELOPMENT GROUP**

This is part of the wider integrated commissioning strategy of Southwark. The Children and Young People Commissioning Development Group (chaired by Caroline Gilmartin) is progressing the development of a joint work stream to collectively improve outcomes of LAC and ensure they experience stable placements. The group has commissioned a refreshed children's JSNA (joint strategic needs assessment) to inform commissioning intentions and direction. The group also serve to bring together expertise across the CCG and the local authority – to allow delivery of a combined approach to commissioning services focused on achieving positive, and enduring outcomes for children and young people

## **5.6 CYPHP PROGRAMME**

The Children and Young People Health Partnership (CYPHP) is a local partnership of Commissioners and Providers, Parents, Carers, Young people, and Researchers committed to changing the way healthcare is delivered to children and young people in Lambeth and Southwark. The CYPHP is an evidence based, system wide Transformation Programme

which will be implemented over 4 years 2017-2020. CYPHP is undertaking several initiatives to contribute to improving health and well-being of C&YP such as

- Creating children's health teams working together to deliver health care closer to home and school and
- Promoting good health, delivering proactive care, and empowering children and families

### **5.6.1 Project scope and Service Delivery**

The CYPHP is also trying to address health inequalities and improve access to healthcare for hard to reach and vulnerable groups. To this end the programme aims to improve the health and well-being of looked after children (LAC) and young people. CYPHP has initially identified two sub groups of LAC where the programme will focus its activity; those C&YP who are placed *outside of the borough* and those who are *due to leave care*.

In Year 1 (2017) CYPHP has employed a specialist nurse to work across health and social care to achieve the best health outcomes for C&YP placed out of borough. The clinical priority for this role is to work with the 10-18 age group to ensure statutory health assessments are carried out in a timely fashion, in accordance with current guidelines. As well as working with partner agencies, to ensure that health recommendations are followed through.

In Year 2 and 3 CYPHP will aim to contribute to the overall health gain of *care leavers* through the development and delivery of an enhanced training programme specifically aimed at Personal Advisors but also extending to the wider social care team. The purpose of this training will be to increase the knowledge, experience and competencies of the professionals working with this group of C&YP and ultimately improve their health outcomes.

### **5.6.2 Evaluation**

The implementation evaluation will aim to answer the following questions:

- Reach – Has the CYPHP model been able to reach young people in the catchment areas and was reach equitable across demographic groups? Specifically have we improved access to services for looked after children?
- Dose delivered and fidelity – To what extent were the component parts of the CYPHP model offered to young people?
- We will go on to enquire what were the barriers and facilitators to success or failure of the intervention and what was the response to the intervention?

### **5.6.3 CYPHP Specialist Nurse Activity**

The LAC Nurse started in January 2017 and has completed her orientation with local services and formal induction which included conducting 14 health assessments in borough and number out of borough.

### **5.6.4 Planned work for next 3 quarters**

A detailed mapping of the children over 10 years of age who are placed outside of the Boroughs of Lambeth and Southwark is underway - this will be analysed further to support prioritisation of those who live greater than 20 miles away from either borough as well as those whose health assessments are overdue and/or incur additional costs to the Local Authority.

## **5.7 ENGAGEMENT WITH CHILDREN/ YOUNG PEOPLE AND CARERS**

The designated professionals for LAC and the provider services view engagement with service users and associated professionals as core to services delivery. During the reporting year, the Designated Nurse has integrated learning from the “My Voice Counts” consultation with Southwark youth into the service offer for LAC as well as teaching and training for carers and health professionals.

Additionally, the opinions of children, and young people were actively sought via anonymous feedback following their health assessments. Foster carers were invited to give feedback via a focus group held with their supervising social workers.

## **6 COMMISSIONING ACTIVITY 2016/2017**

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The Designated professionals maintain regular communication with the Director of Children’s Social Care as well as senior management. They have also worked closely with colleagues across the health economy as well as the Youth Offending Service, Education, Virtual School and Housing.

### **6.1 PROGRESS AGAINST THE 2015/2016 LAC HEALTH ACTION PLAN**

The CCG have continued to support the provider LAC health service to meet its statutory functions.

LAC health team have agreed communication pathways with administrative teams within Social Care and are in receipt of common performance figures. There has been formal commissioning of a risk stratification system so that health professionals are more readily aware of vulnerable LAC in terms of their risks, CSE, missing and additional health needs.

All current pathways in development are being considered for extension to care leavers; this forms one strand of the Commissioning Development Group and the commissioning intention of Southwark CCG. They also contribute to the steam of work regarding LAC and careleavers overseen by the Children and Young People’s health Partnership (CYPHP). This includes the work of the OOB nurse as well as development of a training program for careleaver Personal Advisers.

The team continues delivering a robust teaching and training plan including participation in safeguarding PLTs (GP protected learning time) which has offered a focus on LAC.

The commissioning function regarding adult health assessments and the provider role in meeting this requirement have been strengthened. Quality of all assessments is demonstrated by audit and review of action plans; improving quality has remained a focus throughout the year

### **6.2 LOCAL PROVIDER SERVICES PERTINENT TO THE HEALTH AND WELLBEING TO LAC**

#### **6.2.1 GSTT NHS Foundation Trust**

The Southwark Looked after Children’s Health Service is commissioned and funded by NHS Southwark Clinical Commissioning Group (CCG) from Guys and St Thomas’ NHS Trust (as the provider) and lies within the Trust’s Vulnerable Person’s Assurance Group with direct reporting into the Children’s Safeguarding Executive at Guys and St Thomas’. It designates the professionals for LAC.

The service undertakes statutory health assessments on behalf of the local authority, provides enhanced clinical assessments and support for LAC and, when needed,

careleavers. The team supports a robust training and education programme across GSTT, the wider health economy and across sectors.

As stated earlier, challenges to function have been identified and escalated. There is an improvement plan in place which is monitored via the Provider Assurance Pathway

The Looked After Children's Health Team follows a robust audit plan and implements learning and recommendations arising out of Serious Case Reviews, and management reviews. The Looked after Children's Team actively participate in safeguarding activities, they attend strategy meetings, follow up referrals from Social Care, as well as carrying out joint visits where appropriate. The team attend care plan meetings as well CPAs for vulnerable Looked after Children, attend Match Panel as needed and professional meetings. The LAC Health Team participate in LAC peer review.

The Medical Advisor for Adoption and the Designated Doctor for LAC also provide advice, based on assessments carried out by their local GP, regarding any physical or mental health issues that may impact on the adult's capacity (prospective adopters, prospective carers under an SGO or foster carer) to look after the challenging and vulnerable children who need fostering and adoption.

Children's Universal Services are offered supervision and training regarding LAC. They communicate directly with the LAC health team for expert advice and co-ordination of health care plans.

In recognition of the fact that LAC access services throughout the Trust; GSTT commissioned a LAC ambassador whose role included developing awareness of looked after children within the acute hospital and the role of acute health services in promoting the health and wellbeing of LAC. The LAC ambassador held training sessions, participated in discussions around development of a health passport for all children and young people attending GSTT, audited pathways and suggested improvements. It is expected that the legacy of this role will be carried out by the GSTT safeguarding team.

LAC are prioritised for services wherever possible. Services are offered regardless of local GPs. The LAC health team are notified of all ED (emergency department) attendances of Southwark LAC.

### **6.2.2 South London and the Maudsley NHS Trust (SLAM)**

Carelink is part of South London & Maudsley NHS Foundation Trust. Southwark LAC access a specialist NHS team who offer a specialist Child and Adolescent Mental Health Service (CAMHS) for Southwark Looked After Children and Adopted children. The team work in very close partnership with Children's Social Care, Child Health and other agencies working with children and young people in Care.

Carelink is part of South London & Maudsley NHS Foundation Trust. During the year the team caseload usually fluctuates between 182-220 open cases. Children and young people are referred with a wide variety of problems including; emotional disorders, low mood, depression, self-harm, suicidal thoughts, post-traumatic stress disorder, eating problems, anxiety, attachment disorder and difficulties, thought disorders, behavioural and conduct problems and neuro-developmental problems. There are significant needs within this population including the need for specialist provision and episodes of in-patient psychiatric care. The Carelink team co-ordinate with other CAMHS services regarding local access for Southwark LAC as far as is possible.

There is good awareness of looked after children across SLAM. Strong communication links exist between commissioning and the provider services. Access to appropriate services remains a challenge for some children and young people and this is a focused area of work for local CAMHS services, Carelink and the LAC designated professionals.

### **6.2.3 Kings College Hospital NHS Trust**

Looked after children, their vulnerabilities and the role of health professionals in promoting their health and wellbeing are embedded in safeguarding training delivered within the Trust. Additional specialist training and staff workshops, supported by the Designated Professionals, are planned for the first quarter of 2017/2018. The Southwark LAC health team provide support and advice as required by the KCH safeguarding team. Moreover, the Designated professionals will be working with the named professionals on further development of the LAC component of the Level 3 safeguarding training offer. All LAC attending ED are notified to the Southwark LAC health team.

### **6.2.4 Primary health care**

GPs are the custodian of a child/young person's entire health record. The LAC health team ensure all GPs receive a copy of the health assessment carried out for a child/young person registered at their practice.

The Southwark Primary Care Annual Review (2016) attracted responses from 36 of 41 Southwark GP practices (88%). 32 practices felt confident that they identify LAC by use of a specific read code. 16 practices include a question about a current social worker for the child /family on the child registration form. This is now a recommendation for all practices.

## **6.3 CHILDREN'S SAFEGUARDING AND ADDITIONAL VULNERABILITY FACTORS**

Children looked after by the London Borough of Southwark are also over-represented in the population of children who are either known or suspected to have vulnerabilities regarding child sexual exploitation and/or missing from home. Direct support to this cohort is provided by the Designated and specialist nurses who attend the CSE Operational meeting where the nurses contribute knowledge of the cases, and are involved in decision making, planning and information sharing. Overall the health needs of Looked after Children within this vulnerable cohort are managed in accordance with the wider Southwark Child Safeguarding CSE strategy.

Southwark is in one of the top five highest boroughs for youth violence and robbery. The designated professionals have also met with colleagues from the Youth Offending Service to clarify pathways for ensuring that health needs are identified and appropriate referrals sort and specialist advice made available.

The safeguarding aspects of FGM form part of regular training for all professionals working with children and young people, including those who work with looked after children.

Prevent training is also mandatory for all health professionals, including those who work with looked after children.

39% of the Looked after Children cohort as at 31 March 2017 had an identified special educational need of which the greater proportion was an emotional and behavioural need, in contrast with the general paediatric population of Southwark where the greater need was social communication autism. 22% of LAC at end of March 2017 had a statement of special educational needs or an EHCP (Education Health and Care Plan).

A deep dive audit was undertaken looking at children with autism who were Looked After and their access to services; the results of which were presented to the Corporate Parenting Panel. The LAC Health Service is currently undertaking an audit of the same with respect to children with disabilities and those with special educational needs. Southwark Looked after Children are also over-represented in the population of children missing from education as noted by the multi-agency audit completed by the audit sub-group of the Safeguarding Board.

### **6.3.1 SOUTHWARK SAFEGUARDING CHILDREN'S BOARD (SSCB) EXECUTIVE**

The designated professionals have presented the LAC annual report to the board executive. They have contributed to the self-assessment Section 11 audit. The designated nurse is part of the Vulnerable Women and Girls' (VAWG) subgroup and contributes to the Audit and Learning Subgroup of the Board. The designated professionals also attend the Health Subgroup of the SSCB and the SSCB Partnership Board meeting.

### **6.3.2 Serious case reviews and concise reviews**

During the reporting year, there were no reviews for children looked after. The designated Dr participated in a management review for a child who became looked after subsequent to identified concerns. The learning identified was shared via learning events.

### **6.3.3 Understanding Vulnerabilities**

The Ofsted Inspection in 2012 identified the need to identify the health needs and those LAC at risk. SCCG has thus commissioned from GSTT LAC health service a system for ongoing monitoring of those LAC at risk of CSE, Missing and with specific health needs including disability. Letters have been sent to provider authorities where LAC have been placed. The aim is to notify provider organisations of LAC placed out of borough of the originating borough (Southwark) to contact Southwark LAC health team if there are any concerns/risk regarding LAC placed in their borough. This will be ongoing as LAC change placements and notifications are received from LA.

## **6.4 AUDIT AND LEARNING**

The provider services regularly participate in audit. The learning from these are brought to the bi-monthly safeguarding executive meetings. The designated professionals also conduct and participate in audit on behalf of the CCG as well as the provider services in which they work.

## **7 HEALTH OF LOOKED AFTER CHILDREN**

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There are 2 health services specially commissioned to provide services for Southwark's looked after children. Carelink offer a CAMHS assessment and therapeutic service to children and young people 0- 18 years who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care. the Southwark LAC health service offers completion of statutory health assessments, extended clinical services for children and young people looked after by LB Southwark and assessments and advice appropriate for adoption and fostering services. Further details regarding the provider services is contained within the attached appendices.

### **7.1 STATUTORY RETURNS**

The IT systems change at community health services has continued to negatively impact on the timely sharing of information between health and social care. Within GSTT, the LAC health team have been unable to carry out usual caseload management systems - thereby

becoming heavily reliant on the local authority identifying the children due for review health assessments and passing this information to them in a timely manner. This is supplemented by fortnightly cross-site administrator visits involving health and social care; as well as monthly exchange of performance metrics.

The short-term fixes in place have allowed for health assessments to occur although not in a timely manner. Additionally, difficulties with the administrative and systemic capability of the team has led to delivery challenges.

We are awaiting central reporting of the timescales of assessments occurring, DNA rates and immunisations. This is the first year of reporting entirely based on manual spreadsheet entry.

The statutory reporting figures for this year are awaiting further verification via manual sense-checking and record review.

*Table 2: Summary Statutory performance figures 2016/2017*

	<b>31<sup>st</sup> March</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	<b>CLA at 31<sup>st</sup> March</b>	<b>565</b>	<b>550</b>	<b>503</b>	<b>477</b>	<b>498</b>
	<b>CLA looked after for 12 months continuously at March 31<sup>st</sup></b>	<b>305</b>	<b>325</b>	<b>365</b>	<b>340</b>	<b>341</b>
<b>Key performance Indicators</b>	Health Assessments up to date	89%	90.8%	92%	96%	<b>93% (n=311)</b>
	Immunisations up to date	69%	69%	74%	69%	<b>90% (n=296)</b>
	Dental Assessments up to date	83%	84.6%	85%	83%	<b>89% (n=291)</b>
	Developmental assessments up to date			100% (n=50/50)	80% (n=20/25)	<b>87% (n=13/15)</b>
	Substance abuse problem	5.2%	2.6%	6%	9% (n=29)	<b>8.0% (n=25)</b>
	SDQ % completed	28%	35%	68%	74%	<b>95%</b>
	SDQ average score	11.4	13.6	14.5	14.8	<b>14.7</b>

## **7.2 MENTAL HEALTH AND EMOTIONAL WELLBEING**

Carelink work with Southwark Looked after Children both in and out of Borough. At any one time up to 50% of open cases are Children who are looked after by Southwark but live outside of the Borough. Where possible they aim to work with Southwark children irrespective of address so that they can offer continuity of service should there be a change of placement and to support better collaboration with the network given our close links with the CLA social workers. Where children and young people live too far to travel to Southwark



for appointments Carelink will broker referral to other CAMHS teams in their locality as requested.

Carelink also provide support for adopted children, foster carers and the multi-professional team working with the child/young person.

### 7.2.1 Strength and Difficulties Questionnaire (SDQ)

The Government only requires that the foster carers complete an SDQ and does not state what the Department should do with this information. For the SDQ to be interpreted reliably there needs to be at least two informants (three if the child is 11+). To make the information clinically useful in Southwark we have agreed the following:

- On a given date once a year all foster carers are asked to complete an SDQ for all Southwark children in their care.
- The SDQ is returned centrally and forwarded to the Carelink team where they are reviewed.
- When the SDQ is reviewed if there are concerns we complete the rest of the screening and where indicated ensure that a clinical service is offered to all children and young people with identified mental health need.

The CSC Department will continue to ensure foster carers complete the SDQs annually and the Carelink team will clinically review to ensure early identification of need and accessibility of service to children in care to Southwark.

## 7.3 ADDITIONAL PERFORMANCE RETURNS

### 7.3.1 Initial health assessments

All children and young people entering care should have an initial health assessment within 20 working days of becoming looked after – in order to inform the first LAC review.

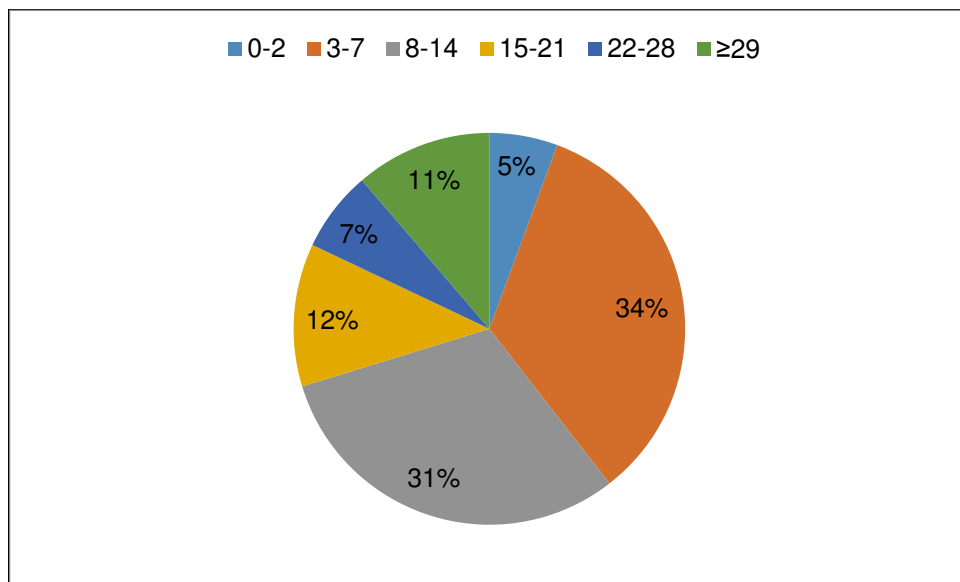


Figure 2: Timeliness of IHA referrals 2015/2016 – time in calendar days

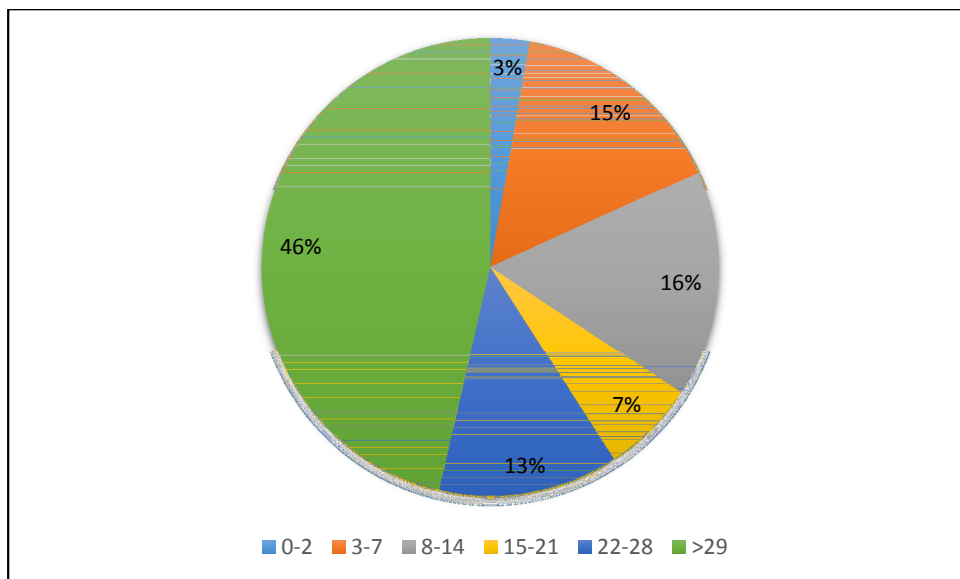


Figure 3: Timeliness of IHA referrals 2016/2017 - time in calendar days

The agreed benchmark for social care generating requests for initial health assessments is 5 working days from the day the child/young person has become looked after. In 2015/2016, 39% of referrals were received within this timeframe (figure 4). This declined in 2016/2017 (figure 5) where only 18% were received within this timeframe.

The cause of this decline is likely multifactorial and will be explored in a working group across relevant social care teams and the provider health service. A key consideration is the need for all requests to be accompanied by minimum information to safely conduct the assessment which included appropriate parental consent, background information and basic information regarding risks to child, carer or clinician.

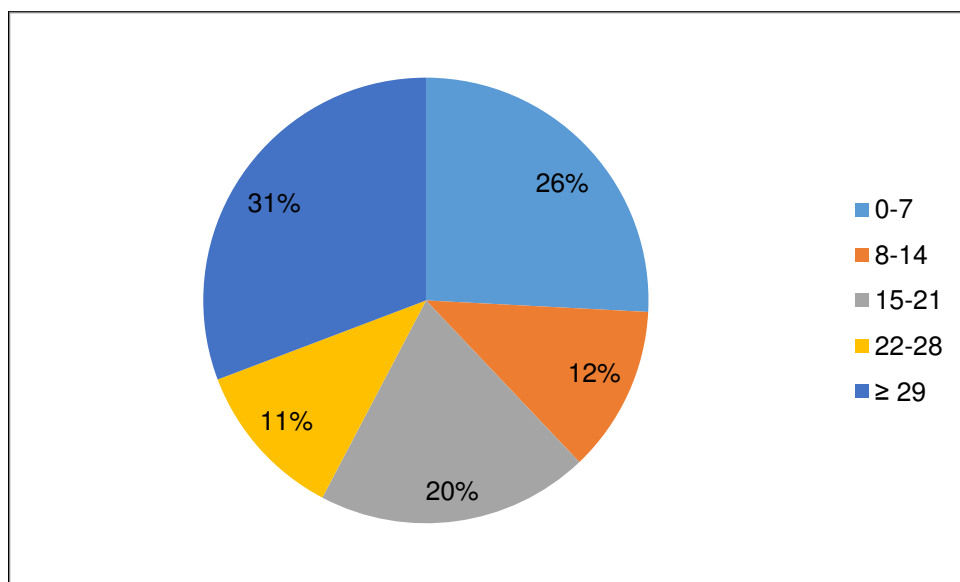


Figure 4: Referral to IHA appointment 2015/2016 – time in calendar days

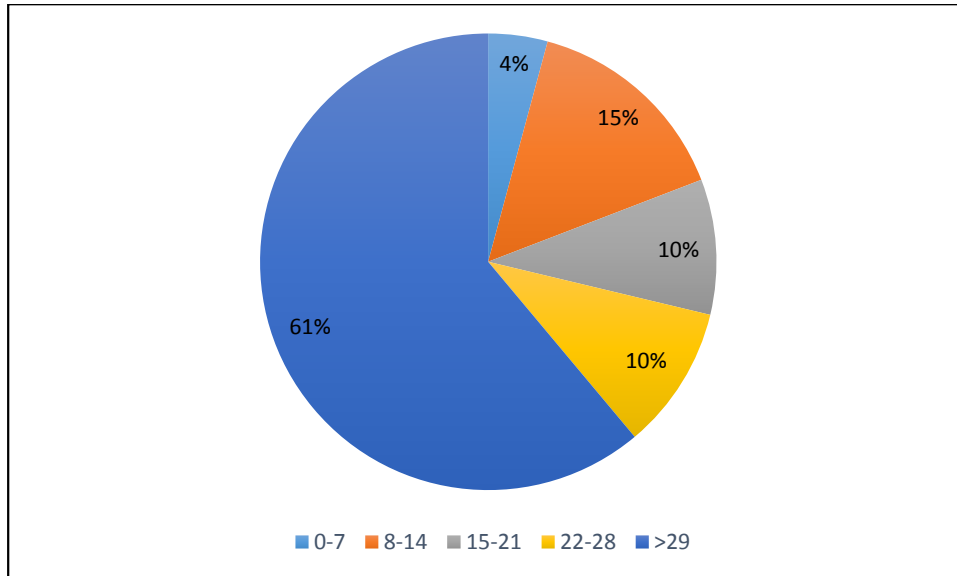


Figure 5: Referral to IHA appointment 2016/2017 – time in calendar days

On receipt of the completed referrals, figure 7 shows a decline in service responsiveness (first appointment bookings) for 2016/2017 when compared to 2015/2016 (figure 7).

A deep dive into appointment bookings revealed a high number of unallocated clinic slots, compounded by an unacceptably high rate of DNAs and cancellations. These have been escalated through the GSTT NHS Trust monitoring and risk reporting system. The CCG will continue to hold the provider service to account and will monitor improvements.

A snap audit into the last 10 children to leave care and the last 10 to enter care (March 2017) conducted by the safeguarding teams and the LAC health service illustrated that whilst the annual picture shows a great need for improvement, some recovery is noted.

### 7.3.2 Careleaver health summaries (CLHS)

60 careleaver health summaries have been completed this reporting year – an increase of 25% compared to 2015/2016.

They are completed following the last statutory health assessment conducted at age 17years and are plain language summaries of the young person's health history as available to the LAC health team.

Care leavers are also given a leaflet which includes how to register at GP, local and national services and information on how to contact the LAC Health Team if they need further support and information. We also provide a printout of their immunisations. Some young people who have not engaged or refused health assessments have been sent care leavers summaries

The Designated Nurse attends the careleavers forum and has planned an evaluation of the utility of the CLHS with Speakerbox

The Designated Nurse has met with the Care Leaver Manager and Advanced Practitioners at social care to discuss care leavers summaries and how they can be integrated into their Pathway Plans. We have identified areas for improvement e.g. liaising with social worker and making sure health information is sent out at the appropriate time to the current addresses.

A Care Leavers Forum is planned – this will quality assure the Pathway plans which will include multi-agency partners. This will incorporate the views and wishes of the care leavers.

### 7.3.3 Immunisations

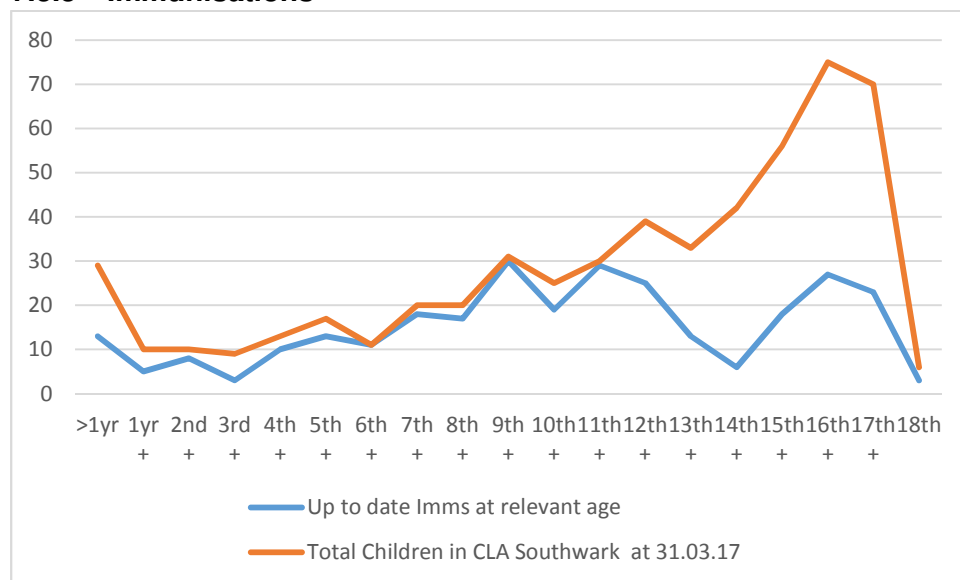


Figure 6: Immunisations up to date of total cohort in care 31.03.2017

There has not been a reporting system available to report immunisation for LAC due to IT issues since 2015. There is an Immunisation Coordinator in post to monitor the immunisation of LAC. This involves liaising with GP's and Nurses in and out of borough to obtain immunisation reports and uploading them to the electronic record system. This is reported manually.

There is clear information that those age 11-18 years are not up to date with immunisations (figure 8). Unaccompanied minors and carers need support to access immunisation services after initial health assessment. There is a Pathway in place for the process of monitoring the immunisation for LAC. There is also an Action Plan that is reviewed regularly.

LAC Nurses run Immunisation clinics during school holiday breaks and social workers are informed of LAC who have immunisation outstanding. Nurses provide immunisation at clinic appointments as necessary.

This is to be reviewed to increase the uptake of immunisations by targeting, unaccompanied minors, LAC with late entry into care, those under 5 years and those 11-17 years. A joint plan between health and social care will address this also review of training of social worker and foster carers.

### 7.3.4 Special Educational Needs and Disability (SEND)

Table 3: proportion of LAC with SEN

	2014/15	2015/16	2016/17
% of children with statement / EHCP	34%	26%	22%

The designated professionals and the provider services (GSTT Southwark LAC Health service and Carelink) contribute to the health and social care agenda regarding LAC and

SEND. They, in their roles for individual children, also directly contribute to the assessment of children and young people as well as the formation of EHCPs. The designated professionals provide expert advice as required and work to ensure the LAC with SEND placed outside the borough boundaries can access the health support required.

Discussion regarding the fall in percentages of LAC with a statement/EHCP is covered in the Virtual School Annual Report. We know that traditionally, looked after children have required additional support mainly around emotional and behavioural needs, compared to their peer population where the greater need is related to a diagnosis of autism

## **8 ADOPTION**

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The CCG works with the local Authority in finding and supporting secure stable and happy placements for looked after and relinquished children. The health services supporting adoption are an integral part of the LAC Health service and the community paediatric service.

The team consists of a Medical Advisor for Adoption (currently Dr Beatrice Cooper, Consultant Community Paediatrician), and administrative assistance. All Drs and other HCP seeing looked after children are a part of the team; for example, local therapists prioritise Southwark looked after children and work very closely with the paediatricians to assess and understand the needs of looked after children and those going for adoption.

Accountability is to the Designated Doctor for Looked after children and through her to GSTT, CCG Corporate Parenting Committee and LSCB

Key relationships are with the Designated Dr for Looked After Children (Dr Stacy John-Legere), Safeguarding team of Drs and Nurses, CareLink CAMHS (dedicated service for looked after children), and Children's Social Care teams - Adoption and Permanence teams, Safeguarding, pre-birth, Assessment and care teams.

### **8.1 ADOPTION ACTIVITY**

Over the last reporting year there have been changes in staffing to Southwark Social Services adoption team. The Health team contribute to the timeliness of adoptions and appropriateness of adoptive matches via their contributions to:

- 1- Presenting a full and thorough assessment of the child's health and developmental needs
- 2- Offering medical perspective on the health of prospective adopters regarding parenting – usually in the form of written reports made available to Panel
- 3- Meeting with prospective adopters regarding ongoing health needs and any implications to future health of the child's previous life experiences/identified health conditions
- 4- Teaching and training offered to prospective adopters

Additionally, we are seeing a small increase in children who were put forward for the agency decision maker whilst still at home and thus requiring an adoption medical and assessment by the medical advisor for adoption. The impact of the increase in these types of assessment is being assessed.

Table 4: Adoption Decisions - Interim data Feb 2017

	Last 12 months	2015/16	2014/15
Number of children with an ADM decision	25	16	23
Number of Placement Orders made	18	13	20
Number of children matched	18	20	33
Number of children Adopted	18	32	39

Table 5: Children adopted - interim data Feb 2017

	End of March 2017 (projected)	End of March 2016	End of March 2015	End of March 2014
Children Waiting for Adoption	6	9	14	45
Children placed for adoption	13	12	26	27
Children adopted	20	32	39	20

## 8.2 KEY ISSUES AND CHANGES

There is always the challenge of information sharing and tight timescales. Many of the children have complex genetic, antenatal, social and emotional difficulties even at a very young age. Every effort is made to offer appointments at short notice.

In Southwark the Adoption and Fostering Panels have merged. Government is proposing merging adoption agencies, and thus panels, across Boroughs. We are considering how best to support these panels.

There has been an increase in referrals of children adopted some time ago often presenting with complex developmental and behavioural problems. Many are referred by and assessed with Carelink, who have received some money from the Government for therapy for post-adoption therapeutic support.

There have been disruptions of adoptive placements over the last 18 months, and there have been reports and learning from these.

There is an increasing recognition of the needs and vulnerabilities of children placed on SGOs. We offer to see prospective special guardians in a similar way to those being

matched for adoption and we are meeting with social care to improve our work with this vulnerable group of children.

Dr. Beatrice Cooper retired in April 2017. Dr. Luca Molinari has assumed the role of Medical Advisor.

## **9 COMMISSIONING PRIORITIES 2017/2018**

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The emerging strategic priorities for Southwark CCG and Southwark LA via the integrated commissioning group include:

- Transformation of CAMHS services are aligned with the early help
- Contribution to this Southwark sufficiency strategy
- Ensuring sustainability of CYPHP work on LAC placed out-of-borough
- Development of provider network including available third sector resources
- Contribution to the local offer for care leavers and co-production of services for care leavers

The Designated LAC professionals and SCCG have identified the following priorities which will underpin the emerging strategic priorities listed above. They will be working with local partners and provider organisations to further these.

- Maintain a robust reporting framework against quality and statutory objectives
- Participation in the development of an outcomes/based commissioning framework for LAC
- Demonstrate improved equity in the offer available to LAC placed out of borough compared to those placed in borough
- Continue to support the advancements made in the health offer to adopted children and those placed under special guardianship
- Maintain an awareness of additional vulnerabilities and safeguarding needs of LAC

In addition, following the introduction of the Children and Social Work Act, the designated professionals will continue to work with local partners and the wider health economy in “increasing the life chances for the most disadvantaged”. This will include reviewing the current offer for care leavers and working in concert with Southwark care leavers and partners to co-produce an offer that is reflected in improved health, education and social outcomes.

As we seek to develop new services, and approach delivery of care in an innovative manner – leading to evidenced improved health outcomes; the designated professionals will work with the CCG and local partners to ensure that services continue to be commissioned to meet these needs. This may result in reviewing current capacity of our local teams to meet the physical mental and emotional health needs of looked after children and care leavers.

**10 ACTION PLAN 2016/2017**

<b>Key Priorities</b>	<b>How</b>	<b>Lead responsible (LAC)</b>	<b>When by</b>	<b>Comments</b>	<b>RAG</b>
Maintain a robust reporting framework against quality and statutory objectives	Regular interrogation of LAC reporting dashboard	Designated Dr. for LAC	Ongoing	Ensure linked to provider assurance framework	G
	Development of a support and challenge mechanism in partnership with Children's Social care	Designated Professionals for LAC	September 2017	Regular review with Children's Social Care	A
Participation in the development of an outcomes/based commissioning framework for LAC	Contribution to CYP Integrated Commissioning Group	Designated Dr. for LAC	Ongoing		G
Demonstrate improved equity in the offer available to LAC placed out of borough compared to those placed in borough	Regular overview of CYPHP OOB nurse project	Designated Nurse for LAC	Ongoing	Quarterly monitoring in place	G
	Audit timeliness and quality of OOB health assessments	Designated Nurse for LAC			
Continue to support the advancements made in the health offer to adopted	Monitor via provider service updates	Designated Professionals for LAC	Ongoing		G



<b>Key Priorities</b>	<b>How</b>	<b>Lead responsible (LAC)</b>	<b>When by</b>	<b>Comments</b>	<b>RAG</b>
children and those placed under special guardianship					
Maintain an awareness of additional vulnerabilities and safeguarding needs of LAC	Attendance at relevant subgroups of LSCB	Designated Nurse for LAC	Ongoing	Provider challenges regarding implementation noted	G
	Quarterly review of commissioned vulnerability/need reporting system	Designated Nurse for LAC			A
Participate in development of a holistic offer to Careleavers	Contribute to Year 2 and 3 LAC project offer from CYPHP	Designated Professionals for LAC	Ongoing		A
	Participate in program development and delivery of Careleaver developments headed by Children's Social Care and Catch 22	Designated Professionals for LAC			

## **11 APPENDIX 1 – GSTT PROVIDER REPORT 2016/2017**

### **12 INTRODUCTION**

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The Southwark LAC Service sits within the Community Paediatric Child Health Service based at Sunshine House, and is commissioned by Southwark CCG to provide statutory health services to children looked after by the London Borough of Southwark.

The service specification includes:

- delivery of initial and review health assessments,
- ensuring immunisations, dental and developmental checks are up to date
- delivery of teaching and training to foster carers, social workers and GSTT staff
- completion of adoption medical reports, and assessments of prospective adopter and foster carer (AH) health as it relates to parenting
- provision of advice to adoption and fostering panels
- provision of an enhanced health service to careleavers

### **13 KEY SERVICE RELATIONSHIPS –**

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The Southwark LAC health service works closely with health professionals within Evelina London as well as the wider health economy.

A significant proportion of Southwark LAC are placed outside the borough boundaries. This places a great challenge to equitable service provision for all Southwark LAC. Co-ordination with health providers across the country is core to the function of the LAC health team.

In the reporting year, governance of the Safeguarding team has become fully embedded within the Safeguarding team of Evelina London. The medical professionals within the team report indirectly to the Clinical Director, Dr Bidisha Lahoti, via Dr Ann Lorek, Clinical Lead, and the nursing staff to the Director of Nursing, Evelina London, via the Head of Safeguarding, Evelina London. The designated professionals and medical advisor form part of the joint looked-after children's operational group across Lambeth and Southwark, and they meet quarterly one month prior to the Safeguarding Assurance Committee. The terms of reference allow for co-delivery of training, development of joint protocols and continuity of care across sites.

#### **13.1 SOUTHWARK CCG**

The Southwark LAC team provide quarterly assurance reports to Southwark CCG. The, the designated doctor as consultant lead for the LAC Service, attend the quarterly assurance meetings and provide updates.

#### **13.2 SOUTHWARK SOCIAL CARE**

The team has close links with Southwark Children's Services. Children looked after belong to a variety of social work. As a provider service, strong relationships are maintained with the social workers for children in care as well as the advanced practitioners and directors of each service. There are ad-hoc meetings held for individual children including placement planning meetings, Team around the Child meetings etc., as well as more formal attendance at director management team meetings.

### **13.3 CYPHP**

The members of the LAC team have been actively involved in progressing the CYPHP agenda with respect to looked-after children and their vulnerabilities. The CYPHP-funded LAC nurse is placed 0.5 full time equivalent in Southwark and 0.5 full time equivalent at Lambeth. The specific remit of this post relates to improvement of health outcomes for Southwark LAC placed 20 miles or more outside the borough boundaries. It includes the provision of health assessments as well as conducting a needs analysis and relationship /service mapping.

### **13.4 OTHER KEY RELATIONSHIPS**

The Southwark LAC health service maintains relationships with other key stakeholders, such as schools, carers and young people. This has included surveys as well as feedback via the wider Voice of the Child project to ensure that the voice of our service users is captured. We also capture feedback from the annual foster care survey, which showed that foster carers are generally aware of our service and there is some variability in information getting back to their local health providers following the statutory health assessment. On an individual level – we ensure that the voice and opinion of each child /young person as regards their health needs is captured in each health assessment and included in the formation of relevant action plans.

The Southwark LAC health team maintains close links with the wider health economy including primary health care, school nursing and health visiting.

## **14 SERVICE OVERVIEW – SOUTHWARK LAC HEALTH SERVICE**

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### **14.1 HEALTH OFFER PROVIDED TO SOUTHWARK LAC**

The offer consists of services to children and young people aimed at improving their health outcomes. The LAC health team offer clinical acumen as well as oversight and understanding of the issues pertinent to the holistic health needs of LAC. This includes developing the corporate understanding of particular vulnerabilities of this group as well as the cross –over with wider determinants of health and issues related to keeping children safe and ensuring they meet their potential e.g. child sexual exploitation

### **14.2 STAFFING**

#### **14.2.1 Paediatricians**

Dr. Stacy John-Legere – Designated Dr. for Looked After Children

Dr. Beatrice Cooper – Medical Advisor for Adoption (Dr. Luca Molinari from April 20-17)

Within the provider service, the paediatricians work with their colleagues to provide statutory health assessments for looked after children. The community paediatric service based at Sunshine house provides most of the initial health assessments for Southwark’s looked after children and young people. Assessments for children who are being considered for adoption (adoption medicals) are also carried out by the paediatricians.

The community paediatricians based at Sunshine House also contribute to completion of review health assessments and the provision of wider paediatric expertise to Southwark’s looked after children.

Specific advice on the health of prospective adopters and foster carers is also provided by the paediatricians within the LAC health service.

The Designated Dr provides statutory and strategic functions within the remit of Southwark CCG

### **14.2.2 Nursing**

Angela Brown- Designated Nurse for LAC (1.0WTE)

Helen Corry – Specialist Nurse for LAC (1.0 WTE)

Edwina Wilson – OOB Specialist Nurse (0.5 WTE – CYPHP funded)

The nurses complete statutory review health assessments. They also deliver training to the community health staff, Evelina London staff and local partners; with some contribution from the designated Dr for LAC and the Medical Advisor.

The nurses undertake health promotion workshops with LAC young people and careleavers in partnership with Speakerbox 1-2 times per month. The nurses also provide support and advice on puberty, sexual health, self-esteem, self-care, healthy eating and exercise. Referrals are received from health and social care. They support young people to access services and also offer a telephone advice service.

For those children who are looked after by LB Southwark but placed outside the borough boundaries (OOB), the paediatricians and nurses will complete health assessments as far as it is feasible to travel to Southwark. Assessments at home are also offered.

For the small subset of OOB children and young people for whom we rely on other health professionals to complete the assessments, there operates a recharge agreement based on the national tariff. When requested to carry out statutory assessments for children and young people placed in Southwark by other local authorities, the national tariff is in place.

### **14.2.3 Administrators**

The Southwark LAC Health team is supported by 2 administrators. They report indirectly to the General Manager, Community Services, Evelina London.

Adoption and Adult Health Assessments are supported by a half time administrator post

A generic secure email address has been established to improve communication and efficiency of the team.

### **14.2.4 Staffing review**

As stated in the 2015/2016 annual report, it is important to note that both designated professionals serve the “named” function within the provider organisation. This should be reviewed – both in terms of expected clinical function (named role) and the discharging of overall strategic roles (designated), to ensure the team meets the needs of the organisation as well as the statutory duties of the designated professionals.

A gap analysis of the service illustrate that current resource allows for the completion of statutory assessments and Careleavers Health Summaries as this lies within

- the block contract community paediatrics and
- specially commissioned nursing resource

It does not allow for the additional functions laid out in the specification in the form of provision of an enhanced service to all care leavers, ensuring immunisations are up-to-date, and satisfactory multi-professional working including attendance at professional meetings, LAC reviews and their contribution to safeguarding activities including strategy meetings. The administrative resource required to fully comply with monitoring and assurance

pathways required of the specification is not clearly identifiable and thus this role is filled by the designated professionals.

The lead consultant role and named role is filled by the designated doctor for LAC and this is under resourced by approximately 290 hours per year. This shortfall leads to inevitable conflict between the designated roles and the named role.

Despite the identified mismatch of demand to capacity, the LAC health team have endeavoured to meet the service specification; and remain committed to the provision of a high-quality service.

This gap analysis is based solely on the shortfall between the services provided as specified in the current specification. There are further strains on clinical and operational delivery owing to the challenges with administrative function and support

At present, service staffing presents capacity challenges in the delivery of statutory functions and the maintenance of appropriate quality.

## **15 POLICIES**

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During the reporting year, several guidance documents and updates were produced which hold some relevance to looked after children. Listed below are some with main areas of relevance to looked after children and adoption. The Looked after Children's health team have provided feedback where appropriate and will implement changes in partnership with key stakeholders within the operating framework of Community Services, Evelina London.

- Children and Social Work Act - received royal assent in April 2017 and includes further clarity on provision for careleavers and educational needs of children previously looked after. It also specifically considers the role of CDOP (Child Death Overview Panel) and local safeguarding boards.
- CSE Guidance - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation: February 2017
- Special Guardianship - Statutory Guidance updated January 2017
- Triennial Analysis of SCRs (Serious Care Reviews) – Pathways to Harm and Prevention - May 2016
- Keep on Caring - supporting young people from care to independence – July 2016
- Not Seen Not Heard – CQC Review of the arrangements for child safeguarding and health care for looked after children - July 2016
- Children's attachment - NICE Quality standard [QS133] Published date: October 2016
- Chaperone Policy arising from CUH investigation into child sexual assault.

## **16 EXTERNAL INSPECTIONS**

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The looked-after children's health team have been actively involved in the recently-concluded Ofsted inspection of Safeguarding and Children Looked-after Inspection Services (CLAS) of the London Borough of Southwark. The designated professionals met with the

lead inspector for LAC and prepared update reports which were utilised as part of the inspection process. The inspection outcome indicates additional work is required to continue to improve the health outcomes for looked after children and care leavers – with particular areas of need identified for those children placed outside of the borough boundaries. The timeliness of physical health needs assessments and variability in the quality of health assessments.

The designated professionals have also been involved with preparation for the CQC inspection of the CCG which involved case note review. The main issues arising out of both sets of preparations were related to the storage of documents and ensuring that health assessments were available in child health records, timeliness of the completion of assessments, and communication of assessments with related health and social care staff.

The present theme of JTAI (joint targeted area inspection) is neglect; thus it is expected that the work of the LAC health team will contribute to a key line of enquiry.

The LAC Health service has developed a local action plan to address the areas identified.

## 17 PROGRESS AGAINST THE 2016/2017 ACTION PLAN

Community services moved to a new IT system in 2015 – Carenotes. The roll-out has been challenging with much reduced functionality. There is a major Carenotes recovery program underway. The designated professionals have contributed to functionality reviews with regard to LAC.

The learning from audits carried out has been disseminated and recommended actions implemented. There is a continuous audit cycle regarding quality of health assessments.

*Table 6: Completed audits for 2016/2017*

AUDIT TITLE	ON GSTT AUDIT DATABASE	RESULTING ACTIONS
Follow up of health recommendations	yes	<ul style="list-style-type: none"> <li>Prompts inserted into written Health Care Plan</li> <li>BAAF 2016 forms includes check for outstanding recommendations from last health assessment</li> </ul>
Emotional and mental health assessment at IHA	yes	<ul style="list-style-type: none"> <li>SDQs used for all assessments including IHAs</li> <li>Grade: 1-10 smiley face or 3 wishes used in assessment</li> <li>UASC mental health screening tool inserted into IHA assessment paperwork</li> <li>Prompts added to reporting template</li> <li>Teaching session for paediatricians and nursing staff at sunshine house</li> </ul>
Quality of in-house health assessments	TBC	<ul style="list-style-type: none"> <li>self-assessment quality template added to PartD of 2016 health assessment report</li> </ul>
Obesity in looked after children	yes	<ul style="list-style-type: none"> <li>LAC put forward as a priority group for re-commissioned Southwark healthy weight paediatrician</li> </ul>

		<ul style="list-style-type: none"> <li>Investigation protocol being designed for use by paediatricians</li> </ul>
Review of last 10 children to leave care and last 10 to enter care	TBC	<ul style="list-style-type: none"> <li>Review of IHA booking process</li> </ul>

The LAC health team are able to demonstrate closer understanding and contribution to safeguarding and vulnerability concerns for LAC – through increased notification and contribution to strategy meetings, professionals meetings and multi-disciplinary assessments as required.

The designated professionals have continued to liaise closely with CSC. It is expected that an operational forum with CSC will be re-established in 2017/2018. The Director of Children's services has committed to the development of a support and challenge system for looked after children – operating along the same principles as for child safeguarding.

## **18 INNOVATIONS AND IMPROVEMENTS:**

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- Appointment of the LAC ambassador at Evelina London. Work included increasing the awareness of looked-after children amongst hospital staff, ward-based drop-ins, teaching sessions at the Level 3 Safeguarding training, and a hospital-wide grand round co-chaired and co-presented with both the Southwark and Lambeth Looked-after Children's Health teams. This post was for one year and it is expected that the legacy of the LAC ambassador will be embedded within wider clinical practice at Evelina London.
- CP-IS. Progress is continuing with regards to the child protection and information system, which is to be utilised for unscheduled attendances of children who are looked after as part of a larger cohort of children who are subject to a Child Protection Plan, and the names will be held for six months on completion of the plan.
- All health assessments are quality assured by either the designated doctor or the designated nurse. Out of borough health assessments are assured against a checklist which, during the reporting year, has been added to the new health assessment forms so that all professionals can complete a self-assessment against the information utilised to form the summary report arising from the statutory health assessment.
- Wider reach - the doctors and nurses have travelled beyond 20 miles to see those children who are most vulnerable and facilitate the attendance of those children placed far away at Sunshine House so that their needs can be assessed by the most appropriate professional. The designated doctor travels to see those children whose initial health assessments could not be completed in borough, and where there are underlying safeguarding or neurodevelopmental concerns or unmet health needs. Clinics have also been offered at different community sites in order to increase reach – including the Mary Sheridan Centre and Gracefield gardens. The work of the CYPHP nurse will augment this further.

## 19 SAFEGUARDING

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The Looked After Children's service operates within the governance framework of Evelina London Child Safeguarding and thus benefits from joint management oversight and shared understanding.

The Southwark LAC health team work in close collaboration with the Southwark Children Safeguarding team, as well as those of our neighbouring boroughs. Sometimes, this collaboration occurs wider afield owing to the placement of Southwark LAC outside of the borough.

The LAC nurses and paediatricians attend strategy meetings regarding children looked after – once appropriate and timely notification is received. Failing direct attendance, updates and advice are provided. They also offer health reviews/outreach related to any arising health concerns.

In the last reporting year we have ensured that strategy meetings for children who are looked after enter the central hub at single point of contact at Community Children's Services. This is so that a central log can be kept as well as ensuring the best professional is triaged to attend. They are also available to work on the actions based on any health outcomes from the strategy meeting.

Child sexual exploitation is an area of concern for children looked after. In the last reporting year, the designated nurse and looked-after specialist nurse have attended the CSE operational meeting, ensuring that appropriate referrals and assessments of physical health and emotional well-being are carried out. Sharing of information with local health services via the GP, school nurse/health visitor and local LAC service if placed OOB.

## 20 PERFORMANCE

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The statutory services of the Looked-after Children's Health Service include supporting the completion of health assessments for children entering care as well as the semi-annual (every six months for children under the age of 5) and the annual review health assessments. The service also provides adoption and immunisations.

There have been marked challenges to performance across the year as evidenced below. These have been reflected in the GSTT Risk Register, with the most recent update as below, and have been escalated to the CCG via internal and external clinical assurance processes.

Audit of the quality of the information provided to support the request for IHA was carried out during 2015/2016. This highlighted widespread lack of necessary information required for a thorough health assessment including:

- Background information including why the child was placed in care
- Consent for onward referrals and investigations resulting from assessment
- Information regarding any risks to professionals or to the child – of importance as we actively encourage parental involvement where possible
- Risk – critical incidents because of lack of information have also been noted.

Thus, referral criteria for assessment requests were implemented following discussion and agreement with our local authority partners.



With further engagement with social work teams and foster carers, the following is also brought to the appointment

- Dates and outcome of dental and optician reviews
- Dates and outcomes of any hospital/unscheduled care attendances by the child
- Completion of BAAF carer's reports
- Provision of information from school (school report / latest PEP)

## 20.1 ACTIVITY OVERVIEW

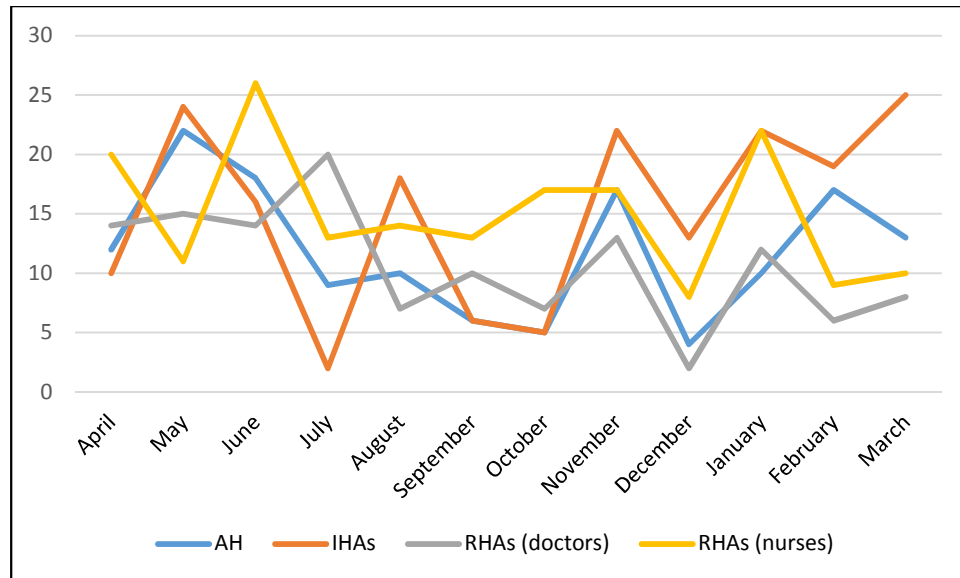


Figure 7: Statutory referral patterns 2016/2016

## 20.2 INITIAL HEALTH ASSESSMENTS

**Initial health assessment (IHA):** within 20 days of becoming looked after with report available at time of first LAC review. Holistic health assessments carried out within 3 months of the date the child has become looked after can be used to construct the summary report of the health assessment and the health action plan. Initial health assessments are carried out by a medical practitioner.

In Southwark – most IHAs are carried out by the paediatricians based at Sunshine House. The paediatricians also generate reports from assessments carried out by GPs in the case of children who are unable to access a SH paediatrician – extremely rare.

The figure below shows the time in days taken for submission of the BAAF form part A (which acts as the referral form) to the LAC health team.

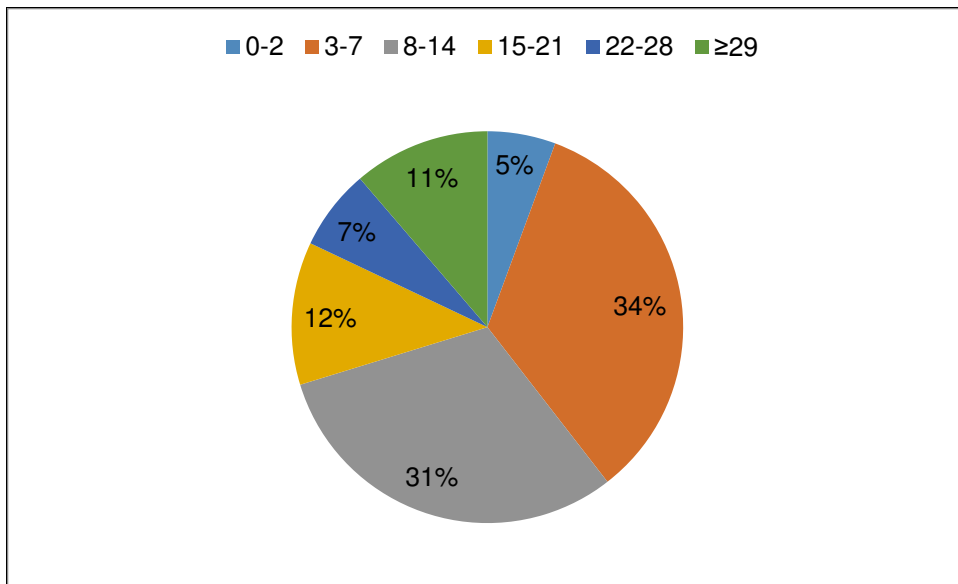


Figure 8: 2015/2016 Time (days) from becoming looked after (BLA) to submission of BAAF to Sunshine House

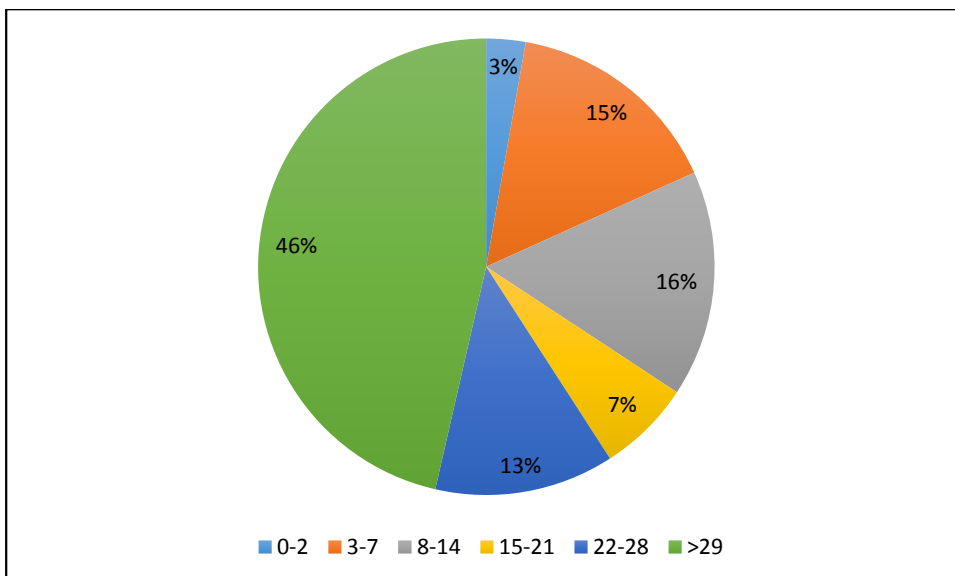


Figure 9: 2016/2017 Time (days) from becoming looked after (BLA) to submission of BAAF to Sunshine House

The agreed benchmark for social care generating requests for initial health assessments is 5 working days from the day the child/young person has become looked after. In 2015/2016, 39% of referrals were received within this timeframe (figure 2). This declined in 2016/2017 (figure 3) where only 18% were received within this timeframe.

The cause of this decline is likely multifactorial and will be explored in a working group across relevant social care teams and the LAC health service.

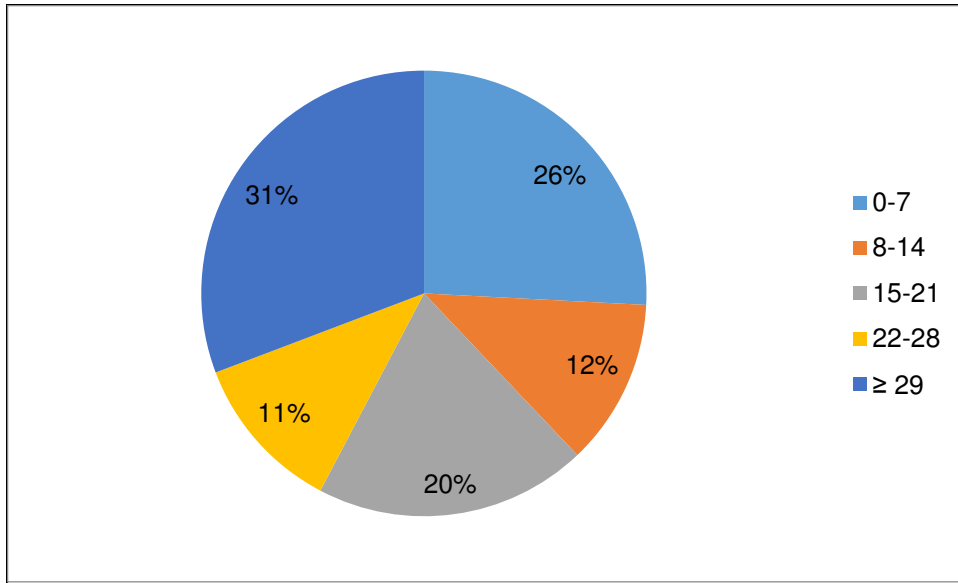


Figure 10: 2015/2016 Time (days) from submission of BAAF to initial health assessment (IHA)

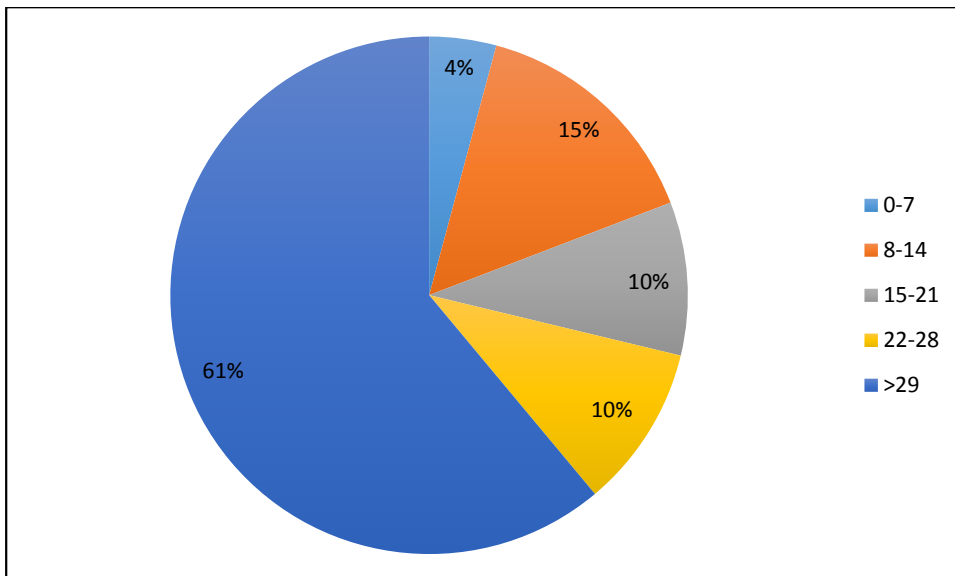


Figure 11: 2016/2017 Time (days) from submission of BAAF to initial health assessment (IHA)

On receipt of the completed referrals, figure 5 shows a decline in service responsiveness (first appointment bookings) for 2016/2017 when compared to 2015/2016 (figure 4).

### 20.3 REVIEW HEALTH ASSESSMENTS

Review health assessments (RHA): occur every 6 months for a child under the age of 5 years; annually for children 5 years and over. These assessments may be carried out by any suitable trained health professional.

In Southwark – the majority of RHAs are carried out by the paediatricians based at Sunshine House and the Southwark Specialist LAC Nurses. Increased capacity within the team has allowed for a greater number of assessments to be carried out by the local team – the

nurses are able to travel to children and young people placed all over London, Kent, Middlesex, Surrey, Wessex and East Sussex.

The Southwark LAC Health team co-ordinate with local services the completion of health assessments for children and young people placed further away.

There is an appropriate skill mix for reviews. The younger children who are more likely to have evolving developmental needs can access the expertise of a paediatrician in the context of a review assessment. The nursing team can provide outreach to the older cohort who generally requires input in parallel aspects to their physical health including lifestyle management, sexual health and general wellbeing.

Staffing has also allowed for flexibility of service

- Joint doctor/nurse appointments are offered when needed
- Older children with late presentations / previously undetected neurodevelopmental presentations are seen by paediatricians
- Appointments can be offered at greater convenience to young people and carers.

#### **20.4 PERFORMANCE - MANAGEMENT OVERSIGHT**

Lack of Carenotes wait list functionality mean that the team were reliant on manual spreadsheet entry as a case-tracking method with appointment booking systems held on paper diaries.

The difficulties with performance and achieving timescales have been progressively escalated through the GSTT reporting system by the Designated Dr in her capacity as lead Consultant. There is now an identified entry on the Trust risk register with reporting through to the CCG via the Trust assurance pathway. Additional administrative resource has been provided to the team. Staff turnover, sickness and absence has been very high and has impacted on overall function.

#### **20.5 CARELEAVERS HEALTH SUMMARIES**

Care leavers are provided with a Care Leaver Health Summary by the LAC nurses and paediatricians in Southwark following their last health assessment (after their 17<sup>th</sup> birthday). If they do not attend the health assessment they can access a health summary via their social worker. They are also given a copy of their immunisations and leaflet supporting them to access health services and advice.

Care leavers can access the LAC nurse by phone or text. Referral from their social worker, foster carers and personal advisers are also accepted. The Specialist LAC nurse also sees care leavers at the young people's Drop in at Social care.

During the reporting year we provided 60 care leaver summaries for children leaving care – up from 45 (2015/2016)

#### **20.6 CHILDREN PLACED IN SOUTHWARK BY OTHER LOCAL AUTHORITIES**

The Southwark LAC Health Service receives notifications of children placed in our borough. The team ensures the child's alert is updated appropriately. The appropriate health visiting/school nursing team is notified as they are most often required to fill the role of Lead health professional for the child/young person.

In some cases, we are requested to complete their statutory health assessments. There is a recharging system in place for this service.

## 21 IMMUNISATIONS

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The reporting of LAC children's immunisation status has been delayed due to lack of functionality within Carenotes. There is an immunisation coordinator in post to monitor and upload immunisation onto the electronic system. This role involves following up immunisation done by schools and GP's. An immunisation action plan is now in place.

### 21.1.1 Ad-hoc immunisation data

As part of the overall initiative to improve immunisation uptake by Southwark LAC, the LAC nurses offer ad-hoc immunisations. Often immunisations can be started immediately following a health assessment appointment, or the young person can elect to attend at a time more suitable for them.

*Table 7: Immunisation doses/contacts 2016/17*

	15/16	16/17
Imms doses	60	71
Imms contacts (unique patients vaccinated)	27	38

## 22 ADOPTION AND FOSTERING

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### 22.1 ADOPTION CHANGES

Adoption continued to be a high priority in Southwark and nationally. The Children and Families Act 2014 has required early wide "advertisement" of a child for adoption, and provided central funding for the costs of matching with out of borough adoptees for children needing adoption. However numbers of young children becoming looked after, and being placed for adoption have declined in Southwark, and anecdotally also in neighbouring boroughs.

There has been a small fall in numbers of children being adopted with a welcome reduction in the time from becoming looked after to an being placed for adoption, and a reduction in the age of the children at permanent placement. The Children and Families Act 2014 also gave a specific mandate for concurrent fostering and adoption, where a child is placed (usually a baby) with prospective adopters who are also approved as foster carers.

Further changes are proposed as part of the Children and Social Work Act.

### 22.2 ADOPTION MEDICALS

All children presented to the Agency Decision Maker (ADM) for a decision on suitability of the plan for Adoption for the child, and all matched with prospective adopters at Adoption Panel, had specific reports written for those decisions. These reports are detailed and include information from Child's Permanence reports, Court Assessments, CAMHS assessments, recent detailed health Assessments and analysis of the health, possible future health risks and the health needs of the child.

All prospective adopters, including foster carers already caring for the child, were offered, and accepted, a meeting with the Agency Medical Advisor, or a suitable delegate who had detailed knowledge of the child.

Reports are also provided for Courts, social workers and carers in relation to some children placed permanently, usually with family or friends, as looked after children under Section 24 of the Children Act, or under an SGO.

Arrangements are made to pass on vital information to new permanent carers, such as prospective adopters, directly and to their GPs and where necessary to secondary care local to their home. Unless placed very far away prospective adopters return to Sunshine House for their next Review health Assessment as a looked after child, to review the child's development and give an opportunity for further discussion of the possible health needs of or risks to the health of the child.

### 22.3 ADVICE RE ADULT HEALTH

Prospective adopters, prospective carers under an SGO, and foster carers all have Health Assessments by their own GPs. The Medical Advisor and Designated Dr for Looked after children review these Adult Health Assessments (known as AHs) for any physical or mental health issues that may impact on the adult's capacity to look after the challenging and vulnerable children who need fostering and adoption, in the medium and long term. The GP reports often need follow up with the prospective carer, hospital specialists and GPs, which can delay medical advisor reports and subsequent approval

#### Medical Advisor Reports on Adult Health

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Total Adult Forms	159	264	148	172	<b>143</b>
Adoption	44	79	13	49	<b>30</b>
Fostering	98	160	109	107	<b>96</b>
SGO	12	25	26	17	<b>17</b>
Kinship care	3	0	0	2	<b>0</b>

- Average time from GP completing assessment to receipt at Sunshine House (SH)= 22.8 days
- Average time from Sunshine House to SW=23 days

### 23 ADDITIONAL CLINICAL SERVICES

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The Southwark LAC health service also provides clinical expertise outside the provision of statutory health assessments. The team provided > 30 additional clinical reviews in the reporting year.

In addition to statutory services, the looked-after children's health team also provide an enhanced clinical service to children who are looked after, as well as care leavers. LAC with medical problems are seen by the health professionals within the looked-after children's team, particularly for neurodevelopmental concerns, and are managed in concert with our Care Link colleagues. Also, difficulties such as sleep, diet and obesity are covered, as well as follow-up of any previously identified unmet health needs.

The team also provides sexual health and relationship work, as well as work with teenage parents.

The enhanced clinical provision also includes safeguarding activities specific to children looked after.

Southwark CCG has commissioned a tracking service to ensure that we are aware of specialist needs for children looked after, and where suitable these needs are communicated to the borough with which they are placed. Utility of the database has arisen out of

recommendations for an IMR completed in 2014; and the child T concise review which looked at issues relating to looked-after children, children missing from home or care.

## 24 TEACHING AND TRAINING

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The Southwark LAC health service commits to an extensive delivery of training across the trust- co-delivered with our counterparts from the Lambeth LAC health service.

Training in aspects related to looked after children was included in GSTT Level 3 safeguarding training in this reporting year. This ensures that all staff requiring Level 3 competencies receive regular updates pertaining to LAC. New doctors to the Trust also receive training as part of their induction. Regular training sessions for health visitors and school nurses are offered; in addition to student training.

Training for social care professionals is also facilitated by the LAC health team. Training is also provided for foster carers and prospective adopters

The Southwark LAC nursing team and paediatricians at Sunshine House established bi-monthly peer supervision sessions during this reporting year.

Course Title	No of courses/conferences	Participant Total
GSTT LAC L3	X11	127
HV/SN	X1	7
Community Paediatric Course	X1	16
Grand Round	X1	68
Foster Carers	X2	26
SW Induction	X2	23
Student HV/SN	X1	24
SW Training day	X1	21

## 25 CONCLUSION

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The Southwark looked-after children's team based at Sunshine House has continued to deliver on statutory performance. However, significant difficulties have persisted with regards to the administrative function and clinical capacity. The DNA rate and under-utility of clinics was noted throughout the year and steps taken to mitigate this. More formal oversight has occurred and will continue. The team will continue to work jointly with our Social Care colleagues to understand and remove the barriers to consistently achieving high quality health assessments and adoption medical reports within statutory timescales.

This is the first reporting year where the team has been completely reliant on care notes and this lack of caseload monitoring system. There have been numerous IT challenges having to do with maintaining manual spreadsheets and checking, as well as coping with the administrative staff changes over the year. It is hoped that 2017-18 will have greater stability.

## 26 APPENDIX 2 – CARELINK CAMHS ANNUAL REPORT

### 27 INTRODUCTION

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Children and young people who are looked after by local authorities are among the most vulnerable and disadvantaged members of society (Sempik, Ward & Darker, 2008). They are at increased risk of poor outcomes in terms of mental health, educational attainment, employment and criminality (Viner & Taylor, 2005). By definition, Looked after Children have already experienced traumatic events in their lives, so it is unsurprising that they are more likely to develop mental health problems than those in stable family environments. Estimates of psychopathology among looked after Children vary between 37%-89% which compares with the estimate of 3%-18% for children outside the Care system, but Looked after Children also endure a higher prevalence of psychological adversity than even the most socio-economically disadvantaged children living in private households (Ford et al., 2007).

The mental health needs of Looked after Children often go unrecognised (McCann, James & Wilson, 1996; Richards, Wood & Ruiz-Calzada, 2006; Philips, 1997). Barriers identified include:

- The movement of Looked after Children within the care system (Richardson & Lelliot, 2003);
- Lack of Child and Adolescent Mental Health Services (CAMHS) for those without a plan of permanency (Department of Children, Schools and Families, 2009);
- Perceived stigmatisation of a mental health diagnosis in addition to being in care (Richardson & Lelliot, 2003)
- A higher turnover of social workers involved in the care planning (British Association of Adoption and Fostering, 2008; Richardson & Lelliot, 2003).

Given the high level of emotional, mental health need, early adversity and psychosocial stressors these children experience it is important that these children experience high quality care and accessible, flexible and bespoke CAMHS assessment, treatment and intervention. This view has been endorsed by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) joint guidance; 'Promoting the quality of life for Looked after Children and Young People (2010).

**Carelink** is a specialist Child and Adolescent Mental Health Service (CAMHS) for Looked after and Adopted Children 0-18 years. The team is part of the South London and Maudsley NHS Trust and is one of five CAMHS teams in the Borough of Southwark. Carelink is jointly commissioned by Southwark Children's Social Care (CSC) and works in close partnership with the CSC, Child Health and Education.

The team is located at the Lister Primary Care Centre (a modern purpose built health centre) in the middle of Peckham. The majority of our sessions with children, young people and carers take place at the Lister Centre and depending on need and resources we see children in their placement (mainly foster homes) or in school.

**The overarching aim for Carelink** is to provide a flexible, accessible community based mental health service for Southwark Looked after Children 0-18 years (both in and out of Borough) and professionals involved in their care. We understand that Southwark has a



richly diverse population. The team aim to provide care that is sensitive and appropriate to the client's circumstances, gender, ethnicity, language and culture. The team carries out comprehensive assessments and use available outcome measures which provide evidence of benefits to our client group, and evidence of high levels of service-user satisfaction. In addition to offering a high quality clinical service the team is actively engaged in clinical research to add to the evidence base about best assessments and treatment interventions to offer to this population.

Our strong relationship with CSC is central to the team development, service planning & clinical provision and on-going research.

## **28 OVERVIEW OF SERVICES**

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### **28.1 LOOKED AFTER CHILDREN:**

Our remit is to offer a CAMHS assessment and therapeutic service to children and young people 0- 18 years who are looked after by Southwark Social Services, where there is a plan for them to remain permanently in care. Given the changes in CSC and the high number of children on s20 we also offer a CAMHS assessment to children and young people, where the young person entered Care late and/or the permanency plan has not yet been fully agreed, when there are concerns about mental health and risk.

We work with Southwark Looked after Children both in and out of Borough. At any one time up to 50% of our open cases are Children who are looked after by Southwark but live outside of the Borough. Where possible we aim to work with Southwark children irrespective of address so we can offer continuity of service should there be a change of placement and to support better collaboration with the network given our close links with the CLA social workers. Where children and young people live too far to travel to Southwark for appointments we will broker referral to other CAMHS teams in their locality as requested.

### **28.2 ADOPTED CHILDREN:**

We have close links with the CSC Adoption Team. Carelink can assist with the transition from foster-care to adopted family especially when the child has already been known to the team. We offer assessment and therapeutic services to adopted children and the family if this seems more appropriate than having intervention from the local CAMHS community team and the geographical distance for the family is not too great.

We are also referred adopted children and young people who are living in Southwark and may not have previously been known to our team when they are experiencing emotional and mental health difficulties. These young people are often not known to Southwark Social Care as the adoption may not have taken place in Southwark but the family now reside in the Borough, or the child and family were known in the past but have not had contact with the service for many years.

### **28.3 FOSTER CARE SUPPORT:**

Foster carers of all children and young people referred are offered therapeutic support. This includes joint working with foster parent and child if clinically indicated (often for younger children) and foster parent sessions in parallel to the child or young person's individual work.

#### **28.4 MULTI-AGENCY REVIEW MEETINGS:**

We meet key professional in the child's network to feedback outcome of assessment.

Children and young people in on-going treatment with Carelink have termly multi-agency review meetings. These meetings include foster parents, Social Worker, Supervising Social worker (SSW), Independent Reviewing officer (IRO) and the young person, Child Health and Education when appropriate. At these meetings the child or young person's CAMHS Care plan is agreed.

### **29 STAFFING**

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Carelink is a multi-disciplinary team consisting of staff from the following specialisms: child psychotherapy, art and drama therapy, family therapy, clinical psychology, occupational therapy, nursing, therapeutic social work. We have access to psychiatry for individual cases as required. From time to time Carelink has trainees from a range of disciplines attached to the team. The team has a stable workforce with many clinicians trained in more than one assessment and treatment modality.

Carelink is committed to offering a high quality clinical service to Looked after Children and is actively involved in clinical research.

### **30 PRESENTING PROBLEMS**

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Children and young people are referred with a wide variety of problems and these include; emotional disorders, low mood, depression, self-harm, suicidal thoughts, PTSD, developmental trauma, eating difficulties, anxiety, attachment disorder and difficulties, behavioural and conduct problems, neurodevelopmental problems, early onset psychosis. Given the trauma and early adversity experienced by Looked after Children it is more usual to have high levels of comorbidity and complexity. The children and young people are assessed by the team and Specialist assessments and interventions are requested as needed e.g. specialists neurodevelopmental assessments.

### **31 CARELINK ASSESSMENT AND INTERVENTION PROVISION**

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#### **31.1 GENERAL PROVISION:**

- CAMHS assessment and treatment for children looked after 0-18 years where there is a plan for them to remain in care and if permanency plans are not yet agreed, where referral to Carelink has been agreed with the allocated social worker.
- Direct therapeutic work with children, young people and their carers.
- Advice/consultation to the professional network and especially the social work team regarding care planning, therapeutic needs, placements and transitions.
- Close links with the adoption team. More usually referrals from the adoption team are for children who are in transition from foster care to adoption however we are also referred adopted children who are living in Southwark and were not previously known to Southwark CSC.
- Provision of a continuity of CAMHS should there be a change of placement and better collaboration with the network given close links with the CSC social workers.
- Where children and young people live too far to travel to Southwark for appointments Carelink to broker referral to other CAMHS teams as necessary.
- Offer individual foster care support to Southwark carers.
- We also offer support to foster carers in Independent Fostering Agency (IFA) who are caring for Southwark Looked after Children.

- It is also possible for individual Southwark foster carers to request support/advice on the care of LAC children in placement (even if the child is not referred for therapy).
- Provide easy access to the CLA CSC teams so they can quickly access advice on a particular child and easily make a referral to Carelink or signpost to another service as necessary.
- Screening to identify any emotional or mental health difficulty for under 5's using specific screening/assessment measures.
- Promote the mental health needs of this vulnerable and marginalised population.
- In cases where a child moves from being looked after to adoption to continue the therapeutic involvement for as long as clinically indicated.
- Provide flexible and clinically sensitive service such as consultation to the SW, foster carers and Southwark Legal Department where appropriate in cases when direct work with a child is not possible due to uncertainty about long term plan.
- To prioritise work where there is a crisis, risk of placement breakdown, need for urgent response, mental health risk and unstable placement.
- Liaise with local CAMHS to offer assessment and treatment if the child is in a stable, settled placement in a neighbouring Borough and are attending a local school and involved in that community.
- Continuation of service and involvement of local CAMHS where Carelink has been involved with children and young people prior to move (depending on distance this may be less frequent direct work with the child).
- Work with the social worker in regards to child's mental health needs and placement plans where young people are out of borough and moving placements and Carelink cannot see them directly
- Take part in multi-agency review meetings.
- Contribution to placement breakdown meetings for CLA and Adopted children.
- Early support and transitional work to adopters when Southwark child is being placed e.g. together Child Health and Carelink staff meet with prospective adopters to discuss assessments and to consider recommendations for child's individual social and emotional needs.
- Contribute to CSC training for foster parents and adopters as resources allow.
- Referral to specialist's services and In-patient CAMHS admission as needed.
- Arrange transfer of care to Adult Mental Health services in young person's 17<sup>th</sup> year to ensure continuity of care. There are many challenges associated with these transitions.

Carelink CAMHS assessment & interventions include the following:

- Individual psychoanalytic psychotherapy
- Family and Systemic psychotherapy
- Consultations to network and carers
- CAMHS generic and more specific treatment assessments
- Sibling work
- Support Social Workers with Together & Apart assessments
- Work with carers and adopters, with children or separately looking at attachment issues
- Drama therapy, art therapy and creative therapies
- Short-term solution focused work
- EMDR
- Mental state examinations and risk assessment.
- Group work
- Cognitive behaviour therapy

- Trauma focused interventions
- Parent/child work
- Specialist assessments e.g. cognitive assessment, Story Stem Assessments, specialists assessment for under 5's (ASQ-SE, KIPS and clinical formulation of child's needs).

### 31.2 ROUTINE OUTCOME MONITORING

The Carelink team uses various outcome measures, these include;

### 31.3 STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ),

The SDQ is routinely administered at assessment and repeated every six months. This is a brief, well validated and commonly used measure of psychopathology in 4-16 year olds (Goodman, 2001). The measures are currently not validated on children below the age of 2 years. A computer algorithm combines information on symptoms and impact from all informants to give a prediction of the likelihood of psychiatric disorder as 'probable', 'possible' or 'unlikely' (Goodman, Ford, Simmons, Gatward & Meltzer, 2001).

When examining the Baseline SDQ results for children and young people referred to Carelink the sample mean total is almost 16 (15.99). This is a point above the clinical cut off point on parent SDQ, so scores above 16 suggest significant difficulties may be seen (Table 1). We then compared the means of the Baseline SDQ to the UK National averages in order to contextualise findings (Table 1).

*Table 1 – Comparison of Carelink sample against national average: SDQ mean scores*

	National Average		Carelink		<i>t</i>	95% CI for Mean Difference	SE of dif
	M	SD	M	SD			
SDQ Total	8.4	5.8	16.99	7.66	<b>15.99*</b>	7.54-9.65	.537
Emotional	1.9	2.0	3.59	2.62	<b>9.13*</b>	1.33-2.05	.185
Conduct	1.6	1.7	4.39	2.60	<b>17.67*</b>	2.48-3.1	.158
Hyper-activity	3.5	2.6	5.97	2.99	<b>10.29*</b>	1.99-2.94	.240

Peer Problems	1.5	1.7	3.14	2.26	<b>10.42*</b>	1.33-1.95	.157
Pro-social behaviour	8.6	1.6	6.08	2.69	<b>16.91*</b>	2.23-2.81	.149

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\* $p < .01$

National average  $n=10,298$

Carelink  $n=119$

*Note:* National norms from a national sample of 10,298 children (Meltzer, Gatward, Goodman, & Ford, 2000)

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An independent samples t-test was conducted to examine these differences. A nationally representative sample of children 5-15-years-old was used (Meltzer et al., 2000), and it was found that the teams total SDQ scores were significantly different from that of the national norms,  $t(10415) = 15.99$ ,  $p < .01$ , with the study's mean total SDQ scores being far greater than that of the normative data (mean difference=8.59). This finding was replicated for each of the SDQ's subscales, as seen in *Table 1*.

### **31.4 DEVELOPMENT AND WELLBEING ASSESSMENT (DAWBA)**

The DAWBA is a fuller on line diagnostic screening developed by Prof. R. Goodman. This is not routinely administered but recommended in certain cases.

### **31.5 CHILDREN'S GLOBAL ASSESSMENT SCALE (CGAS).**

This is a 100-point rating scale, measuring psychological, social and school functioning for children aged 6-17. It was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.

A child or young person receives a score at initial assessment, which is a clinician rating on the basis of known information about general areas of functioning. This score is reviewed on a regular basis by the practitioner and the team, and at the point of closure of treatment, to give an indication of the child's progress in terms of their functioning.

### **31.6 IAPT MEASURES**

The Children and Young People's Improving Access to Psychological Therapies project (CYP IAPT) is a government programme working with existing CAMHS. Southwark CAMHS was one of the first implementer sites for CYP IAPT. As part of our commitment to the government IAPT initiative Carelink team members have undertaken specialist training to understand and use the measures developed and rolled out by CYP IAPT.

IAPT has been developing assessment and screening tools as well as outcome measures which have the aim of improving service effectiveness, and encouraging user engagement and feedback.

Since implementation of CYP IAPT Carelink have included the IAPT measure RCADS (Revised Child Anxiety and Depression Scale) which was introduced as a standard screening tool with carers and young people, for all children aged 8 and above. This measure has been included as a standard anxiety and depression screen for all assessments and used along with the SDQ in all new assessments. The use of the SDQ at assessment and review is also part of IAPT requirements.

RCADS is a measure which screens for indicators of specific anxiety and depressive disorders. Our initial view has been that this measure is helpful in distinguishing between different types of anxiety and depression but that it is not sensitive to the kinds of presentations most common in the Looked after Children population. We therefore have investigated measures which are more helpful to the assessment of children and young people referred to Carelink. As part of Carelink's commitment to screening assessment and treatment review we continue to use of SDQ at assessment and review.

### **31.7 BRIEF ASSESSMENT CHECKLIST FOR CHILDREN (BAC-C) AND THE BRIEF ASSESSMENT CHECKLIST FOR ADOLESCENTS (BAC-A)**

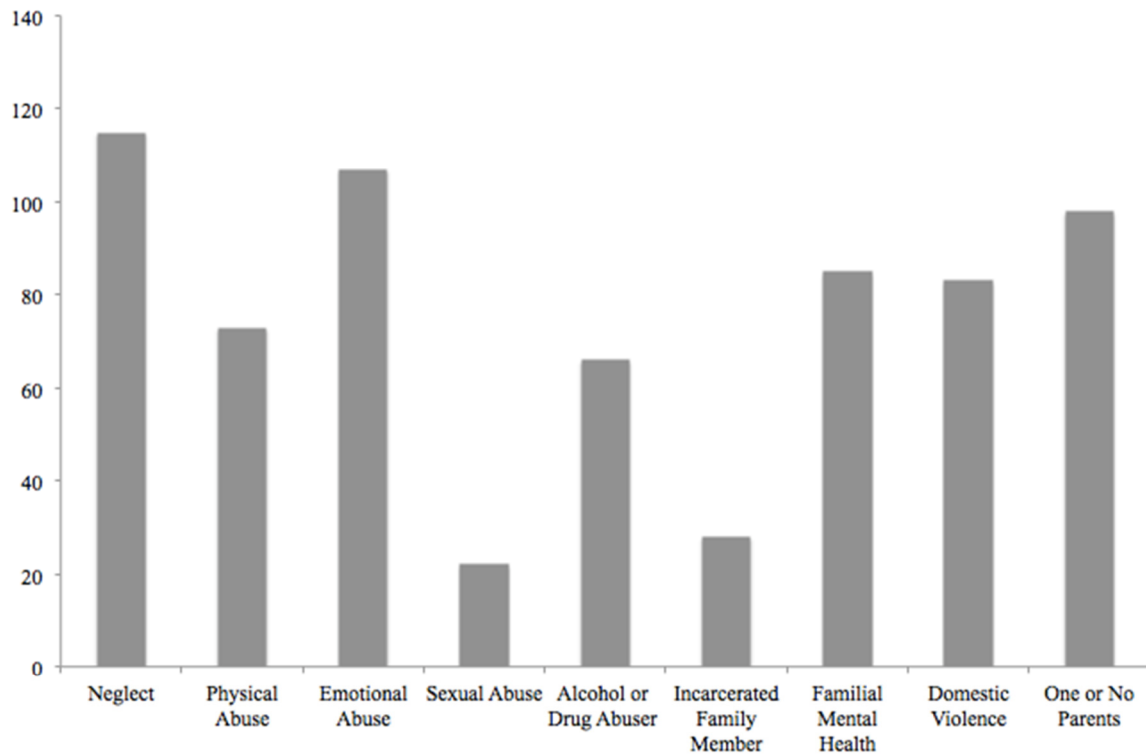
These measures are routinely completed on all children and young people assessed in the team and is a 20 item caregiver-report psychiatric rating scales that are designed for children and adolescents in foster, kinship, residential and adoptive care. These measures capture contextual information about the child's current experience and are a more helpful measure for this population and were developed by M. Tarren-Sweeney.

### **31.8 ADVERSE CHILDHOOD EXPERIENCES (ACE)**

The Adverse Childhood Experiences Study (Felitti et al, 1998) is a major, longitudinal and international research study (with a large sample size), posing the question of whether and how, childhood experiences affect adult physical and mental health into adulthood. The ACE study reveals how there is a correlation between traumatic emotional experiences in childhood and organic disease and emotional disorders later in life and provides a remarkable insight into how we are affected into adulthood medically, socially and economically.

Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up the ACE score is achieved. A score of 4 or more indicates significant vulnerability. Please see Figure 1 to see results for ACE scores on open cases (n=119) in Carelink completed in September 2016. We have been collecting the data for several years and the results range between 75% - 93.3% of Carelink children having 4 or more ACE's. From Felitti's work 6.2% of the general population have 4 or more ACE scores thus evidencing a high level of need in the Looked after Children population. Further work by Van der Kolk (2005) highlights the detrimental and pervasive impact of cumulative trauma and suggests that childhood complex trauma is a severe Public Health challenge that warrants further research.

The ACE data was explored to look at the frequency of occurrence of these types of traumatic childhood events, and the results are displayed in *Figure 1* below.



**Figure 12 – Frequencies per ACE category**

n=119

### **31.9 CHILD OUTCOME RATING SCALE (CORS), OUTCOME RATING SCALE (ORS) & CHILD SESSION FEEDBACK SCALE**

These are measures completed by the child to capture their view of how they are progressing and are administered at assessment and repeated at various points throughout treatment.

### **31.10 DISORDER SPECIFIC MEASURES**

More sensitive measures have been developed to identify specific disorders. For example, the Moods and Feelings Questionnaire (MFQ) for depression, SCARED for anxiety, Conners for ADHD and are administered depending on the child and young person's presentation.

All measures are used in conjunction with clinical observation of child and young person and contribute to the development of the clinical formulation for the child and young person. This will guide intervention and treatment recommendations. Assessment reports are written on each child and shared with their Social Worker and key professionals as appropriate.

## **32 CLINICAL ACTIVITIES**

On average the Carelink team has a case load between 190-220 open cases. Each staff member has an individual caseload in the region of 30-40. The length of treatment varies from assessment only which may be 3-4 appointments to several years of treatment. Given the high level of emotional and mental health need, the challenges the children and young

people face at different developmental stages long term treatment for Looked after Children and support for their carers is essential.

### **32.1 CLOSURE AND/OR TRANSFER TO OTHER SERVICES**

When C&YP are transferred to another service or discharged from the team they all have a summary of assessment and treatment in the team. This summary is routinely sent to G.P., CSC, Child Health and any others closely involved or relevant to the case.

With young people who are 17.5 years and need on-going mental health services we transfer to the appropriate AMH team. We follow guidance outlined in the SLaM Trust Transition Policy.

### **32.2 MANAGEMENT OF RISK**

Because of the nature of the team, risk assessment and risk management play a major part in day to day team functioning. The SLaM Trust risk assessment guidelines are used during any first assessment and thereafter. In all contacts with children and young people the level of risk will be reviewed and interventions altered accordingly. We routinely monitoring clinical risk and the team is accessible and responsive should a crisis occur.

In addition, Safeguarding is a key aspect of clinical work and the team follow the SLaM Trust Safeguarding Policy.

## **33 RESEARCH**

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The mental health needs of children in care are not routinely assessed with many children only receiving help when more intensive treatment is needed if their needs are recognised at all (Whyte & Campbell, 2008). In Southwark we agreed there was a need for systematic screening to promote early identification and intervention. In 2008 the Carelink team with Southwark Children's Social Care (CSC) successfully bid for a grant from Guy's and St Thomas' Charity to run a mental health screening programme for all young people aged 4-16 years remaining in the care of the social services department for four consecutive months over a period of 12 months.

This research is written up in an article entitled 'Evaluation of a pilot project for mental health screening for children looked after in an inner London borough', Newlove- Delgado, T., Murphy, E., & Ford, T. 2012 Journal of Children's Services, Vol 7 No 3 pp 213-225

On completion of this research in 2009 and in accordance with Government indicators, Southwark Local Authority (CSC Department) agreed to continue to support the screening of children in care. The Government only requires that the foster carers complete an SDQ and does not state what the Department has to do with this information. For the SDQ to be interpreted reliably there needs to be at least two informants (three if the child is 11+). In order to make the information clinically useful in Southwark we have agreed the following:

- On a given date once a year all foster carers are asked to complete an SDQ for all Southwark children in their care. To date the return rate has been 100%.
- The SDQ is returned centrally and forwarded to the Carelink team where they are reviewed.



- When the SDQ is reviewed if there are concerns we complete the rest of the screening and where indicated ensure that a clinical service is offered to all children and young people with identified mental health need.

The CSC Department will continue to ensure foster carers complete the SDQs annually and the Carelink team will clinically review to ensure early identification of need and accessibility of service to children in care to Southwark.

### **33.1 EMOTIONAL / MENTAL HEALTH SCREENING STUDY –**

#### **SOUTHWARK CARELINK SCREENING AND INTERVENTION PROJECT FOR 0-4 LAC**

##### **33.1.1 Project Synopsis**

The aim of the Southwark Carelink project was to screen all children aged 0 to 4 years who became looked after by Southwark Children's Services in a 12 month period in order to identify early social/emotional or mental health difficulties and to formulate an appropriate intervention for those children with specific needs.

The screening used a combination of standardised and clinical observation measures to assess the child's social-emotional development and quality of relationship and attachment to their foster/kinship carer. Observations of the child took place in their LAC medical and in the foster home. Information regarding their social-emotional development was considered along with their general health and development and a profile of their specific needs formulated in a written summary to the professional network. The brief intervention was tailored to maximising healthy emotional and social development and the child's attachment to key caregivers.

##### **33.1.2 Improved outcomes**

- Significantly improved levels of identification of social-emotional difficulties in under fives LAC population, 67% in screened group compared to 10% previously. Increased knowledge of prevalence and type of difficulties.
- Targeted interventions were taken up in majority of cases, in context of significant time pressures for carers managing intensive Contact schedules for infants/children.
- On 5 point scale, foster carers and social workers positively rated the usefulness of intervention with 4.6 and 4.3 average scores respectively.
- Social care professionals, including those on Adoption Panel, positively rated usefulness of the child's screening profiles in Care planning and when thinking about placement matching and the child's long-term needs.
- Increase in referrals to CAMHS, both following the screening/intervention and to the existing LAC CAMHS team where social workers sought a similar assessment for young children who were already in care and not part of the initial screening cohort.

This research is described a chapter "Social-emotional screening and intervention for 0-4 year old children entering care", Hardy, C., & Murphy, E. in a book entitled 'Mental health services for Vulnerable Children and Young people' edited by Tarren-Sweeney, M & Vetere, A. (2013) Routledge, Taylor & Francis Group.

Since the pilot study we were awarded another research grant to carry out a two year study described below;

### **33.2 SOCIAL-EMOTIONAL UNDER 4'S SCREENING AND INTERVENTION; A STUDY OF EMOTIONAL HEALTH AND DEVELOPMENT IN BABIES AND YOUNG CHILDREN (S.U.S.I.) - AN INTERAGENCY COLLABORATION IN SOUTHWARK.**

The purpose of this clinical research study was to carry out a feasibility study to evaluate the impact of specific mental health interventions for the children, parents and carers in three high risk groups of children under the age of 4 years in Southwark.

The study replicated the screening method that was first developed and successfully implemented in a pilot project in Southwark in 2010-2011, combined with the delivery of new specific longer term interventions to investigate the impact of this approach on the social-emotional development of the child and the quality of the caregiver -child relationship in the 'looked after children' population. The screening method and an extended intervention will also be offered to two further groups in Southwark, with the aim of building more robust evidence on the outcomes for children and the effectiveness of early interventions that target their emotional/mental health and the methods by which we can successfully engage with children and their caregivers.

In the new study there were three groups:

- Group 1 Children in Care (CiC)
- Group 2 Children whose parents are known to the Parental Mental Health Service (PMH)
- Group 3 Children on initial Child Protection Plan (CP).

We recruited children and caregivers from all three groups to the study in a 16 month recruitment period, and implemented regular reviews of the child's social-emotional development and mental health at 6 months interval for the duration of the project.

The screening helped the parents and primary caregivers have a greater understanding of their child's needs and social-emotional development. The intervention was tailored to the individual needs of the child but also gave significant direct support and advice to the parent or carer in addressing the child's needs. The focus was on the parent/carer-child relationship. The feasibility study has now ended and was supported by a grant from Guy's & St Thomas' Charity. The results are promising and will be published this year.

All of our research has been actively supported by Southwark CSC and could not have happened without their help and involvement.

## **34 SERVICE USER INVOLVEMENT**

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The Carelink team believe that constructive dialogue with service users is integral to the success of the team. The team actively maintains links with and encourages feedback and advice for children, young people, their carers and other professionals to ensure continuing good practice. Care Plans are agreed with children, young people, foster parents and allocated Social Workers

Regular written and verbal feedback is requested and results of feedback made available in poster form in the waiting room. The team coordinates this information and thinks of creative ways to involve children and young people in activities in the clinic.

### **35 CONCLUSION**

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Integral to our work in Carelink is good multi-agency collaboration and support. All CAMHS team working with Looked after Children need to have a close relationship with CSC on both a strategic and operational level. Support from Social Workers strengthens treatment outcomes given the complex networks around our children. In addition, close working relationships with Child Health and Education is important to facilitate joint assessment and better plans for our Looked after children and young people. We are grateful to our Southwark colleagues for their on-going support and are keen that where possible integrated multi-agency work and practice continues to support our vulnerable children.

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 6 November 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Ofsted Inspection of 'Services for Children in Need of Help and Protection, Children Looked After and Care Leavers' - Post Inspection Action Plan	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATIONS

1. That the corporate parenting committee (CPC) notes the Southwark post inspection action plan as endorsed by cabinet on 19 September 2017 at Appendix 1, and the early progress made to date.
2. That the corporate parenting committee considers whether a further progress report should come to the committee on 28 February 2018 and whether there are specific action plan areas that they would like to discuss in detail at future meetings.

## BACKGROUND INFORMATION

3. The Ofsted single inspection framework (SIF) is the national framework for inspecting services for children in need of help and protection, looked after children and care leavers.
4. Southwark's inspection took place between 6 March and 30 March 2017 and the report was published on 13 June 2017.
5. Southwark Council's services for children and families are good. The full report of Her Majesty's Inspectorate, Ofsted, of its inspection of services for children in need of help and protection, children looked after and care leavers was noted by CPC at the meeting held on 10 July 2017.
6. The report to corporate parenting committee of 10 July 2017 set out key findings from the inspection and the committee noted that a post inspection action plan would be presented to cabinet in September prior to its submission to Ofsted.
7. A briefing meeting for members of the corporate parenting committee was held on 7 September 2017 where the draft post inspection action plan was discussed prior to it being presented to cabinet. On 19 September 2017 the cabinet endorsed the post inspection action plan.
8. In regard to recommendation 6, CPC members were clear that the sufficiency strategy must be of sufficient ambition to deliver the quality and quantity of placements needed for children looked after. This will no doubt be further reviewed by the CPC during the forthcoming year.
9. In regard to recommendation 9, the CPC felt that the strength and success of the council's outstanding adoption best practice should allow for good progress to be

made prior to the December 2018 deadline. Again, the CPC has scope to review this during the forthcoming year.

10. CPC requested that an early progress report on the action plan come to the CPC meeting on 6 November 2017.

### **KEY ISSUES FOR CONSIDERATION**

11. The action plan is set out in appendix 1 and builds on the council's comprehensive understanding of the complex needs of the community that the inspection recognized, and the plans already in place to address areas of practice not consistently strong.
12. Early progress achieved to date include:
  - New MASH and early help referral forms now in operation and review points are scheduled (recommendation 2).
  - Brokerage officers have moved from the Commissioning division to the newly formed Access to Resources Team (ART) and review of current resources has commenced (recommendation 8).
  - New Public Law Outline (PLO) workflow and performance management framework is now in place. Monthly Care Service Permanence Tracking Panel established in June underpinned by a permanence tracking strategy; a pilot of two cases of children under 10 for co-working is underway (recommendation 9).
13. The progress against the local improvement plan will be overseen by the children's and adults board chaired by the strategic director of children's and adults' services and where relevant the corporate parenting committee.

### **Policy implications**

14. The action plan to address recommendations sit within the context of the current strategic priorities of the Children and Young People's Plan and are actively being aligned to current priorities within the department, these include:
  - Budget saving and efficiency programme within children and adult services
  - Transformation and service development work in relation to areas such as early help, including the troubled families programme and local approaches safeguarding such as adolescents at risk
  - Revised sufficiency strategy and improvements to placements both in house and external providers and DFE innovation funding including for residential care and post 16 accommodation strategy
  - Local preparations for the local Special Educational Needs and Disabilities (SEND) Area Review
  - Local recruitment and retention strategies
  - CATCH 22 innovation programme for a Careleavers Partnership.

### **Community impact statement**

15. There are no equalities implications from this report, other than it being noted that community safeguarding activities, such as those relating to FGM and honour based violence were highly commended in the Ofsted inspection.

### Resource implications

16. There are at present no additional resource implications arising for this report.

### Legal implications

17. Services to children and families are provided within the statutory framework of support and protection to local children and young people, as set out in legislation such as the Children Act 1989, Children Leaving Care Acts, and Children Act 2004. SIF inspections are carried out under the s136 of the Education and Inspection Act 2006.

### Consultation

18. None.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
London Borough of Southwark Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board	Ofsted, London	0300 123 1231
<b>Link (please copy and paste into your browser):</b>		
<a href="https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/southwark/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf">https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/southwark/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf</a>		
Ofsted Inspection report to Cabinet 19 September 2017	Tooley Street, SE1	Southwark Council Offices, Tel 020 7525 5000
<b>Link (please copy and paste into your browser):</b>		
<a href="http://modern.gov.southwark.gov.uk/documents/s71032/Report%20Ofsted%20Inspection%20-%20Post%20Inspection%20Plan.pdf">http://modern.gov.southwark.gov.uk/documents/s71032/Report%20Ofsted%20Inspection%20-%20Post%20Inspection%20Plan.pdf</a>		

### APPENDICES

No.	Title
Appendix 1	Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

## AUDIT TRAIL

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Family Services	
<b>Report Author</b>	Elaine Allegretti, Assistant Director Quality and Performance Improvement, Children and Family Services	
<b>Version</b>	Final	
<b>Dated</b>	25 October 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	25 October 2017	

## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

### APPENDIX 1

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
<b>1. Ensure that prompt decisions are made to safeguard children affected by long-term, cumulative neglect, so that they are not left in adverse home circumstances for long periods.</b>	Introduce enhanced management oversight approach to key at risk cohorts including <ul style="list-style-type: none"> <li>- Formal review points of open CIN at 12 months by Practice Group leads</li> <li>- Extend remit of challenge and support and permanence panels to look at longer term duration and repeat episode CIN, CPP and LAC cases</li> <li>- Develop improved performance management and tracking data for CIN</li> <li>- Develop audit programme that sits within the Quality and Performance Framework to ensure practice is regularly reviewed including quality of supervision, planning and impact of intervention</li> </ul>	April Bald Elaine Allegretti	April 2018		<ul style="list-style-type: none"> <li>- New CIN workflow on MOSAIC and performance management and quality framework under development</li> <li>- Terms of reference for extended panels being developed</li> <li>- Terms of reference drafted for reconfigured multi agency panel for high need LAC</li> <li>- Review of other panels being undertaken as part of the development of a Care Pathway</li> </ul>
<b>2. Work with partner agencies to ensure that referrals contain sufficient information and that parental consent has been obtained if necessary, so that management decisions on the required action are timely and families receive help quickly</b>	Undertake a multi agency audit of quality of referrals to identify range of issues and learning for key agencies. This will underpin dialogue and bespoke programmes of work with key agencies including, training and development.	April Bald Jenny Brennan	September 2018		<ul style="list-style-type: none"> <li>- Audit yet to be scheduled, this audit will be under the SSCB Audit and Learning sub-group programme. Post March 2018 programme due to be set later in the year.</li> </ul>
	Embed new MASH and Early Help referral forms.	April Bald Jenny Brennan	September 2018		<ul style="list-style-type: none"> <li>- Forms now in operation and review points scheduled. Feedback will come to SSCB</li> </ul>
<b>3. Ensure that strategy discussions and strategy meetings involve all relevant agencies so that multi-agency</b>	Joint audit with SSCB to of strategy meetings to inform learning and development areas	April Bald Caroline Thwaites	December 2017		<ul style="list-style-type: none"> <li>- Audit scheduled for February 2018</li> </ul>
	Review strategy meeting and MASH protocols and	April Bald	April 2018		<ul style="list-style-type: none"> <li>- New MASH manager</li> </ul>



## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
information informs assessment of risks	operating processes to better utilise MASH partners and designated leads in strategy meetings	Caroline Thwaites			appointed and work in progress to local protocol. Outcome to be reported back to SSCB.
	Explore use of technology in supporting agencies to engage remotely in strategy meetings such as conference calls	April Bald Mark Compton-James	April 2018		- As above. This is be factored into the accommodation strategy and stakeholder work for proposed Queens Road service building
<b>4. Ensure that return home interviews with children missing from home and care are completed consistently and effectively so that the intelligence gained reduces the recurrence of further missing episodes</b>	Continue to deliver work programme of the multi agency Missing and Absent working group including <ul style="list-style-type: none"> <li>- Reviewing multi agency procedures and policies</li> <li>- Reconfiguring return home interview services impact and effectiveness</li> <li>- Quarterly analysis of intelligence arising from return home interviews to inform service development activities and partnership working improvements</li> </ul>	April Bald Andrew Fowler	April 2018		<ul style="list-style-type: none"> <li>- Head of Quality Assurance and Social Work Improvement now departmental lead for CSE and Missing to provide single oversight and practice challenge across the department, including bespoke support to LAC and Safeguarding Services</li> <li>- New arrangements in place with appropriate adult volunteers to undertake return home interviews for those pre threshold Contract with external provider ended in September and included TUPE of a staff member to Care Service. A small working group are reviewing impact of changes to delivery in-house. Especially for those RHIs required more than 20 miles</li> </ul>

## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
					plus. This includes strengthened contract monitoring of providers where they are responsible for RHIs under ART
<b>5. Strengthen management oversight of social workers in the children looked after and care leavers' services</b>	<p>Introduce enhanced management oversight approach to key at risk cohorts including</p> <ul style="list-style-type: none"> <li>- Development of multi-agency Challenge and Support Panel to assist planning and support for high risk cases and complex cases of concern</li> <li>- Improved performance management and tracking data for escalating at risk LAC and care leaver cases such as those at risk of placement breakdown, and with multiple risk factors such as missing, change of school etc</li> <li>- Develop and implement audit programme that sits within Quality and Performance Framework to ensure practice is regularly reviewed including quality of supervision, planning and impact of intervention</li> </ul>	<p>Alasdair Smith</p> <p>Andrew Fowler</p>	April 2018		<ul style="list-style-type: none"> <li>- Terms of reference drafted for reconfigured multi agency panel for high need LAC</li> <li>- Joint work between Quality and Performance and Improvement and LAC service to develop improved tracking data for high risk LAC, including a visit to other local authority that is using this approach. This work will inform audit programme</li> <li>- Care service audit programme agreed and due to start shortly</li> </ul>
<b>6. Ensure that the sufficiency strategy, supported by effective commissioning, provides a better supply of high-quality placements for children looked after, particularly for adolescents who display challenging behaviours</b>	<p>Undertake multi agency practice review of children and young people who have experienced multiple placement breakdowns to provide evidence base for improvement plan and sufficiency planning activities and revised strategy</p> <p>alongside;</p> <p>A deep dive of children in residential care to inform</p>	<p>Elaine Allegretti</p> <p>Andrew Fowler</p> <p>Gillian Banford</p> <p>Helen Woolgar</p>	April 2018		<ul style="list-style-type: none"> <li>- Draft sufficiency strategy and action plan in final draft. Strategy had input from a range of multi agency stakeholders</li> <li>- Audit of children at risk of placement breakdown to inform future model of</li> </ul>

## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
	sufficiency strategy and service development work including <ul style="list-style-type: none"> <li>- South London Commissioning Programme Innovation Programme</li> <li>- Improvements to local fostering provision and plan</li> <li>- Impact and effectiveness of current intervention model</li> </ul>				practice due to take place in November/December <ul style="list-style-type: none"> <li>- Consultant appointed to review current approach to residential care and support reductions in line with statistical neighbours</li> <li>- Access to Resources Team went live w/c 9 October 2017.</li> </ul>
<b>7. Ensure that children's care plans are effectively and regularly reviewed to confirm whether their needs are being met through their placements, and establish alternative plans where necessary</b>	Undertake joint audit between IRO and Care Services against LAC Review standards to identify key strengths and areas for development to inform shared improvement plan, tracking and review of compliance with local standards	Elaine Allegretti Andrew Fowler	April 2018		<ul style="list-style-type: none"> <li>- Peer review with neighbouring local authority of IRO and CP arrangements taking place in October 17</li> <li>- Workshop between IROs and Care Service planned to develop shared standards and approach to good management oversight</li> </ul>
	Review processes, quality and impact of IRO escalations including tracking and performance management to support improved outcomes for children and young people	Elaine Allegretti	April 2018		<ul style="list-style-type: none"> <li>- A new IRO escalation form being piloted to support better management oversight and tracking of issues. Once piloted form will move onto MOSAIC to enable formal reporting and performance management</li> <li>- Escalation processes to form a significant part of workshop (above)</li> </ul>
	Implementation of quarterly meeting between Care, Permanence and QAU Services and Speakerbox, to action practice improvement areas, including multi	Alasdair Smith	April 2018		<ul style="list-style-type: none"> <li>- Quarterly meetings are now taking place – enabling better communication between IRO and Care</li> </ul>

## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
	agency delivery, placements, commissioning and sufficiency planning themes				<ul style="list-style-type: none"> <li>services</li> <li>- Access to Resources Team went live w/c 9 October 2017</li> </ul>
<b>8. Ensure that children looked after who live outside of the local authority area are not disadvantaged through slower access to essential services, particularly child and adolescent mental health services, education support and regular health assessments</b>	<p>Undertake a multi agency practice review of children and young people who are placed out of borough to provide evidence base for improvement plans for operational oversight and performance management strategies</p> <p>To introduce designated lead manager for single oversight of children placed out of borough including</p> <ul style="list-style-type: none"> <li>- Better use of performance data to monitor outcomes and support oversight of any disadvantages of those placed out of borough</li> <li>- Strengthening IRO role in regard to out of borough and areas for improvement within multi agency offer</li> <li>- Contract and governance reporting requirements to be changed to provide information to support challenge of access and effectiveness for essential services for example Annual Reports and contract monitoring.</li> </ul>	<p>Andrew Fowler</p> <p>Jackie Cook</p> <p>Rachel Flagg</p>	April 2018		<ul style="list-style-type: none"> <li>- Reconfigured multi agency high need LAC panel to devise scope of review on themes and issues identified</li> <li>- Performance management data set to single oversight of care services and identify potential barriers of those placed out of borough in development</li> <li>- Role of IRO (see above rec.7)</li> <li>- Brokerage Officers have moved from Commissioning to newly formed Access to Resources Team. Review of current working practices has commenced.</li> <li>-</li> </ul>
<b>9. Ensure that children looked after are supported to build strong and enduring attachments to their carers through more timely permanence decisions for long-term foster family arrangements. Ensure timely life story work, which is kept</b>	<p>Introduce under the governance of the Permanence Taskforce a strengthened approach modelled on the outstanding Adoption best practice</p> <ul style="list-style-type: none"> <li>- track and challenge quality and permanency planning, focusing on key cohorts such as younger children, and those in long term foster care</li> <li>- Introduce programme of workshops,</li> </ul>	<p>Alasdair Smith</p> <p>Helen Woolgar</p>	December 2018		<ul style="list-style-type: none"> <li>- New Public Law Outline (PLO) workflow and performance management framework now in place</li> <li>- Monthly Care Service Permanence Tracking Panel established in June, underpinned by a</li> </ul>

## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
up to date.	champions and training for local life story work, as part of the local Life Story Work <u>Works</u> ....campaign including guidance and standards				<p>permanence tracking strategy – pilot of two cases of children under 10 for co-working underway</p> <ul style="list-style-type: none"> <li>- Life Long Links project now in place and shortly to identify first cohort of LAC and coordinator due to start in November 2017</li> <li>- Specialist Life story worker is in post. This person offers training to staff around life story work and individual work with children where appropriate.</li> </ul>
<b>10. Ensure that all social workers and personal advisers working with young people leaving care have a clear knowledge of their current circumstances. This aim should be supported through consistently effective pathway planning, to ensure that young people understand and receive all their entitlements and that their identified needs are met.</b>	<p>Ensure that development of the Care Leavers Partnership with Catch 22 addresses as a priority</p> <ul style="list-style-type: none"> <li>- Improved quality and approach to Pathway Planning including clear standards and expectations</li> <li>- Multi agency engagement in pathway planning and practice to inform new arrangements</li> <li>- Address recommendations of the Children and Education Scrutiny Committee Review of Local Offer for Care Leavers</li> </ul>	<p>Alasdair Smith Andrew Fowler</p>	Phase 2 of Catch 22 programme	?????	<ul style="list-style-type: none"> <li>- Stakeholder event with services, users and partner agencies to share progress so far and to inform next steps scheduled for end of October</li> <li>- Work on model development in progress including looking at best practice and options for delivering model to inform development of local blueprint. Session between local authority and C22 senior leaders scheduled for end of October</li> <li>- Programme Manager in place</li> </ul>
<b>11. Ensure that children are</b>	Speakerbox to develop local communication	Jackie Cook	April 2018		<ul style="list-style-type: none"> <li>- New Speakerbox</li> </ul>

## Southwark Post Ofsted Single Inspection Framework Action Plan October 2017

Recommendation	Action	Progress	Timetable End date	RAG	Key points to note
<b>aware of how to complain about services provided to them and that more advocacy support is provided for children on child protection plans and for those who are looked after. Ensure good access to independent visitors for children looked after.</b>	programme to support young people to understand how to complain				participation workers now in place and workplan includes communication strategy scheduled for later in the year
	Re-commission advocacy service and Independent visiting service, to include those children on child protection plans	Jackie Cook	April 2018		- Recommissioning of advocacy service to start in Autumn 2017 and will extend to those with CPP
	Improve visibility and promotion of complaints and advocacy services through existing mechanisms such as visits, reviews and performance management and reporting	Jackie Cook	Ongoing		- See above

<b>Item No.</b> 10.	<b>Classification:</b> Open	<b>Date:</b> 6 November 2017	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Corporate Parenting Committee – Work Plan 2017-18	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATIONS

1. That the corporate parenting committee note the work plan for 2017-18 as set out in paragraph 4 of the report.
2. That the committee identify any further items for consideration in the work plan for 2017-18.

## BACKGROUND INFORMATION

### Role and function of the corporate parenting committee

3. The constitution for the municipal year 2017-2018 records the corporate parenting committee's role and functions as follows:
  - a. To secure real and sustained improvements in the life chances of looked after children, and to work within an annual programme to that end.
  - b. To develop, monitor and review a corporate parenting strategy and work plan.
  - c. To seek to ensure that the life chances of looked after children are maximised in terms of health, educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood.
  - d. To develop and co-ordinate a life chances strategy and work plan to improve the life chances of Southwark looked after children.
  - e. To recommend ways in which more integrated services can be developed across all council departments, schools and the voluntary sector to lead towards better outcomes for looked after children.
  - f. To ensure that mechanisms are in place to enable looked after children and young people to play an integral role in service planning and design, and that their views are regularly sought and acted upon.
  - g. To ensure performance monitoring systems are in place, and regularly review performance data to ensure sustained performance improvements in outcomes for looked after children.

- h. To receive an annual report on the adoption and fostering services to monitor their effectiveness in providing safe and secure care for looked after children.
- i. To report to the council's cabinet on a twice yearly basis.
- j. To make recommendations to the relevant cabinet decision maker where responsibility for that particular function rests with the cabinet.
- k. To report to the scrutiny sub-committee with responsibility for children's services after each meeting.
- l. To appoint non-voting co-opted members.

#### **KEY ISSUES FOR CONSIDERATION**

- 4. The corporate parenting committee review and update the work plan each meeting.

#### **6 November 2017**

- Sufficiency strategy
- Ofsted report update
- Southwark Looked After Children: Health Annual Report 2016-17
- Foster and Adoption Service Annual reports 2016 – 17

#### **28 February 2018**

- Virtual headteachers Annual report
- Presentation from Children and Young Peoples Health Partnership (CYPHP)
- IRO Annual Report 2016-17

#### **23 April 2018**

- Update on child protection plan increases (including focus on adolescent numbers, illustrated by their journey in and out of care).

#### **Items to be scheduled**

- Corporate parenting principles resulting from legislative principles
- Placement stability; draft or final version of the front loaded / early intervention offer
- Looked after children Autistic Spectrum Disorder. Update on the 16+ accommodation project to a future meeting (requested 8 November 2016)
- Unaccompanied asylum seeking children (requested 1 March 2017)
- Speakerbox (out of borough placements) feedback, including health and educational experiences (requested 1 March 2017)
- Special guardianship orders generally and what support can be offered to children and families (requested 25 April 2017).

#### **Corporate parenting committee meetings with SpeakerBox**

- 5. SpeakerBox, established in 2005, ensures that the views of looked after children and care leavers are used to influence decision making that affects their care and support. Representing children and young people between 8 and 24 years the



group also provides a peer to peer networking support system for looked after children. The programme is operated independently and run by the young people themselves, although it is supported by the council's children services team, senior managers and councillors.

### Community impact statement

- The work of the corporate parenting committee contributes to community cohesion and stability.

### Resource implications

- There are no specific implications arising from this report.

### BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Minutes of meetings of Corporate Parenting Committee	Constitutional Team 160 Tooley Street London SE1 2QH	Paula Thornton 020 7525 4395
<b>Web link:</b> <a href="http://moderngov.southwark.gov.uk/ieListMeetings.aspx?CId=129&amp;Year=0">http://moderngov.southwark.gov.uk/ieListMeetings.aspx?CId=129&amp;Year=0</a>		

### AUDIT TRAIL

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Families	
<b>Report Author</b>	Paula Thornton, Constitutional Officer	
<b>Version</b>	Final	
<b>Dated</b>	25 October 2017	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	25 October 2017	

**CORPORATE PARENTING DISTRIBUTION LIST (OPEN)****MUNICIPAL YEAR 2017-18****NOTE:** Original held by Constitutional Team; all amendments/queries to  
Paula Thornton Tel: 020 7525 4395

Name	No of copies	Name	No of copies
<b>Membership</b>		<b>Constitutional Team</b>	
Councillor Victoria Mills (Chair)	1	Paula Thornton	10
Councillor Jasmine Ali	1		
Councillor Renata Hamvas	1		
Councillor Kath Whittam	1		
Councillor Eliza Mann	1	<b>Total:</b>	19
<b>Electronic versions (No hard copy)</b>		<b>Dated:</b> 2 October 2017	
Councillor Kieron Williams			
Councillor Catherine Rose			
Councillor James Okosun (reserve)			
<b>Co-opted members</b>			
Florence Emakpose (external)	1		
<b>Children's Services</b>			
David Quirke-Thornton	1		
Alasdair Smith	1		
<b>Legal</b>			
Sarah Feasey	1		