

## Corporate Parenting Committee

Wednesday 20 April 2022

2.00 pm

Ground floor meeting room, 160 Tooley Street, London SE1 2QH

### Membership

Councillor Jasmine Ali (Chair)  
Councillor Charlie Smith (Vice-Chair)  
Councillor Evelyn Akoto  
Councillor Maggie Browning  
Councillor Stephanie Cryan  
Councillor Sunny Lambe  
Councillor Eliza Mann

### Reserves

Councillor Peter Babudu  
Councillor Sunil Chopra  
Councillor Nick Dolezal  
Councillor Nick Johnson  
Councillor Victoria Olisa

### Non-voting co-opted members

Dr Mark Kerr, Rosamond Marshall and  
Tracey Harrison.

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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.

#### Babysitting/Carers allowances

If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

#### Access

The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: [www.southwark.gov.uk](http://www.southwark.gov.uk) or please contact the person below.

#### Contact

[Paula.thornton@southwark.gov.uk](mailto:Paula.thornton@southwark.gov.uk); [Beverley.olamijulo@southwark.gov.uk](mailto:Beverley.olamijulo@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**  
Chief Executive  
Date: 7 April 2022



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## Order of Business

Item No.	Title	Page No.
	<b>MOBILE PHONES</b>	
	Mobile phones should be turned off or put on silent during the course of the meeting.	
	<b>PART A - OPEN BUSINESS</b>	
1.	<b>APOLOGIES</b>	
	To receive any apologies for absence.	
2.	<b>CONFIRMATION OF VOTING MEMBERS</b>	
	A representative of each political group will confirm the voting members of the committee.	
3.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
5.	<b>MINUTES</b>	To follow
	To approve as a correct record the minutes of the open section of the meeting held on 2 March 2022.	

<b>Item No.</b>	<b>Title</b>	<b>Page No.</b>
6.	<b>SEMI-INDEPENDENT ACCOMMODATION FOR CHILDREN IN CARE AND CARE LEAVERS (2.10PM - 2.30PM)</b>	To follow
7.	<b>CARE LEAVER WORKSHOP: SEMI-INDEPENDENT ACCOMMODATION FOR CHILDREN IN CARE AND CARE LEAVERS (2.30PM - 3.15PM)</b>	-
8.	<b>CORPORATE PARENTING COMMITTEE ANNUAL COMMITTEE REPORT (3.15PM - 3.35PM)</b>	To follow
9.	<b>ANNUAL REPORT ON HEALTH OF LOOKED AFTER CHILDREN (LAC) 2020-21 (3.35PM - 3.55PM)</b>	1 - 95
10.	<b>CORPORATE PARENTING COMMITTEE - WORK PLAN 2022-23 (DRAFT) (3.55PM - 4.00PM)</b>	96 - 102

**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.”

**PART B - CLOSED BUSINESS**

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

Date: 7 April 2022

<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 20 April 2022	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Annual Report on the Health of Looked After Children (LAC): 2020-2021	
<b>Ward(s) or groups affected:</b>		Children in Care of LB Southwark	
<b>From:</b>		Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark and Michele Sault Designated Nurse for Safeguarding Children, Looked After Children & Care Leavers	

### RECOMMENDATION(S)

1. That the corporate parenting committee note the report contents.
2. To note further updates provided via:
  - Southwark Corporate Parenting panel – February 2022
  - Southwark Borough Based Board – quarterly.

### BACKGROUND INFORMATION

3. The Designated Professionals for Looked After Children (CLA) 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>
4. The purpose of the CLA 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.

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1

[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)

- 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 clinical commissioning group (CCG) who commissioned it and the Director of Children’s Services.
5. This report should be read in conjunction with the following reports provided by Southwark CCG:
- Safeguarding Children’s Annual Report
  - Safeguarding Adult’s Annual Report.
6. This report should be read in conjunction with the following reports provided by Southwark Children’s Services:
- Adoption Annual Report
  - Fostering annual report
  - Report of the Head Teacher – Southwark Virtual School
  - Independent Reviewing Officer (IRO) Annual Report.

## KEY ISSUES FOR CONSIDERATION

7. 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. Health care forms an explicit part of care planning for looked after children.<sup>3</sup>

### 8. **Key Points**

This annual report covers an unprecedented period in our global lives, with all services needing to deliver services to children, young people and their families in a meaningful way whilst in a pandemic

This report highlights the delivery of health services to children and young people in care of LB Southwark during the reporting year April 2020 to March 2021. Crucially, nearly all services continued to be provided during restrictions of the pandemic; and contact maintained with the most vulnerable and their carer.

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<sup>2</sup> ibid

<sup>3</sup> <http://www.legislation.gov.uk/ukxi/2010/959/contents/made>

The health consequences of the pandemic are wide ranging and far reaching – from the acute and long-standing impact of the Covid-19 disease (infection related mortality to identifying and treating long-Covid) to the collateral impact on physical and mental health and wellbeing, as well as access to education; and the impact of digital and absolute poverty.

**Key messages : impact of the Covid-19 Pandemic**

- Services continued to be delivered albeit switching in modality including mental health support to children and young people we needed to be seen face-to-face but I for this not all children and young people are able to able to access video therapy in a meaningful way
- The differing rules between education and health regarding PPE use as well as rules on visitors to school establishments, made delivery of some aspects of care ( such as school observations) more challenging.
- Enhanced provision to foster carers was successful in improving placement stability enhanced support was provided to care leavers both in terms of professional as well as financial support

In addition to delivery on service specifications, commissioning considerations for the year ahead included:

- Continuing contribution to the Southwark Sufficiency strategy and delivery thereof
- Formalising service level agreements for Medical Advisor input to Adopt London South (Regional Adoption Agency)
- Ensuring parity of access to mental health services and support for Southwark looked after children and for care leavers wherever they are placed - including those in high-cost residential placements as well as those in secure accommodation
- Ensuring looked after children regain access to immunisations and dental care

**9. Statutory reporting measures 2016-2021**

	<b>31<sup>st</sup> March</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	<b>CLA at 31<sup>st</sup> March</b>	491	461	459	<b>449</b>
	<b>CLA looked after for 12 months continuously as at</b>	347	343	307	<b>337</b>

	<b>March 31<sup>st</sup></b>				
<b>Key performance Indicators</b>	Health Assessments up to date	90%	94%	98%	<b>97%</b>
	Immunisations up to date	71%	90%	91%	<b>86%</b>
	Dental Assessments up to date	80%	79%	82%	<b>30%</b>
	Developmental assessments up to date	91% N = 10/12	82% N= 9/11	100% N= 9/9	<b>72%</b> <b>N= 18/25</b>
	Substance abuse problem	6%	4%	5%	<b>3%</b>
	SDQ % completed	84%	90%	86%	<b>94%</b>
	SDQ average score	13.9	13.9	14.1	<b>14</b>

### Analysis

#### 10. Success Stories 2020-2021

- SEL partnership work – sharing of best practice
- Child being matched for long term foster placement. Placement was in jeopardy; he would have been in residential children's home if not for the funded support provided for his psychotherapy and that of his foster carers.
- Continuation of care for someone who was previously accessing local CAMHS is in a residential placement is now looked after far away from Southwark however, by use of virtual means and collaboration with the treating clinician, who knew her whilst in the family home. Diagnostic assessment for ASD will be completed by this team as opposed to having to start again afresh in a new area where waiting lists are several months to more than a year long.
- About the Clinical Service: *KB lives out of London and therefore it was paramount that we support her (particularly) in the Lockdown. The clinician has been in regular contact with KB to ensure she had access to services either in her own area or by regular t/c contacts...I would like to thank [clinician] for her: Professionalism and patience whilst working with KB. Very pleased with service that was offered to our y/p.*
- In considering young people with additional needs - Access to Speech and Language Therapy via the Virtual school – attached as a separate appendix

## 11. Strengths

- Multi-agency investment in getting it right for looked after children and careleavers.
- Improving outcomes and life chances for Looked after children and careleavers remain a Southwark Council and SEL CCG priority.
- There is a robust system in place across the partnership for constructive challenge, scrutiny and learning around issues pertaining to looked after children and careleavers.
- Strong performance on health measures is maintained.
- There remains equitable consideration of looked after children placed further away as those placed within LB Southwark boundaries.

## 12. Challenges

- There continued to be challenges in completion of initial health assessments ( IHAs) within the statutory timeframe. Resolving this is a priority for 2022-2023.
- There is a changing statutory landscape across the country resulting in difficulties in access to resources such as school placements and mental health support depending on where children are placed.
- There is an increasing complexity of individual children and the cohort as a whole – particularly around safeguarding issues such as exploitation and violence including exposure to knife crime, impact of adverse childhood experiences (ACEs); and mental health need.
- The Covid-19 pandemic and resulting national response has posed a challenge to delivery of services. The impact of social distancing restrictions on health and education will become more apparent in the future.

## 13. Opportunities

- The Southwark Children in Care and Careleaver's Strategy 2016-2019 is due for refresh. This is an opportunity to embed strategic links with adult

services in health; education and social care to optimise transition and care across sectors to age 25years.

- Children’s Social Services have established multi-agency panels to enhance care planning and delivery for looked after children and careleavers.
- The Sufficiency Strategy and refreshed momentum of the steering group to promote delivery of improved outcomes for Southwark children looked after.
- Delivery of the NHS Long-term Plan goals and post-Covid recovery plans.
- Embedding the principles of contextual safeguarding through utilisation of the Harm Reduction Hub.
- Southwark Clinical Service project to create a system of recording mental health provision that our children and young people are receiving in order to allow us to monitor issues around access and outcomes.
- Integration of SLT service commissioned by virtual school to strengthen recognition of previously unrecognised neurodevelopmental needs.

#### 14. Threats

- Transition to adult services remains an area of further work. Ensuring a smooth transition across health and social care systems remains a challenge for a significant proportion of young people.

There is a good working knowledge across health, social care, education and the police, the local community and the voluntary sector of the issues noted above; with resulting focus and increasing coherence on strategy and delivery related to looked after children and careleavers.

#### Policy framework implications

##### The Case for Change – The independent Review of children’s social care

The devolved government commissioned an independent review of children’s social care in 2020. This ambitious review has as its objective a “bold set of recommendations that will meaningfully improve things for children and families”

The Case for change published June 2021 identifies the following high level themes:

- Support for families
- Intervention to keep children safe
- Safety, stability and love for children in care
- System factors.

The themes identified are not new, but can assist with a critical appraisal of health services provided for children and young people in care.

## **Community, equalities (including socio-economic) and health impacts**

### **Community impact statement**

15. The health of looked after children is an important aspect of their care. 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.

### **Equalities (including socio-economic) impact statement**

16. This paper applies to all children and young people in care of LB Southwark

### **Health impact statement**

17. This paper considers the health needs and access to services for children and young people in care of LB Southwark

### **Climate change implications**

18. There are no overt implications regarding climate change

### **Resource implications**

19. There are no additional resource implications at this time. The services described in the report are commissioned.

### **Legal implications**

20. There are no additional legal implications at this time.

### **Financial implications**

21. This paper is for information only. There are no financial implications attached

## Consultation

22. The annual report is written with consultation from the services provided to children and young people in care of LB Southwark
23. The voices of children and young people in care are captured in relevant sections of the report.

## SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

### Director of Law and Governance

24. Not applicable

### Strategic Director of Finance and Governance

25. Not applicable

### Other officers

26. Not applicable

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
As set out in referenced foot notes		

## APPENDICES

No.	Title
Appendix 1	Annual Report of the Health of Looked After Children 2020-2021
Appendix 2	Impact report of Speech and Language Therapy Service 2021-2022
Appendix 3	PowerPoint with the key updates

## AUDIT TRAIL

<b>Lead Officer</b>	Dr. Stacy John-Legere, Designated Dr for Looked After Children, Southwark	
<b>Report Author</b>	Dr. Stacy John-Legere, Designated Dr for Looked After Children , Southwark  Michele Sault, Designated Nurse for Safeguarding Children, Looked After Children & Care Leavers  Unlocking Language, Katrina Bradford & Shermeena Rabbi	
<b>Version</b>	Final	
<b>Dated</b>	18 February 2022	
<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 Governance	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>		22 February 2022



**South East London**  
Clinical Commissioning Group

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## RECOMMENDATIONS

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children and young people looked after, and describe progress towards relevant performance indicators and targets;

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## Analysis

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clinician has been in regular contact with KB to ensure she had access to services either in her own area or by regular t/c contacts...I would like to thank [clinician] for her: Professionalism and patience whilst working with KB. Very pleased with service that was offered to our y/p.

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- The Sufficiency Strategy and refreshed momentum of the steering group to promote delivery of improved outcomes for Southwark children looked after.
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#### Community impact statement

15. The health of looked after children is an important aspect of their care. 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
As set out in referenced foot notes		

#### APPENDICES

No.	Title
Appendix 1	Annual Report of the Health of Looked After Children 2020-2021

## AUDIT TRAIL

<b>Lead Officer</b>	Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark	
<b>Report Author</b>	Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark  Michele Sault, Designated Nurse for Safeguarding Children, Looked After Children & Care Leavers	
<b>Version</b>	Final	
<b>Dated</b>	01/02/2022	
<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
List other officers here		
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>		

## **NHS SEL CCG & LB SOUTHWARK**

### **ANNUAL LOOKED AFTER CHILDREN & CARE LEAVERS HEALTH REPORT 2020/21**

Dr Stacy John-Legere

Designated Dr for LAC Southwark

Michele Sault

Designated Nurse for Child Safeguarding, LAC and  
Care Leavers

#### **Contributing authors:**

GSTT Looked After Children Health Service

Carelink CAMHS

Southwark CSC – Clinical Service

Regional Adoption Agency

Southwark CSC

Southwark YOS

## Executive Summary

This annual report covers an unprecedented period in our global lives, with all services needing to deliver services to children, young people and their families in a meaningful way whilst in a pandemic.

The figure below illustrates the national scale of this challenge – as we went into the start of the reporting year with a continuing acute rise of children in care, as well as a substantial rise of Section 47 enquiries

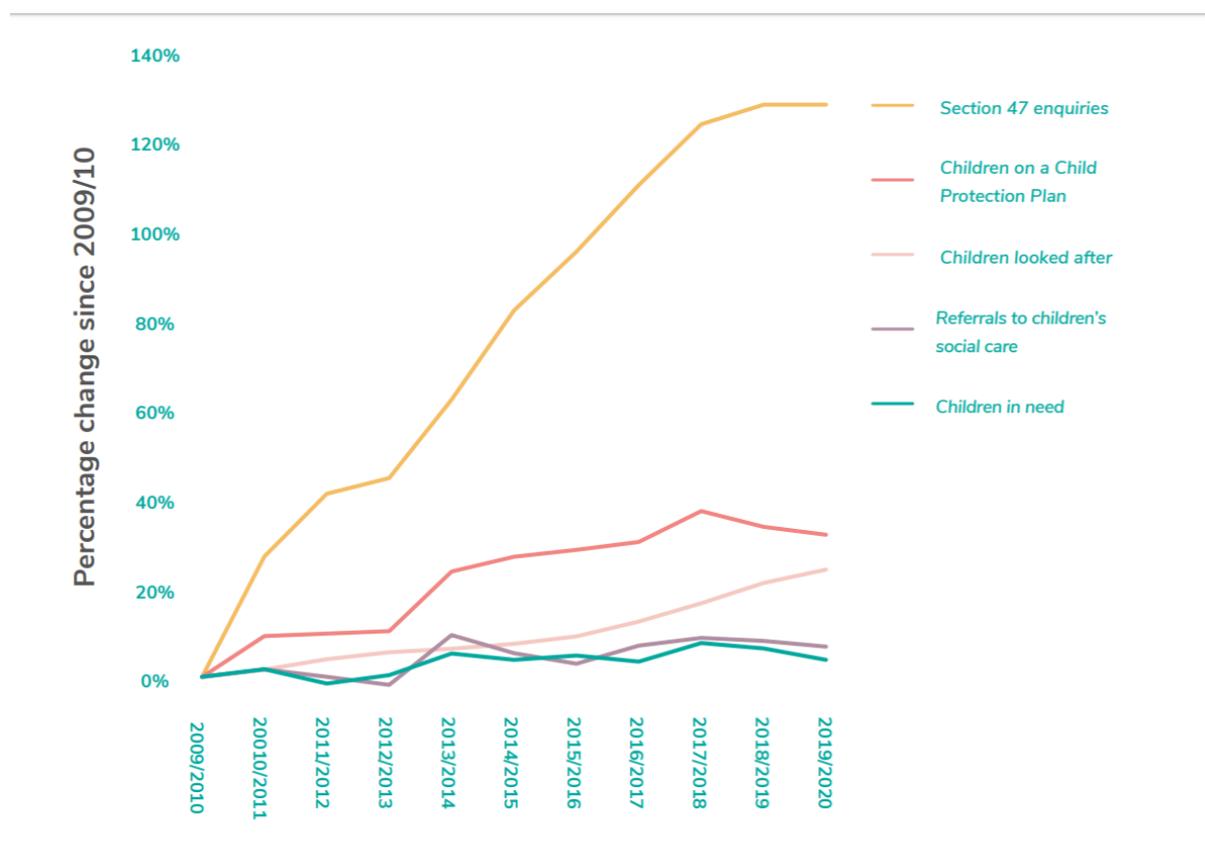


Figure 1: Change in numbers of children interacting with children's social care since 2009/10<sup>4</sup>

### **The Case for Change – The independent Review of children's social care**

The devolved government commissioned an independent review of children's social care in 2020. This ambitious review has as its objective a "bold set of recommendations that will meaningfully improve things for children and families"<sup>5</sup>

The Case for change published June 2021 identifies the following high level themes:

<sup>4</sup> ibid

<sup>5</sup> <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf>

- Support for families
- Intervention to keep children safe
- Safety, stability and love for children in care
- System factors.

The themes identified are not new, but can assist with a critical appraisal of health services provided for children and young people in care.

This report highlights the delivery of health services to children and young people in care of LB Southwark during the reporting year April 2020 to March 2021. Crucially, nearly all services continued to be provided during restrictions of the pandemic; and contact maintained with the most vulnerable and their carer.

The health consequences of the pandemic are wide ranging and far reaching – from the acute and long-standing impact of the Covid-19 disease (infection related mortality to identifying and treating long-Covid) to the collateral impact on physical and mental health and wellbeing, as well as access to education; and the impact of digital and absolute poverty.

In addition to delivery on service specifications, commissioning considerations for the year ahead include:

- Continuing contribution to the Southwark Sufficiency strategy and delivery thereof
- Formalising service level agreements for Medical Advisor input to Adopt London South ( Regional Adoption Agency)
- Ensuring parity of access to mental health services and support for Southwark looked after children and for care leavers wherever they are placed - including those in high-cost residential placements as well as those in secure accommodation
- Ensuring looked after children regain access to immunisations and dental care

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### **Introduction**

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>6</sup>

The purpose of the LAC annual report includes the following:<sup>7</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.

This report should be read in conjunction with the following reports provided by Southwark CCG:

- Safeguarding Children’s Annual Report
- Safeguarding Adult’s Annual Report

This report should be read in conjunction with the following reports provided by Southwark Children’s Services:

- Adopt London South Annual Report - cover 9 boroughs
- Fostering annual report
- Report of the Headteacher – Southwark Virtual School
- IRO Annual Report

Southwark CCG operates in line with the most current statutory guidance<sup>8</sup>. It has ensured access to the expertise of a designated doctor and nurse for looked-after children.

<sup>6</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>7</sup> ibid

<sup>8</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)

### ***Who is a looked after child (LAC)?***

Children Act (1989)<sup>9</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.

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>10</sup> and Children and Social care Act 2017.<sup>11</sup>

### ***Definitions related to care leavers***

**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>12</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 be properly supported during the transition to adult services. It is recommended that care leavers be

<sup>9</sup> <http://www.legislation.gov.uk/ukpga/1989/41/section/22>

<sup>10</sup> <http://www.legislation.gov.uk/ukpga/2000/35/introduction>

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

<sup>12</sup> [http://trixresources.proceduresonline.com/nat\\_key/keywords/eligible\\_young\\_people.html](http://trixresources.proceduresonline.com/nat_key/keywords/eligible_young_people.html)

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. Under the previous legal framework, all care leavers were entitled to receive support from a Personal Adviser (PA) until they reached age 21. This support could continue up to age 25 if care leavers were engaged in education or training. PA support was not available, however, to care leavers aged 21 or over who were not in a programme of education or training.

As of April 2018, Southwark is now under a new duty which requires it to offer PA support to all care leavers up to age 25, irrespective of whether they are engaged in education or training. This includes care leavers who return to the local authority at any point after the age of 21 up to age 25 and request PA support.

#### Key Messages

- 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
- Unaccompanied asylum seeking children (UASC) are generally accommodated under Section 20 (voluntary accommodation)
- Care leaver PA support must be provided to all care leavers up to age 25 years

#### **Voice of the Child/Young Person**

All services working with looked after children and young people prioritise hearing the voice of children and young people in care and ensuring this is embedded in changes to service provision.

Feedback on service delivery is regularly collected. In addition – each statutory health assessment formally records the child/young person's input into the assessment of their health and should aim to co-produce the health action plan with them. The health assessment of unaccompanied young people includes specific consideration of the needs resulting from their pre-care experiences and their journeys from home.

More formally, restructure of the Corporate Parenting Panel agenda has led to active input from Speakerbox into the issues discussed. The young people present formative challenge to the professional viewpoint; rightly ensuring that focus is given

to the experiences of looked after children and care leavers and ways to improve them in a meaningful way.

### **Team structure**

The roles of the designated doctor and nurse are defined in the statutory guidance as well as the intercollegiate framework.<sup>13</sup>

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).
- The Designated Doctor and Nurse for Looked After Children and Care Leavers roles are pivotal to strategic planning, quality assurance and performance monitoring and is essential in advising on the provision of services for vulnerable Looked After Children and Care Leavers within the health economy. Further to this, key elements of this essential role are preventing further harm to Looked After Children and Care Leavers and ensuring that the complex needs of this group of vulnerable children and young people are understood across the health and social care economy

Dr. Stacy John-Legere, Designated Doctor for LAC is a consultant community paediatrician. The Designated Dr is commissioned for 0.2WTE activity within the CCG.

Michele Sault is the Designated Nurse for Safeguarding Children, Looked after Children and Care Leavers 1 WTE

### **Partnership working**

In the following multi agency strategies and strategic frameworks children looked after and care leavers are represented - the delivery of which includes scrutiny of an input into multiple sections by the health economy

- Southwark Children and Young People's Wellbeing - Health, Education and Social Care Strategic Framework 2016-2021
- Southwark children in care and care leavers strategy 2016-2019
- Sufficiency Strategy
- Southwark Children and Young People's Partnership (SCYPP)

The Southwark integrated Children's commissioning team has prioritised several work streams featuring looked after children.

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<sup>13</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>

The local authority has appointed a Virtual Mental Health Lead for looked after children with strategic responsibility for mental health within Southwark Children's Services.

The priorities of the Southwark Safeguarding Partnership listed below are all pertinent to looked after children and careleavers

- Mental health
- Neglect including childhood trauma
- Domestic Abuse
- Complex safeguarding including serious youth violence, exploitation & extra-familial harm

### **Impact of Covid**

Novel coronavirus C 19 pandemic posed huge challenges and demanded innovative solutions within very short timeframes. Significant morbidity and mortality resulted from the pandemic the devastating impact on well-being emotional and mental health of all. Local responses to the pandemic included:

- Enhanced support provided by CSC to care leavers
- Provisions of laptops via the Virtual school prior to national roll-out
- Carelink CAMHS sessions provided by virtual platforms
- Multi-agency participation in Covid-19 risk panels to prioritise CYP in need of face-to-face social work visits or other intervention by the partnership
- Information letter circulated to foster carers and placements
- Information letter and social story about coronavirus circulated to all LAC
- Provider service offered information letters about Shielding for children and young people that are LAC and fit criteria
- Attendance at CoramBAAF HGAC to ensure national learning escalated locally
- Interim Arrangements for health assessments and adoption activity circulated to CSC
- SEL Arrangements for AH assessments agreed and circulated – coordinated by DDLAC Lambeth
- Arrangements for convalescent testing made with GSTT for a young man
- Southwark specific Zoom meeting for CSC with Public Health
- Contact to all secure estates where our looked after young people were placed to check on their health and well-being during lockdown restrictions. This was led by the Designate Nurse.

LAC Nurses observed an increase in queries and request for information on health during the Covid period and provided support for carers, the children and young people in care and their birth families.

#### Key messages :

- Services continue to be delivered albeit switching in modality including mental health support to children and young people we needed to be seen

face-to-face but I for this not all children and young people are able to able to access video therapy in a meaningful way

- The differing rules between education and health regarding PPE use as well as rules on visitors to school establishments, made delivery of some aspects of care ( such as school observations) more challenging.
- Enhanced provision to foster carers was successful in improving placement stability enhanced support was provided to care leavers both in terms of professional as well as financial support

### **Local Picture**

There were 449 children in care of the London Borough of Southwark at end of March 2021. Southwark rate of looked after children decreased from 76 per 10 000 (2017-2018) to 69 per 10 000 (2020 – 2021). 23 % of children and young people entering care in this reporting year had a previous episode in care. The figures below illustrate Southwark's position at end of March 2020<sup>14</sup> relative to its statistical neighbours as well as the other areas under the responsibility of SEL CCG.

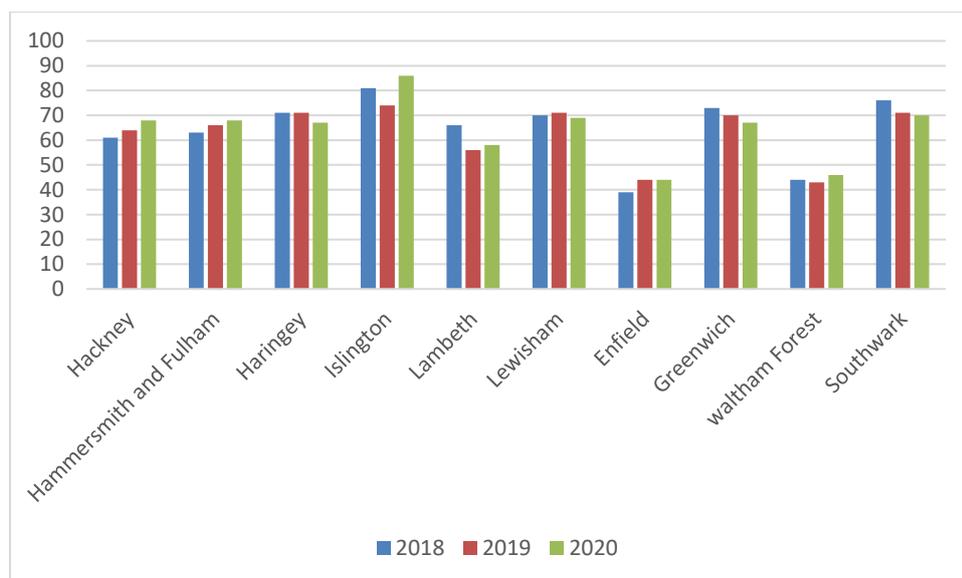


Figure 2: Rate per 10 000 of looked after children at March 2020 - LA statistical neighbours

<sup>14</sup> <https://www.gov.uk/government/collections/statistics-looked-after-children>

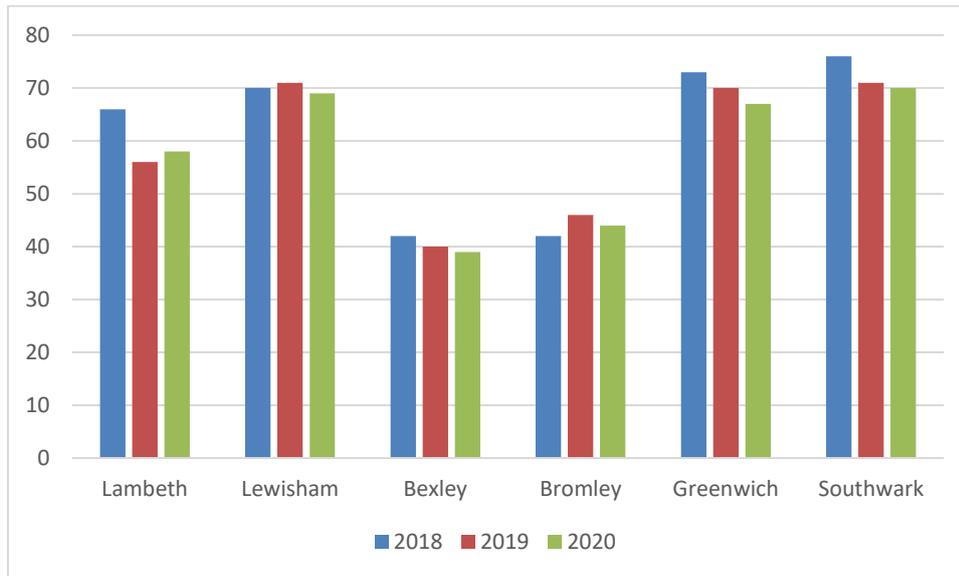


Figure 3- : Rate per 10 000 of looked after children at March 2020 - SEL CCG areas

The cohort of children and young people in care also includes unaccompanied asylum seeking children (UASC). There were 67 looked after at any point in the year and 33 as of 31st March 2021. Southwark participates in the rota allocation scheme for new arrivals.

We also note that the majority of children and young people in care are aged 10 and over, with a significant proportion of 16-17 year olds. There are almost twice as many young men in care at age 16-17 than young women. We must take this into account when delivering services aimed at identification of health needs, assessment and promoting engagement with health services

<b>AGE AT 31 MARCH</b>			
<b>BOYS</b>		<b>GIRLS</b>	
Under 1:	8	Under 1:	8
1 - 4:	24	1 - 4:	18
5 - 9:	25	5 - 9:	22
10 - 15:	108	10 - 15:	89
16 - 17:	98	16 - 17:	49
<b>TOTAL BOYS:</b>		<b>TOTAL GIRLS:</b>	
263		186	

Figure 4: Age of children and young people in care of LB Southwark at 30 March 2021

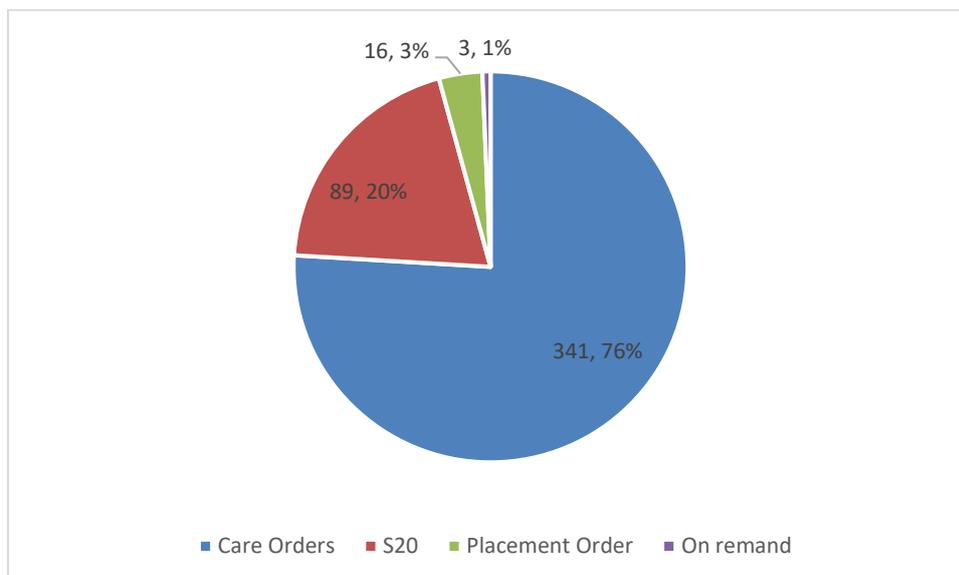


Figure 5: Legal Status of children and young people in care March 2021

Children and young people in care of LB Southwark are supported by social workers in various teams as illustrated in the table below. The health teams supporting Southwark looked after children engage with these teams to ensure equity of access and provision.

Table 1: Social worker teams as at 31st March 2021:

All Age Disability Team	22
Assessment and Intervention	1
Care team 0-15	226
Care Team 16+	107
Safeguarding and Family Support	93

There are 16 young people who are LAC (including 2 young women) on the Youth Offending Service (YOS) caseload. Of the 16, 3 are LAC due to length of time detained on remand in custody. There are also 2 adult care leavers on the Southwark YOS caseload.

The CHAT assessments of young people who were in care prior to remand should inform the health recommendations of their LAC Care Plan. The GSTT LAC health service work with the health teams at the youth offending institutions to ensure this occurs.

### Placement overviews

The provision and adequacy of placements underpins the Sufficiency Strategy. Most children and young people in care are placed with foster carers. Some are placed with a relative or friend. A significant proportion are placed in a hostels/supportive

residential placements. It is recognised that the quality of latter placements are variable and are not likely to meet the needs of looked after young people. A national ban on placing vulnerable children under the age of 16 in unregulated accommodation will come into force in September 2021. The Government will also introduce national standards for unregulated settings that are accommodating 16 and 17-year-old children in care and care leavers, to raise the bar for the quality of this provision and ensure consistency across the country

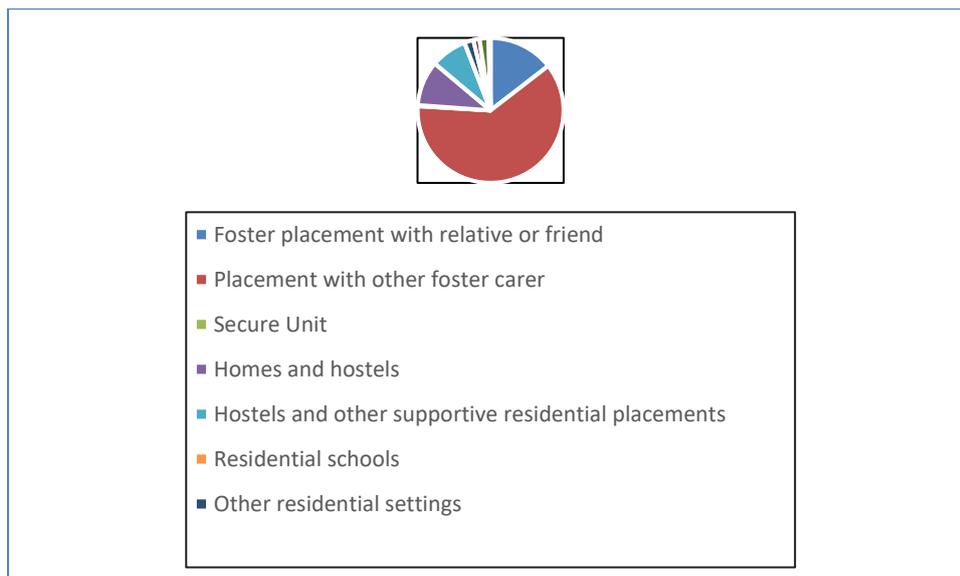


Figure 6: Placements of children and young people in care March 2021

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) as illustrated below. 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. The local authority has been consistently working to place children closer to home. The needs of the most vulnerable of these children and young people are regularly reviewed in multi-agency panels chaired by Children's Services. Health input at an individual level for each child/young person.

Additionally, the integrated children's commissioning team has started work on a commissioning pathway for CCG consideration of mental health provision for children and young people who cannot access their local CAMHS service.

Table 2: Percentage of LAC placed >20miles from LB Southwark

	2017/18	2018/19	2019/20	2020/21
% LAC OOB & 20+ miles from home	25%	21%	21%	22%

**Key Messages:**

- Southwark continues to have a relatively higher proportion of children and young people in care compared to neighbouring boroughs
- There is an increased proportion of older children and young people in care; with a significant proportion of 16-17 year olds
- The percentage of children and young people placed >20miles away has remained stable over the last 4 years. Meeting their needs – including access to mental health services; in an equitable manner to those placed nearer to home is a challenge (to be solved)
- Multi-agency panel meetings allow for holistic consideration of the needs of looked after children and careleavers.

**Health of Looked after children and young people**

**Statutory Performance - Southwark**

Table 3: Statutory performance returns March 2016-2021<sup>15</sup>

	<b>31<sup>st</sup> March</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	<b>CLA at 31<sup>st</sup> March</b>	491	461	459	<b>449</b>
	<b>CLA looked after for 12 months continuously as at March 31<sup>st</sup></b>	347	343	307	<b>337</b>
<b>Key performance indicators</b>	Health Assessments up to date	90%	94%	98%	<b>97%</b>
	Immunisations up to date	71%	90%	91%	<b>86%</b>
	Dental Assessments up to date	80%	79%	82%	<b>30%</b>
	Developmental assessments up to date	91% N = 10/12	82% N= 9/11	100% N= 9/9	<b>72%</b> <b>N= 18/25</b>
	Substance abuse problem	6%	4%	5%	<b>3%</b>

<sup>15</sup> <https://www.gov.uk/government/collections/statistics-looked-after-children>

	SDQ % completed	84%	90%	86%	<b>94%</b>
	SDQ average score	13.9	13.9	14.1	<b>14</b>

### **Initial health assessments (IHA)**

Of the 144 referrals received by GSTT LAC Health Service, 15 were received within five working days of the child becoming looked after (BLA). 35 children and young people were offered an appointment for IHA within 20 working days - 34 attended within 20 working days. All IHAs were completed by GSTT paediatricians.

### **Review health Assessments (RHA)**

- 437 RHAs completed for Southwark's looked after children
- 284 (64.9%) by LAC Nurses
- 150 (34.3%) by GSTT Paediatricians
- 3 (<1%) by other LAC Teams

### **DNA rate**

- 14% - this rate for appointments offered at Sunshine House/ by video. The DNA rate is similar for paediatrician and nurse delivered assessments.

### **Care leaver's Health Summaries:**

83.7% (72/86) were completed for all young people rising 18 years old.

### **Health Needs**

The table below illustrates the differential of diagnosed health conditions/identified health needs of children and young people in care.

This information underpins commissioning strategies as well as training content for social workers, foster carers and other professionals providing care to children and young people in care.

*Table 4 : Most common health needs of Southwark looked after children at March 2021*

Ranked diagnosis	0-4 yrs	5-11 yrs	12-15 yrs	16-17 yrs
1	SALT	Behaviour	Behaviour	Behaviour
2	Developmental delay	Learning Difficulties	Asthma	Sleep (joint with asthma)
3	Sleep (joint with eczema)	SALT	ASD	Asthma

	4	Eczema	Eczema	ADHD	ASD (joint with eczema)	
	5	Social communication (joint with ASD)	ASD	Learning Difficulties	Eczema (joint with ASD)	
	6	ASD	Sleep	SALT	Learning Difficulties	
Total with learning difficulties			0	9	9	8
Total with learning disability			0	2	4	1

The establishment of the Southwark CYP integrated commissioning team at Southwark SEG has ensured that Southwark LAC are more robustly captured on the Dynamic Support Registers (DSR) with attendant over view of their needs.

Additionally; work is progressing apace to formalise a pathway for ensuring the appropriate commissioning of mental health services/bespoke assessments of children and young people who cannot access locally provided CAMHS services.

### ***Mental health outcomes for Southwark LAC***

The carer scored SDQ (Strengths and difficulties questionnaire) is a mandatory measure collected annually for all children and young people in care. Whilst this is not the most sensitive measure for children and young people in care, one of its strengths is that it can provide a triangulated snapshot screen of a child/young person's presentation when the teacher, carer and self-reported questionnaires are used together.

Children looked after for at least 12 months aged 4 to 16 with an SDQ score:  
239/254 94%

Average score per child:

- Banded "Normal" – 123/239 51.5%
- Banded "Borderline" – 36/239 15%
- Banded "Cause for concern" – 80/239 33.5%

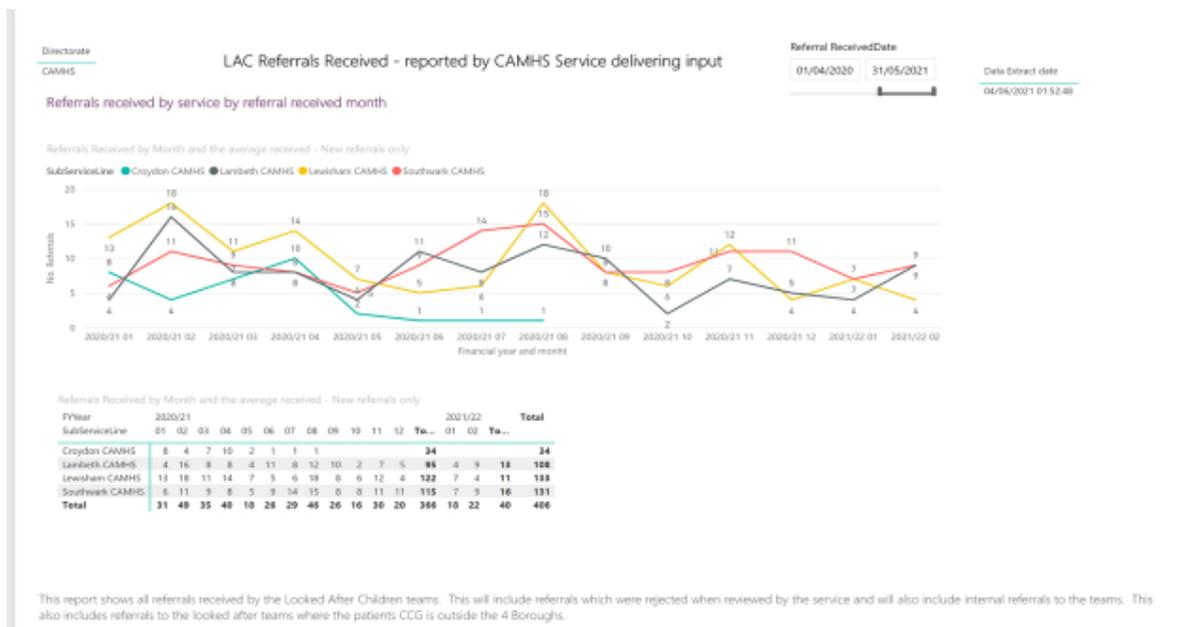


Figure 7: LAC referrals received 2020/2021

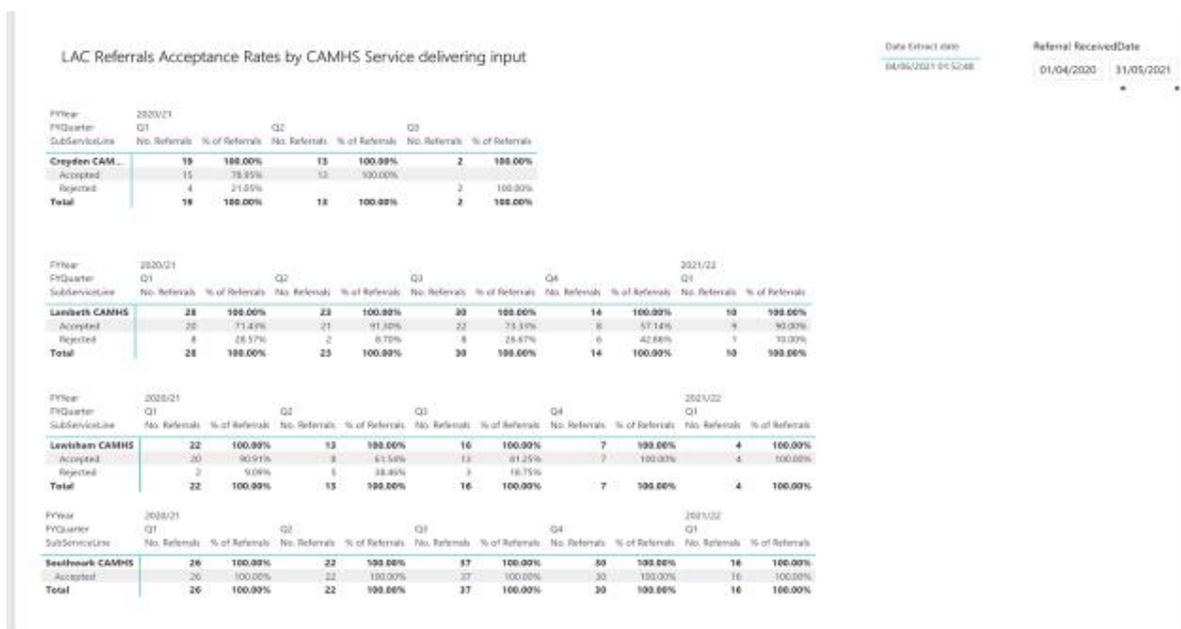


Figure 8: LAC referrals acceptance rates by CAMHS service delivering input

There was an increase in A&E attendances for Southwark CCG in Q4, and anecdotally there has continued to be quite high demand in A&E and urgent appointments (primarily for adolescents).

The Children's Global Assessment Scale (CGAS) is a rating of functioning aimed at children and young people aged 6-17 years old.

CGAS scores for Carelink CAMHS for patient discharged from the team in last 12 months :

- 39 discharges
- Average on admission = 50.95;
- Average on discharge = 58.15

CGAS scores for Carelink CAMHS ( Adoption & Fostering NCA) for patient discharged from the team in last 12 months :

- 6 discharges
- Average on admission = 48.17;
- Average on discharge = 57.00

(Note – these are only patients who had a CGAS score recorded at start and end of treatment, so it is only a subset of all discharges. An increase in score between admission and Discharge indicates an improvement)

#### Key messages

- Health assessments (both initial and review) continued to be delivered during 2020-2021
- Children and young people were unable to access routine dental and immunisation services during the restrictions posed by the pandemic
- The carer completed SDQ score for eligible children (aged 4-16 years old) remained stable For younger children in care, speech and language needs are the main identified health concern. For older children and young people, the main identified health concern is behaviour.
- SDQ return remains high
- Urgent need is rising
- LAC referral acceptance rate by CAMHS services = 100%;
- CGAS scores show an improvement in functioning at completion of treatment of children and young people discharged from Carelink CAMHS

### **Health Services for Looked after children**

#### ***Southwark Public Health***

The Designated professionals work closely with public health colleagues on health matters related to looked after children. They have contributed to the directly concluded strategic needs analysis of children's, dental health and immunisations (final report to be published).

Southwark Public Health are the lead commissioners for the Southwark Healthy Weight Strategy which includes the Alive'n'Kicking program running. They are also the lead commissioners for the Integrated Wellbeing Service – Southwark HYP. This

service is open to all Southwark LAC regardless of address and offers support until age 25 years.

The local authority has also extended its wellbeing offer to LAC and care leavers – they can now access Free Gym and Swim every day of the week.

### ***Guys & ST Thomas NHS Foundation Trust***

The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark Clinical Commissioning Group (CCG) from Evelina London, 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 doctor for looked after children . There are Named Professionals for looked after children (operational leads) based within GSTT NHS Trust.

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

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

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 Named 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.

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.

The Named and Designated nurses and doctors for LAC provide advice for individual children to social workers, foster carers, and independent reviewing officers. They also liaise with local hospital teams, as necessary. This includes offering a view on planned operations/procedures and medication – particularly for children placed out of the borough where their local hospital teams may not have access to their whole

health record. This ensures co-ordination and joint understanding of the child's health needs and planned interventions, with a reduction in delay of receipt of service.

### ***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.

T

here 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.

Using the "Who Pays" Commissioning guidance, Southwark CCG CAMHS Commissioner and Carelink work closely to ensure that those placed outside the borough boundaries are able to access local CAMHS services for assessment and treatment as provided.

### ***Kings College Hospital NHS Trust (KCHT)***

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. The Southwark LAC health team provide support and advice as required by the KCHT safeguarding team. All LAC attending ED are notified to the Southwark LAC health team.

## **Mental Health**

### ***SOUTHWARK CARELINK – CAMHS FOR CHILDREN IN CARE***

Carelink is the designated NHS team which offers a specialist Child and Adolescent Mental Health Service (CAMHS) for Looked After Children in Southwark. 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 (YOS, Virtual School, Education). Carelink is part of South London & Maudsley NHS Foundation Trust. The team is located at the Lister Primary Care Centre in Peckham.

The team works with children and young people (C&YP) aged 0 to 18 years and accept 100% of those referred. Our view is that virtually all children in care have been exposed to factors which increase vulnerability to developing mental health difficulties, which might signify need for mental health/emotional wellbeing CAMHS input. The team consistently meets the NHS England set target of those referred

being seen for assessment within 12 weeks of referral, it is usually much faster than this.

#### MULTI-DISCIPLINARY MH TEAM

Carelink CAMHS is a multi-disciplinary team consisting of staff from these specialisms: child psychotherapy, art and drama therapy, family therapy, clinical psychology, occupational therapy, nursing, specialist under 5s work, and therapeutic social work. The service has access to consultant level psychiatry input for individual cases as required. The team also has various trainees attached to the team from time to time.

#### TEAM CASELOAD – PATIENTS REFERRED

Carelink CAMHS currently have a team shared caseload of 155 Southwark children and young people (C&YP) in care. [Figures up to end of April 2021]  
Approximately 60% of these referred children in care are residing outside of the borough of Southwark.

*Table 5: Carelink Team caseload April 2021*

<b>Carelink Team Caseload – at April 2021</b>	
<b>Gender (for children in care)</b>	
Male	78
Female	77
<b>Total</b>	<b>155</b>
<b>Race / Ethnicity (for children in care)</b>	
Asian or Asian British	4.3%
Black of Black British	46.8%
Mixed Race	16.5%
Other Ethnic Group	5.1%
White	27.3%

The ethnicity mix of referrals received by our service broadly matches the ethnicity profile of the demographics of children in care to LB Southwark.

New referrals into the service have remained constant over recent years, new referrals in 2019/20 (to March 2020) were 100 and in 2020/2021 (to March 2021) were 116. Therefore, referral rates have not been significantly affected by the onset of the pandemic. Data collection on activity rates also illustrates that the number of

clinical sessions offered to our C&YP and carers, since the pandemic lockdown, has increased during this period.

## **THERAPEUTIC SERVICES FOR CHILDREN IN CARELINK**

The majority of Carelink's treatment sessions with children, young people and carers take place either at the Lister Centre or in this last year have also been offered as virtual appointments on video calls. In addition, practitioners see children in their placement (mainly foster homes) or sometimes in school settings.

### Presenting problems

Children and young people are referred with a variety of problems including; emotional disorders, low mood, depression, self-harm, suicidal thoughts, post-traumatic stress disorder, anxiety, attachment disorder and attachment related difficulties, thought disorders, behavioural and conduct problems and neuro-developmental problems, including ADHD and ASD. A high number of those referred show signs of complex trauma linked to their experiences of neglect, early childhood maltreatment and exposure to adversity.

**Carelink** CAMHS provides services for Looked after Children aged 0-18 years placed both in and out of Borough and their aim is to deliver:

- CAMHS assessment and treatment for children looked after 0-18 years where there is a plan for them to remain in care and where referral to Carelink has been agreed with the allocated social worker.
- Direct work with children, young people and their carers/adoptive parents.
- Advice/consultation to the professional network and especially the social work team on care planning, therapeutic needs, placements and transitions. Close links with the CSC Adoption team; we offer weekly clinical consultation to the Achieving Permanence Team in the Care Service.
- .
- Provision of a continuity of service should there be a change of placement.
- Where children and young people live too far to travel to Southwark for appointments, Carelink will facilitate referral to other CAMHS teams.
- Offer individual foster care support to carers, when children are referred.
- Screening to identify any emotional or mental health difficulty e.g. use of SDQ and ASQ- SE for under 5's.
- Promote the emotional/mental health needs of this vulnerable and marginalised population.

In addition to this LAC-dedicated service all our Southwark children in care also have access to some wider community based CAMHS services which includes referral to the South London & Maudsley National & Specialist (Tier 4) services with a variety of highly specialist interventions if required. For instance, eating disorders, autism related disorders, forensic service (FCAMHS) and 'adolescent at risk' services. All these services adapted their input during the lockdown periods but also offered

significant face to face involvement where needed. Our C&YP in care and their carers could also access additional services which were set up across Southwark CAMHS since the beginning of the pandemic. The aim was to provide an extended CAMHS Crisis Service to try and divert as many children as possible from presenting in crisis in Accident and Emergency departments. The Crisis Service extended its operating hours to cover weekends and out of hours and developed a CAMHS Crisis phone line for immediate advice and triage with provision of emergency immediate appointments at a clinical site and some home visits.

CAMHS/Carelink senior staff have been able to continue to offer a presence at multi-agency meeting with an advisory/consultation role, like the Residential Panel and Complex Case Panel (convened by CSC) which meet monthly to consider the needs of children in care. We also continue to meet regularly with the LA's Clinical Practitioner Lead (for Care Section) and with the Permanence Teams.

### **CHALLENGES FOR Carelink CAMHS this year:**

The greatest challenge for the team this last year, along with all of our children and families, has been the impact of the worldwide pandemic which inevitably affected our service delivery. At the start of the UK pandemic response, in March 2020, the Lister Health Centre (our clinical base) was taken over as a "covid hot site" which meant the team had to vacate the premises and remove all our furniture, resources and equipment within a week. Staff adapted quickly to working from home, in the main, and started online video link sessions or telephone sessions for virtually all of our C&YP and the parents and carers. We still had access to other clinical areas (Mapother House or Sunshine House in Camberwell) for urgent face to face contact with patients.

The team, as much as possible, continued with all their sessions being offered online to C&YP already in therapy and started virtual meetings for new assessments. Some C&YP were able to adapt and make use of these sessions, and some adolescents found it more appealing. However, this was true of a minority. Our observations were that for most C&YP there were drawbacks in engaging in therapy in a virtual world and many struggled with it. There were broadband connection problems, difficulties with children being provided with a private space to engage in their therapy sessions, interruptions during their therapy session and parents/carers sometimes forgetting the session was due to take place. We found it made a difference if the child or young person already had a good relationship and had engaged previously with the therapist in person, which gave a better foundation to moving to an online link. For C&YP who were less familiar and engaged with their therapist or met them for the first time in the online environment it was generally more difficult. A small group of our children found it impossible to engage in therapy online and had to have a pause in their therapy.

Some positive aspects of offering online sessions was that, for some families, as people were at home due to the lockdown and children were not in school for

significant periods, there was greater opportunity to meet with both parents together (if more than one foster carer). There was also more flexibility about availability of carers and C&YP about when clinical sessions could be held.

It has been positive that bringing together professional networks in virtual video link meetings has sometimes meant there was more flexibility and faster responses.

During the last year our team piloted an innovative online game, working in partnership with the research team who developed it, to trial it with a cohort of our C&YP. It is called "Champions of Shengar" and was designed to equip C&YP with self-calming and breathing strategies involving bio-feedback. We found that although this worked well in a general school population (where it was also being trialled) it did not work very well with our client group under the conditions where it was introduced with only virtual contact (phone/video link). However, the research group are now offering our team free access to an already trialled and more successful online programme focussing on a treatment for anxiety related problems.

Some obstacles to our practice during the pandemic period have been that, due to external restrictions, the team were no longer able to arrange classroom observations, even when schools reopened, as the NHS Trust guidance is that this is not yet allowed for SLAM staff. However, we have been allowed to hold some individual sessions in schools, with adequate risk assessments. The inability to have classroom observations has affected and slowed down certain types of assessments where this is an essential part of the assessment process (e.g. diagnosis of ADHD). We have also been restricted (due to NHS Trust guidance) in offering certain types of cognitive psychometric assessments which involves closer patient/clinician contact which has affected our diagnostics of certain conditions. However, some innovations in practice mean we will soon be able to resume these assessments fully.

The team were keen to return to face to face sessions with our C&YP at our clinic base. As soon as we were able to return to the Lister Centre and when schools reopened from September 2020 we worked hard to return to face to face clinical sessions for our C&YP who were struggling most with online sessions. This particularly applied to our younger age group.

Generally, the impact of the pandemic has been far reaching for our children in care. They and their families have faced additional stressors caused by such things as illness (including covid-related) in families, bereavement (including death of foster carers), renewed separation from birth families as there were changes and restrictions in contact arrangements, effects on transitions and changes in placements, (e.g. planned placement moves could not take place sometimes). There has also been great adjustment for children in home school learning and the effects this has had on academic progress and readjustments to school settings on return. In addition, social workers have not been able to visit in children's homes in

person to the same degree, during lockdowns, and some C&YP have felt more isolated. There has been a noticeable increase in feelings of loneliness and anxiety.

As a CAMHS service we look forward to the team being able to reunite more fully on our clinical site and offer more face to face capacity to our C&YP and carers in forthcoming months, whilst allowing for more flexible interactions which is likely to include options for online video linked meetings and clinical sessions where this works well.

### ***Southwark Children's Social Care Clinical Service***

The Southwark CSC Clinical Service provides psychological consultation, assessment and treatment in relation to children and families involved with Southwark Children's Social Care. Our team is made up of registered systemic psychotherapists, clinical psychologists, and experienced CAMHS practitioners. The service works at three levels within Children's Social Care

- Firstly "working via the system", the bulk of our work.
- Secondly ensuring access to clinical assessments and interventions needed to achieve CSC aims
- Thirdly being part of intensive multi-modal teams for high need groups.

Importantly, we are not a child mental health service - our work is aimed at achieving social care outcomes, such as supporting a family in need to manage without children's social care or supporting a family to parent a child safely so that they no longer needed to be subject to a child protection plan, or reducing the risk of re-offending, or supporting placement stability, rather than being aimed at improving child mental health outcomes. As such we work in a variety of ways, including targeting adult mental health problems, if these are key to achieving the social work aim.

- The local authority funds a Clinical Lead (a consultant clinical psychologist) for its Children & Families Service, Dr. Jenny Taylor, whose role it is to work with the Director of Children's Social care and the Assistant Directors to think about how we meet the needs of all our children, including our LAC and Care Leavers. Dr Jenny Taylor was appointed as the Virtual Mental Health Lead in 2020
- In the Care & Permanence and Care section of the service, there is a Senior Clinical Practitioner who works with the Heads of Service and their management teams to support a multi-disciplinary approach to the welfare of each and every one of our looked after children and care leavers.
- Each team in care and care leavers as well as the Access to Resources and Fostering teams all also have a named clinical practitioner linked to their teams, who again is there to provide a multi-disciplinary approach to our work

in accessing and supporting and monitoring the residential care and carers we provide for our looked after children

### ***Relationship between Carelink CAMHS and LA Clinical Service***

In terms of access to mental health interventions for under 18s, Carelink are the primary provider. If the social worker has concerns about a young person, who is not already open to Carelink, their first consultation should be with their clinical practitioner via group supervision or one-to-one consultation. The clinical practitioner will support a referral to Carelink if this is appropriate and also help think about any other support that may be required. If colleagues in Health teams have urgent concerns regarding mental health (eg. Risk issues, psychosis, etc.) it makes sense to refer to Carelink straight away, copying in the clinical service.

For over 18s, if a young person is open to Carelink then they would typically lead on transition to adult services, consulting with the Clinical Service where this is needed (for example if a young person is not likely to meet the criteria for adult mental health services). If a Care Leaver has not previously been open to Carelink then the Clinical Service will lead on consultation and supporting access to mental health support, including providing interventions where needed.

With regard to consultations, attending network meetings, helping with placement planning, following up other similar actions from panels, etc. if Carelink have knowledge of a young person (currently open or previously open to them) then it will typically make most sense for social workers to consult with Carelink for their advice. There's no specific expiry date for this- more just figuring out if Carelink have knowledge of the young person and are able to provide most up-to-date information.

With cases discussed at complex case panel, the clinical service is kept up to date and may suggest clinical service input/support as well, given the complexity of the cases and the likelihood that social workers will have had support in their thinking at team meetings etc from the Clinical Service.

With all of the above, wherever anyone is unsure who to consult with/ who is best placed to offer input, the link clinician and Carelink workers can discuss to clarify who is best placed to support.

### ***The Nest***

The NEST was commissioned from the Southwark Council ambition to ensure 100 per cent of children in the borough receive the mental health support they need by 2020. To help meet this target the Council saw an opportunity to develop a service for any young person who wants to talk about their mental health, or seek support. During the Autumn of 2019 the Council spoke to children, young people, their families and organisations to understand what this service should look like.

The aim is to provide a service to young people at the point of need, without the need for a professional referral. We offer early intervention and prevention for emotional issues and low-level mental health such as worries, anxieties and stress. The Nest provides young people and families with the opportunities, experiences, and tools to enable them to develop their physical, emotional and social capabilities. Our non-clinical intervention offers youth work, person-centred counselling, psychological wellbeing practices and traditional talking therapies via 1:1 sessions, group work, virtual resources and peer mentoring

**Key Messages:**

- Southwark looked after children have access to specially commissioned NHS (Carelink CAMHS) and local authority clinical services wherever they are placed. This is hugely beneficial.
- Carelink CAMHS service referral rates were not significantly affected by the pandemic and they continued to provide a service despite restrictions
- The clinical service provides consultation input allowing for consideration of the immediate network for the child or young person including social worker/ personal advisors/ carers.
- The NEST provides a service to all Southwark young people including looked after children and careleavers

**Adoption**

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 Luca Molinari, Specialty Doctor Community Paediatrics), 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

***Adoption Activity***

The Health team contribute to the timeliness of adoptions and appropriateness of adoptive matches via their contributions to:

- Presenting a full and thorough assessment of the child's health and developmental needs
- Offering medical perspective on the health of prospective adopters regarding parenting – usually in the form of written reports made available to Panel

- Meeting with prospective adopters regarding ongoing health needs and any implications to future health of the child's previous life experiences/identified health conditions
- Teaching and training offered to prospective adopters and social workers
- Attending panel

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.

Prospective Adopters are offered the opportunity to meet with the Medical Advisor to discuss the health needs of the child, prior to matching with the adoptive children at the Adoption Panel.

Review Health Assessments, usually completed by the Medical Advisor, continue until the child is formally adopted, to provide continuity and answer further questions the prospective adopters may have. Once adopted the child's care is transferred to their local services

There has been an increase in referrals of children adopted some time ago often presenting with complex developmental and behavioural problems. They are seen at Sunshine House by paediatricians skilled in this area, led by Dr Cooper.

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.

### ***Adoption Panel Summary***

A summary of activity was provided for 1<sup>st</sup> April 2020 to 30<sup>th</sup> September 2020 and noted that the SE panel sat a total of 12 times with a total of 38 cases considered, including 12 approvals, 2 of which were early permanence; 25 matches and 1 best interest recommendation relating to a relinquished baby. There were no negative recommendations. The quality of reports for SE panels continues to be very good which is reflected by panel feedback.

The SE panel recommended seven matches between transracial heterosexual couples with transracial children and the match of five LGBTQ couples

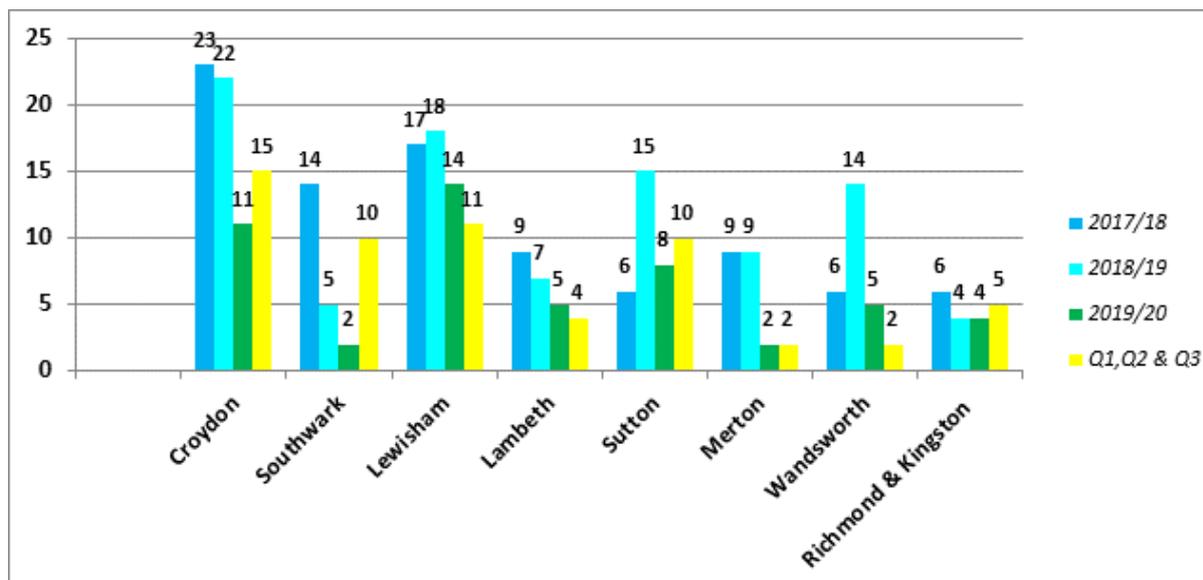


Figure 9: The number of adoption matches since 2017 to Q3 of 2020

### Adult Health Assessments

There is an increasing request for adult health (AH) assessments. Foster carers as well as some prospective adopters also have reviews of their health – AH2 Adult health assessments are completed by their GP for all prospective adopters and foster carers. Foster carers also have review health assessments. The role of the Named Dr and Medical Advisor is to advise the adoption or fostering panel on the implications of any health issues (physical or mental) for that person's capacity to look after the challenging and vulnerable children who need fostering and adoption. Unfortunately, the GP reports often need follow up with the prospective carer, hospital specialists and GPs which can delay approval and there have been delays in because of that.

There were 170 completed AH assessments in 2020-2021.

	AH	AH2
Adoption	56	14
Fostering	19	19
Special Guardianship Order	57	-
Kinship care	2	-
Short stay/Respite	-	5

Figure 10: Completed AH assessments 2020 -2021

#### Key Messages:

- Southwark is part of the regional adoption agency Adopt London-South East and increased number of matches occurred in 20 - 2021
- The service level agreement for the MA in brackets medical adviser role in the panel requires formalising

- Provision of health information for adult health assessments - foster carers have encountered difficulty in accessing these and getting appointment information is vital for matching we worked with the named GP to ensure access continued however there are individual practice variations noted which required escalation

### Governance arrangements

The over-arching borough-based governance for services for Southwark's looked after children is via the Corporate Parenting Panel as well as the Borough based CCG governance board.

In the Corporate Parenting Panel agenda 2020 to 2021, the topics covered included

- Black lives matter
- COVID-19
- Education employment and training
- Annual for virtual head teacher's report
- Sufficiency strategy
- Annual report on health looked after children
- Mental health issues

The figure below illustrates the relative position on achieving SSD903 government reported health outcomes for looked after children compared to statistical neighbours.

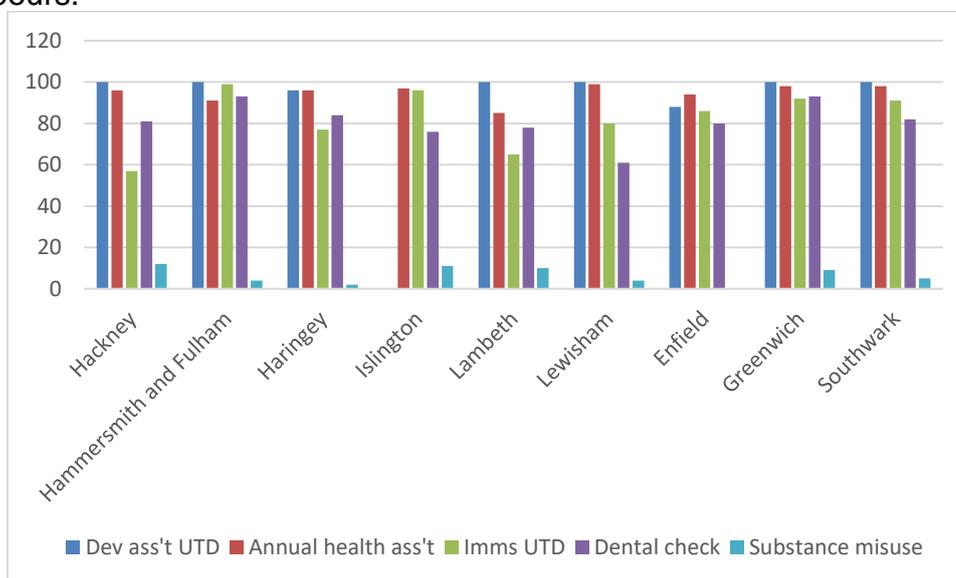


Figure 11: Achievement of SSD903 Health outcomes for LAC 2020- LA Statistical neighbours

A high level operational group – the Health and Social care Forum monitors operational performance on health issues related to looked after children and care

leavers. It is co-chaired by the Assistant Director for Care and Safeguarding and the Designated Dr for Looked after Children.

SEL CCG Governance arrangements:

Southwark CCG merged with 5 other South East London Boroughs in April 2020 to become one entity; SEL CCG. Services for looked after children are also considered via the Quality directorate of the SEL CCG. The figure below illustrates the relative position on achieving SSD903 government reported health outcomes for looked after children.

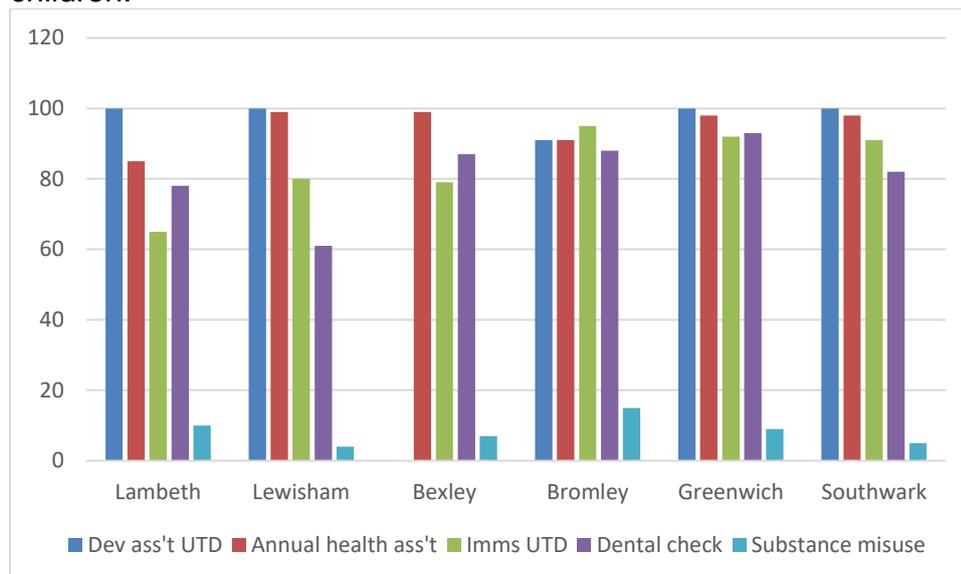


Figure 12: Achievement of SSD903 health outcomes for LAC 2020 – SEL constituent areas

#### Key Message

- There are 2 governance pathways for issues related to looked after children – based within the borough of Southwark; the other as part of the SEL CCG which comprises South East London boroughs.

#### Key achievements 20/21

Throughout the pandemic Southwark LAC health clinical team have prioritised the health needs of children in care. There was no redeployment of the Designated or Named Professionals. At the start of the pandemic Doctors and Nurses have conducted health assessments for children in borough and out of borough via video consultation and continued to see face to face when the clinical need requires. Any child who had an initial health assessment via video consultation was recalled for a face-to-face enhanced review within 3 to 6 months of being seen.

As progress has been made nationally with the Covid vaccination programme and easing of lockdown we continue to offer a blended service of video consultations, face to face health assessment and home visits depending on clinical need therefore

health needs of all children looked After by the Borough of Southwark have input and oversight from the LAC health team.

Child-specific triage is currently undertaken for all referrals (IHA and RHA) and the service is clear in its offer for continuing to see children face to face safely from the onset (subsequently Coram-BAAFs best practice position), unlike many other services who reverted to different models. This includes home visits when required.

Named and Designated Professionals continue ensure health representation at MDT, panel and network meetings therefore advocating for the health needs of children.

Both national and regional children's Designated Health Professionals safeguarding/looked after children's networks were stepped up instantly to respond together on the challenges this pandemic was bringing. Within the SEL CCG these meetings become weekly and included Named Professionals from within providers services to identify any risks, look at themes and respond to these and work together with a wider system approach within the geographical footprint.

Safeguarding supervision to the Provider Named Nurse was increased to 2 weekly also to provide support, leadership and escalate any emerging themes.

Safeguarding Partnership and multi-agency working were stepped up and these are continuing and proving to be a much improved and valued way of closer collaborative working across our system to help recognise and identify themes for our children in care and care leavers.

#### **Key messages:**

- Health services for looked after children continue to be delivered across all sectors – with caveats noted for some services such as dentists
- Multi-agency input into the access to and provision of health services for looked after children developed further and was strengthened
- In the main, the action plan for 2020/2021 was delivered; but not completed. Continuing the work is a feature of the 2021/2022 action plan.

#### **Key ambitions 21/22**

The ambitions below represent our key ambitions for the next reporting year. These have been developed through our work across the health economy and in partnership with colleagues in children's social service. Progress against our key ambitions is monitored operationally at the Health and Social Care Forum; and reported through the aforementioned governance streams.

#### **Improving health outcomes for looked after children and care leavers**

- Improvement in initial health assessment timeliness

- Equity of offer to children and young people placed outside the boundaries of LB Southwark
- Further develop mental health commissioning to ensure that the needs of children who may not qualify or are unable to access CAMHS services are met.
- Working with the Virtual Mental health Lead for LAC and Carelink CAMHS to improve our understanding and ability to report on mental health needs and provision for LAC.
- Restoring access to dental care for children and young people in care; as well as access to routine services disrupted by the pandemic.

### **Voice of the Child**

- Work with Speakerbox to ensure the voice of our looked after children and care leavers is captured and embedded in the work we do.
- Ensure care leaver health summaries fit for purpose

### **Recognising and supporting additional vulnerabilities**

- Young people in secure estates – ensuring and advocating that their health needs are met
- Looked after children and young people with diagnosis of autism spectrum disorder ( ASD) and/or learning disability

### **Risks/challenges/ blockers to achievement for 21/22**

In addition to the ongoing uncertainty due to the pandemic, the following are challenges on the horizon

- Move to the ICS with the expected change in governance and partnership arrangements
- Responding to emerging needs - families and systems have faced incredible stress over the last year. Services have adapted and restructured. Where this is carried out at a local level, there is a difference in access to equitable health services depending on local commissioning arrangements
- Staffing challenges in provider services - including staff sickness and turnover this is included in our children's homes and semi-independent accommodation
- increasing complexity need of children
- Sadly, there were some deaths and significant illnesses in our foster carer and social care workforce due to the pandemic

### **Safeguarding Partnership working:**

#### ***Interagency policy and procedure***

One area of focus across the reporting year included acute child protection concerns for children in care. As a multi-agency group we have reviewed some cases held by social work teams where there are acute safeguarding concerns especially those in the context of restraint. Communications on the pathway for referrals for acute child protection concerns have been shared with all social work teams.

## **OFSTED**

OFSTED carried out a focused visit to Southwark local authority children's services between 29 September and 1 October 2020<sup>16</sup>

OFSTED noted that an alliance of schools, public health, family centres, social care, police, health visitors and community organisations worked closely together to provide a safety net for vulnerable children in need of services and targeted support to attend school. Inspectors found three key areas for improvement in social work practice, all of which are known to senior managers, and plans are in place for their development.

What needs to improve in this area of social work practice:

- the quality of social work practice with disabled children, specifically child-focused practice and relationship building with children
- the timeliness and effectiveness of pre-proceedings work
- the timeliness and quality of planning for older children at high risk in the community, including those receiving part-time or alternative education provision.

With respect to health, the following was noted:

*Most children and young people in care or leaving care continue to have their health needs identified and met as far as is possible during the pandemic. A wide range of emotional well-being and mental health support services are available and offer consultation for social workers and carers as well as direct interventions and talking therapies for children and young people*

Positively, with respect to care leavers the following was noted:

*Services for care leavers have improved significantly since they were last inspected in 2017. Planning and support for most care leavers are now of a high standard. Young people were full of praise for the help that they are receiving during the pandemic. Care leavers with mental health needs have easy access to a wide range of support. Sensitive work is undertaken with young people who are seeking asylum. However, some care leavers do not have access to housing tenancies when they are ready to live independently*

## **Partnership Board Reviews**

A follow-up review of Child B was undertaken in the last reporting year. Final recommendations are awaited.

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<sup>16</sup> <https://files.ofsted.gov.uk/v1/file/50155795>

### ***Multiagency Audit***

A multi-agency audit is ongoing looking at situations where restraint has been used for children and young people in residential care; and an injury reported.

### **Workforce development**

Development continued using new methods of delivery.

The health provider services participated in various areas of workforce development including:

- increasing competence with IT systems and software
- clinician attendance at Hidden harm Conference

Social worker induction continued throughout the reporting year as well as delivery of training to foster carers and prospective adopters.

### **Innovation and new work streams**

Despite (and possibly – because of) the unprecedented operating environment of 2020-2021, health services for Southwark's looked after children have continued to innovate.

The GSTT LAC Health Team completed a successful business case and were awarded funding to develop a video and information pack to send out to social workers when they start in post. This will be curated and implemented in 2021-22

Redesign and simplification of section 20 consent form and health assessment consent form was implemented in January 2021 to help improve the time frame from children becoming looked after to being referred for a health assessment.

There has continued to be progress with the local care record (LCR) conferring greater join up of clinical information available at Kings Health partners and local GP practices. There is an ambition for this to be London wide.

File review system was implemented in the GSTT LAC Health provider service to ensure health recommendations are followed up by assessing clinician

### **Training**

Multi agency workforce training and development includes:

- inclusion of looked after children in level three safeguarding training
- social worker induction
- themed update training to foster carers
- service specific updates to health visiting and school nurse teams, social work teams, and primary care safeguarding leads

### **Provider Quality Improvement and Assurance**

Weekly Case-based supervision is scheduled with Named Doctor and nurses. The medical and nursing staff of the LAC and Paediatric health team attend 6 weekly peer-review sessions. Cases are discussed where issues, concerns, queries and plans discussed with colleagues and recommendations made and implemented

All LAC health assessment reports are quality assured by Named professionals  
Completed audit included recognising and understanding the Health Care Needs of  
Adolescent looked after children in Southwark

Recommendations.

- Aim to offer all young people >12 years old to be seen alone
- Provide health care professionals opportunity to increase confidence and exposure to adolescent health care in areas such as sexual health, smoking and substance misuse, trauma as well as tools to improve communication with adolescent cohort; HEEADSSS tool.
- Continue to develop common community and adolescent pathways; further quality improvement projects to facilitate commissioning to help support significant healthcare burden and unmet needs of LAC adolescents

### **Primary Care**

The identification and needs of looked after children and care leavers remains a key priority within the Named GP portfolio. Both Named GP's work closely alongside the Designated Doctor and Nurse for Looked After Children and Care Leavers.

A dedicated section for Looked Children and Care Leavers was developed on the previous Southwark CCG Staff and Members website for GP practice staff. This is in the process of transitioning to the new SELCGG GP website. This provides clarity on the definitions, parental responsibility, and national guidance. Contact details for the Looked After Child Health team is available and included in GP's 'Key Contacts' information sheet for all practices.

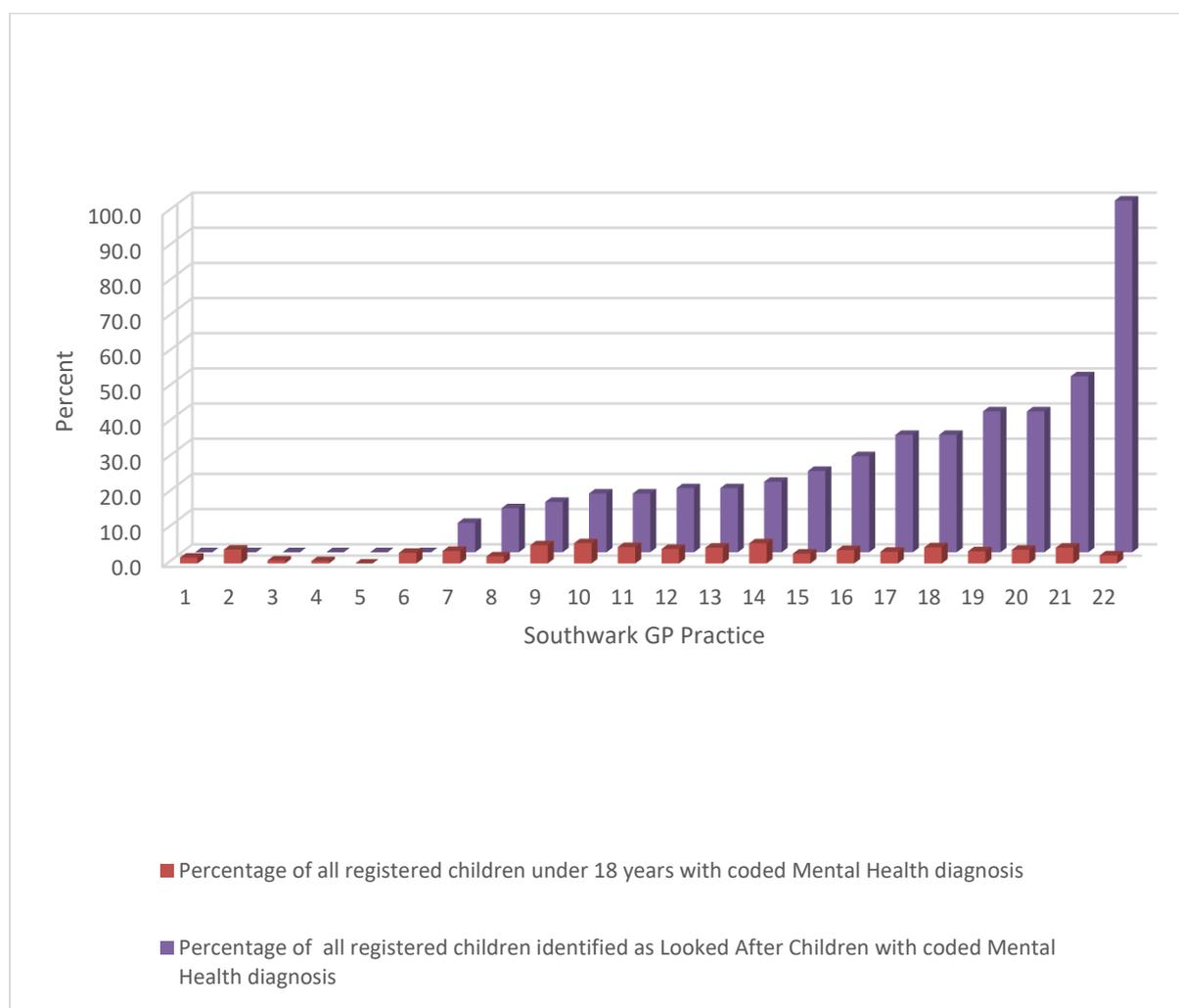
Practices have been supported in the identification of Looked After Children by including a question as to potential Looked After status for all newly registering children. There remains a significant gap however in the notification of children newly looked after to their existing GP practices. At the current time this often ad hoc as known cases of concern are tracked and through the IHA process. There is no established system whereby a GP practice is notified either by Children Social Care or the Looked After Child health team at the time a child becomes looked after. This remains a risk and has been escalated.

Southwark has introduced a network for Social Prescribers. These have been identified as a key arm in supporting a wide range of presentation to primary care, including social isolation, mental health, finances, and housing, by supporting patients to link with suitable services within the community. They are able to hold a caseload and work with clients for to 12 weeks. The programme has been identified as suitable to support potential aspects of needs with respect of Care Leavers and the Designated Nurse has met with the programme managers to link in with the process. The social prescribers across the borough have actively engaged with our primary care GP safeguarding forums.

The Primary Care Safeguarding Annual Review sent to all GP practices in Southwark for submission over February to March 2021. The response rate was 88%. This year we focused on the mental health needs of Looked After Children,

facilitating a medical records search to compare recorded mental health diagnoses in each practice's paediatric population (all children registered aged under 18 yrs) and looked after child cohort.

The chart below demonstrates that for over 75% of respondents their GP practice registered LAC population has consistently higher rates of mental health diagnosis recorded compared to the locality matched paediatric population. In the paediatric population this ranged from 0-5.8%, in the Looked After Child population, 0-100%, average percentage for a 23.6% of practices registered Looked After Child cohort. This is limited in part by accuracy of coding and identification of Looked After Child cohort. We have also focussed on children currently looked after.



*Figure 13: Recorded Mental Health Diagnosis in registered paediatric population compared with registered Looked After Child population in Southwark GP practices*

In terms of training, the Designated Nurse led a session on the health needs of Care Leavers in our borough wide safeguarding protected learning time level 3 update in

March 2021. This was held virtually and attended by over 270 GP practice colleagues.

**Key Messages:**

- A network of social prescribers has been introduced in Southwark
- There remains a significant gap in identifying newly accommodated looked after children to their GP practice
- GP practice registered LAC population has consistently higher rates of mental health diagnosis recorded compared to the locality matched paediatric population

**Success stories**

- SEL partnership work – sharing of best practice.
- Child being matched for long term foster placement. Placement was in jeopardy; he would have been in residential children's home if not for the funded support provided for his psychotherapy and that of his foster carers.
- Continuation of care for someone who was previously accessing local CAMHS in a residential placement is now looked after far away from Southwark however, by use of virtual means and collaboration with the treating clinician, who knew her whilst in the family home. Diagnostic assessment for ASD will be completed by this team as opposed to having to start again afresh in a new area where waiting lists are several months to more than a year long
- About the Clinical Service: *KB lives out of London and therefore it was paramount that we support her (particularly) in the Lockdown. The clinician has been in regular contact with KB to ensure she had access to services either in her own area or by regular t/c contacts...I would like to thank [clinician] for her: Professionalism and patience whilst working with KB. Very pleased with service that was offered to our y/p.*

**Summary and Conclusion**

This report has provided a collaborative overview of health issues pertinent to children and young people looked after by LB Southwark. It also touches on some issues pertinent to care leavers.

It evidences that the Covid 19 pandemic posed huge challenges and demanded innovative solutions which were met within very short timeframes; allowing continuity in the provision of care for our children and young people.

**Action Plan 2021-2022**

<b>Key Priorities</b>	<b>How</b>	<b>Lead responsible (LAC)</b>	<b>When by</b>	<b>Comments</b>	<b>Where monitored</b>
<p>Maintain a robust reporting framework against quality and statutory objectives</p> <p>Identification and support for additional needs</p>	Regular interrogation of LAC reporting dashboard	Designated Dr & Nurse for LAC	Ongoing	Provider assurance framework to be reviewed in August 2021	SEL CCG safeguarding sub-committee
	Ensure health participation in appropriate Panel meetings where individual children discussed	GSTT LAC Health Service	Ongoing	Regular review with Children's Social Care	Health and Social care Forum
	<p>Provide support and advice to provider service with respect to achieving statutory health outcomes</p> <ul style="list-style-type: none"> <li>• Completion of initial and review health assessments</li> <li>• Immunisations</li> <li>• Developmental checks</li> <li>• Dental reviews</li> <li>• Contribution to EHCPs</li> </ul>	<p>Designated Dr &amp; Nurse for LAC</p> <p>GSTT LAC Health Service</p>		Regular review with Children's Social Care	Health and Social care Forum
	Maintain links with health colleagues within secure estates so that our young people's health needs and	Designated Nurse/Named Nurse			

Key Priorities	How	Lead responsible (LAC)	When by	Comments	Where monitored
	outcomes are met				
Ensuring services meet the needs of looked after children and young people with mental health needs	Monitor all mental health referrals and delivery and outcomes, whether via local or OOB NHS or private providers	Virtual mental health Lead, Carelink CAMHS, Designated Dr/Nurse , CAMHS commissioner	March 2022		Health and Social care Forum
Further development of a holistic offer to Care leavers	Act on recommendations of NEET analysis	Designated Professionals for LAC	Ongoing		Health and Social Care Forum
	Health participation in post-18 panels	GSTT LAC health team			
	Ensure access to post-18 EHCP applications as needed	GSTT LAC health team, CSC			
	Link with adult social care and All age disability teams to clarify offer available and routes to access services	CSC, Designated Health professionals Designated Nurse	Ongoing		Health and Social Care Forum
	Establish pathways/processes for Care Leavers into local Social Prescribers	Designated Nurse	Ongoing		Health and Social Care Forum

Key Priorities	How	Lead responsible (LAC)	When by	Comments	Where monitored
Representation	Representing and promoting that the health and care needs of Care Leavers through the Southwark Children's and Young People's Partnership are included in the Live Well work stream	Designated Nurse			Southwark Children's and Young People's Partnership



**Speech and Language Therapy Service**  
**Annual Report 2021-2022 (September 2021 – February 2022)**  
**Southwark Alternative Provision and Virtual School**

### **Background**

The Unlocking Language team has provided the Speech and Language Therapy Service for students of Southwark's Alternative Provision (AP) and Virtual School (VS) and training for their education teams since October 2020. The service has been developed to support the growth of students with speech, language and communication needs by working with them directly and collaborating with their education teams, parents, and carers to further develop their communication skills.

This Impact Report considers the students on the current Speech and Language Therapist caseload ranging from September 2021 to February 2022. The last Impact report was issued August 2022. Speech and Language Therapist, Sarita Austin, was the speech and Language Therapist working with the AP/VS service up until August 2021. A thorough-handover was then given to Speech and Language Therapist, Katrina Bradford. Katrina has since been the Speech and Language Therapist working with the AP/VS service. When the service was handed over, the caseload consisted of 1 student as the rest of the caseload had moved on to further education outside of the AP/VS service.

Caseload	Number
At the start of the academic year	1
New Referrals since September 2021	6
Total current on caseload (February 2022)	7

### **Current Service**

The designated Speech and Language Therapist have supported students, education teams, and parents/carers either weekly or upon request throughout the school year so far. All assessments and interventions have been carried out face-to-face, whilst one training session for the education team was carried out via Microsoft Teams. The Therapist worked closely with teams to provide bespoke assessments and interventions based on students' needs. Decisions around the length of sessions, areas of focus, and whether direct 1:1 therapy or targeted support would be provided through Education Support Officers, or family, were all determined in discussion with students and their support network. The decisions were centred around what would most support the student in becoming invested in the

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 Tel: 0207 536 9299, Website: [www.unlockinglanguage.co.uk](http://www.unlockinglanguage.co.uk)



therapeutic process. Therapist has offered a plethora of services including teletherapy (online therapy), reviews via phone, targeted input including education team coaching, and assessment reports. All parents/carers have opted for face-to-face sessions with Speech and Language Therapist. For Face-to-face sessions various locations have been offered, including home-visits, at the Unlocking Language clinic, and school visit when appropriate. Please see below for the frequency of each location:

Location of sessions	Number of sessions taken place
Home visit	3
School visits	2
Unlocking Language Clinic	3

**Targeted input** included joint target setting, implementation of targets/strategies support, training of AP/VS staff, reviews of young people's progress towards targets across settings, support for staff by providing strategies to support students communication, providing reports to support referrals submission, and liaison with the wider Multidisciplinary Team (MDT), and support of parents and carers to encourage carryover of skills within the home and community environment.

**Specialist input included:** 1:1 therapy and assessment sessions with students face-to-face, writing assessment and progress reports, and giving students carryover strategies to use in their daily lives beyond sessions.

### Demographics

Demographics Data	Number
<b>Gender</b>	
Male	5
Female	2
Transgender	0
Nonbinary	0
<b>Current Education level</b>	

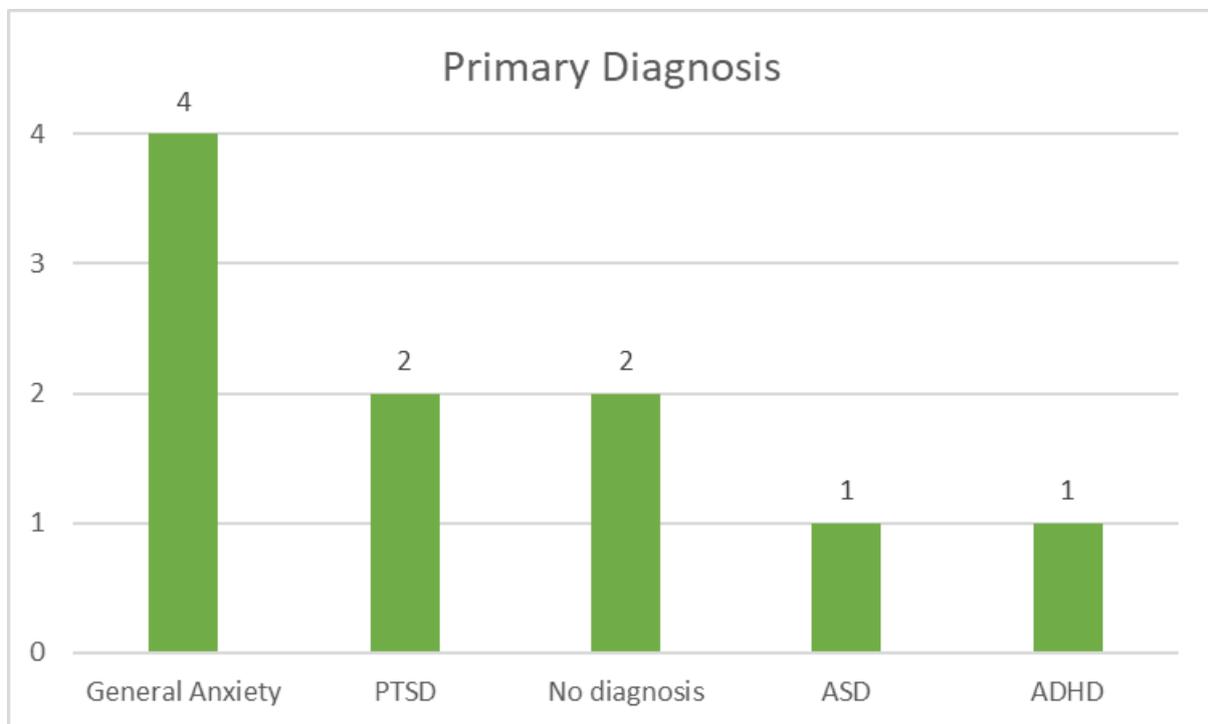


Early Year Education	0
Primary Education (KS 1-2)	1
Secondary Education (KS 3-4)	3
Further Education (KS 5)	2
NEET (Not in Education, Employment, or Training)	1
<b>Ethnicity</b>	
<b>Asian/Asian British</b>	
Bangladeshi	
Chinese	
Indian	
Pakistani	
Any other Asian background	
<b>Black/Black British/African/Caribbean</b>	
African	
Caribbean	2
Any other Black/African/Caribbean background	
<b>Mixed/Multiple Ethnic Groups</b>	
Asian/White	
Black African/White	2
Black Caribbean/White	
Latino/Spanish	
Any other Mixed/Multiple Ethnic background	
<b>White</b>	
English/Welsh/Scottish/Northern Irish/British	2
Irish	



Gypsy/Irish Traveller	
Latino/Spanish	
Any other White background	
<b>Other Ethnic Group</b>	
Arab	<b>1</b>
Any other ethnic group	

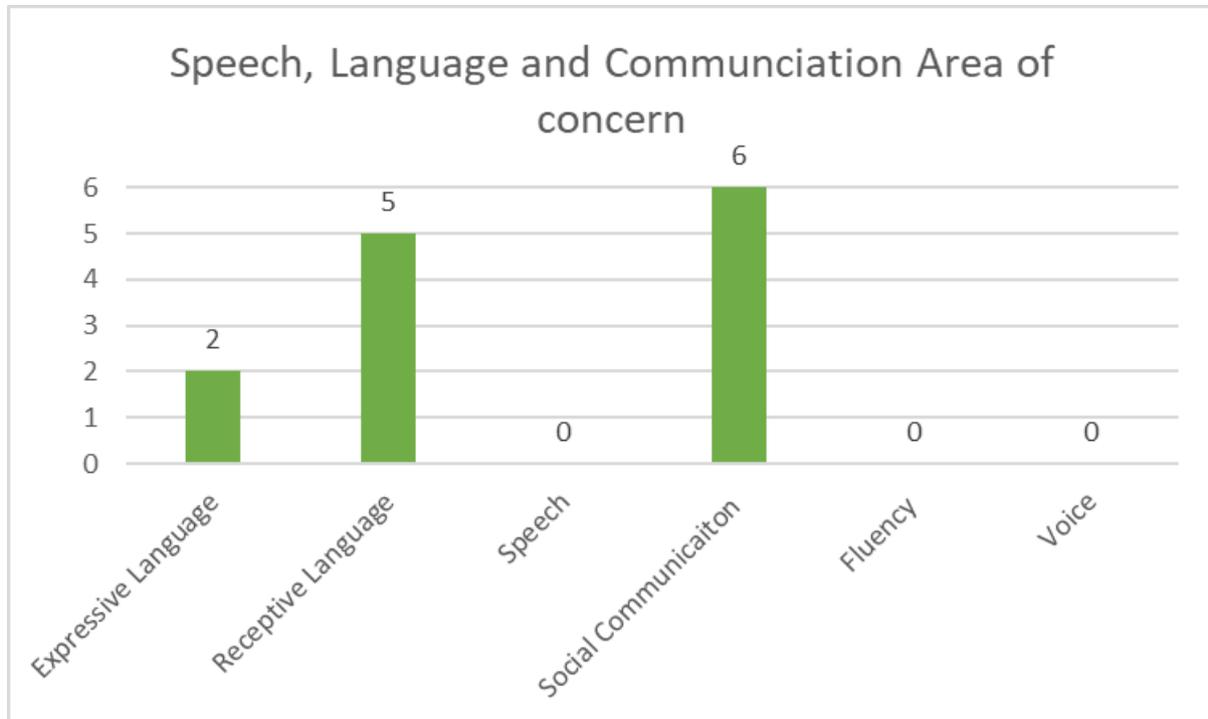
### Speech, Language and Communication Needs (SLCN)



As depicted in the graph above, the primary diagnosis is in regard to their mental health, with 96% of the AP/VS students having a formal diagnosis such as General Anxiety and/or PTSD. 32% of the students have no diagnosis when being referred to the Speech and Language Therapy service. Here it is important to note, that some of these students are unaccompanied minors and therefore the medical information available is limited. It should also be noted that some of our students have more than one diagnosis or impairment.



Regarding their specific speech and language needs, the AP/VS students' primary area of concern identified in assessments and addressed in therapy was social communication. However, 83% of the students also have either receptive/expressive language disorder or both which is also addressed in therapy.



### **Impact-Outcome of Unlocking Language's Service:**

Below is a list of intervention approaches taken and resources used by our Speech and Language Service.

#### **Receptive Language**

- Word Maps and Mind Maps
- Equipping students with a toolkit of strategies to improve comprehension, e.g., ask for repetitions, ask speaker to say it in parts, say the message in your own words & minimise background noise
- Supporting educators to alter learning environment and how they present information
- Language for Thinking

#### **Expressive Language**

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- Colourful Semantics (sentence structure)

### **Social Communication**

- The Zones of Regulation
- Comic Strip Conversations
- Language for Behaviour and Emotions
- Coaching education team and parents on how to consider students' diagnoses and communication style and needs when interacting with them.
- On topic/Off topic
- Interview preparation

### **Challenges**

During the first two months of the school year 21/22 there were no new referrals coming to the Speech and Language Service. However, the Speech and Language Therapist and the AP/VS service were proactive and discussed training in how to recognise when a child or young person might need a referral to Speech and Language therapy. This training was then carried out by the Speech and Language Therapist on 25th October 2021 where five members of AP/VS service attended. The first new referral was made shortly after the training. The Speech and Language Therapy Service has in total received 6 new referrals in the past 6 months.

Over the course of the past 6 months the communication between the Speech and Language Therapy Service and AP/VS has at times been limited. This is thought to be due to the transition from being completely remote to starting to provide face-to-face sessions again post-pandemic. Further, the head deputy for the VS service, who was the main point of contact for the Speech and Language Therapist, left in December. This has meant that the Speech and Language Therapist has had to liaise directly with the head of the VS service, a position with a high workload concentration. This has meant less direct communication between Speech and Language Therapy service and the AP/VS service. However, a meeting was set up between VS head and Speech and Language Therapist where key barriers were identified and an action plan was agreed upon. This included:

- For Speech and Language Therapist to formally get introduced to all key members of staff at VS service
- For VS head to liaise directly with Director at Unlocking Language in regard to service provision
- For Speech and Language Therapist and VS head to agree on training going forward to ensure that all members of staff at AP/VS service are aware of the Speech and Language Therapy provision available for the AP/VS students

### **Successes**



Although new referrals have been limited the past 6 months, there has however been a steady increase. One Education Advisor specifically mentioned that she was very impressed with the level of detail and understanding the Speech and Language Therapy reports included, since it encapsulated the student's needs well. This has led to some Education Advisors having an increased understanding of the value of the Speech and Language Therapy service.

Further one student in-particular has started to make progress in their way of thinking about the future and using that as motivation to attend service appointments and sessions. For example, they identified short-term and long-term goals they want to achieve which acts as a motivator.

Another student is being seen at school, where the school has been impressed with the swiftness and service provision the Speech and Language Therapist has been providing for one of their students who are apart for the AP/VS service.

A significant success for the Speech and Language Therapy Service and the AP/VS service, has been the rise in face-to-face appointments with the AP/VS students. This has led to good engagement from the students and parents/carers. Face-to-face appointments have also meant that the Speech and Language Therapist has been able to establish a good rapport with most of the students on the caseload. The increase of face-to-face sessions is especially significant since most students have SEMH needs. Therefore, being able to offer the service which the student feels most comfortable with, has been a major success and helped establish a good rapport and trust between the Speech and Language Therapist, student, and carer/parent.

### **Going forward**

Going forward there will be an increased focus on providing training for the staff at the AP/VS service. These training sessions will focus on the following;

- The role of Speech and Language Therapy and the relevance for children who have experienced Adverse Childhood Experiences
- Identifying children who could benefit from Speech and Language Therapy
- Joint training from Educational Psychologists and Speech and Language therapists on the link between Social, Emotional, and Mental Health needs and Speech, Language, and Communication Needs
- Q&A session for AP/VS staff at the end of each session for them ask Speech and Language Therapist any questions they might have

Speech and Language Therapists would also benefit from being part of key meetings, to ensure that AP/VS staff are aware of the Speech and Language Therapy service available.

It would be beneficial for the Speech and Language Therapist to have the key people, including heads of AP/VS service, Education Advisors, and Educational Psychologists, from



both the AP and VS service to meet termly to discuss caseload, new referrals, progress of students, and training.

**Summary:**

Overall, this has been a successful 6 months for the Unlocking Language Speech and Language Therapy Service with Southwark's Alternative Provision and Virtual School. We are pleased to have provided a high quality, continuous service to our students.

It has been a pleasure working with the AP and VS young people, leadership teams, education teams, and families and we look forward to continuing to build an innovative service that supports students in developing their speech, language and communication skills to their full potential.

A handwritten signature in black ink on a light grey background, reading 'Katrina J. Bradford'.

Katrina J. Bradford

Speech and Language Therapist

Shermeena Rabbi – Consultant Speech & Language Therapist & Director of Unlocking Language

# Southwark Corporate Parenting Committee Health of Children Looked After 2020/2021

**Dr Stacy John-Legere:**  
Designated Dr for Looked After Children

**Michele Sault:**  
Designated Nurse for Safeguarding Children, Looked after Children  
and Care Leavers

**Elsbeth Pluckrose:**  
Consultant Child and Adolescent Psychotherapist, Carelink

**Dr. Jenny Taylor:**  
Virtual Mental Health Lead for Looked After Children

# Contributors

- Regional Adoption Agency
- GSTT LAC Health Service
- Carelink CAMHS
- Southwark CSC – Care & Careleaver service
- Southwark CSC – Clinical Service
- Virtual School – SLT provision

# 2021 - 2022

## Update against the action plan

Full 2021-22 annual reports including mental health provision will be made available to the Corporate Parenting Committee as per agenda

# Update – focus

- Statutory performance
- Health needs
- Recognising and responding to additional needs
- Mental health highlights

Note : response to the needs of careleavers is included in the session following.

# Key Ambitions

## **Improving health outcomes for looked after children and care leavers**

- Improvement in initial health assessment timeliness
- Equity of offer to children and young people placed outside the boundaries of LB Southwark
- Further develop mental health commissioning to ensure that the needs of children who may not qualify or are unable to access CAMHS services are met.
- Working with the Virtual Mental health Lead for LAC and Carelink CAMHS to improve our understanding and ability to report on mental health needs and provision for LAC.
- Restoring access to dental care for children and young people in care; as well as access to routine services disrupted by the pandemic.

## **Voice of the Child**

- Work with Speakerbox to ensure the voice of our looked after children and care leavers is captured and embedded in the work we do.
- Ensure care leaver health summaries fit for purpose

## **Recognising and supporting additional vulnerabilities**

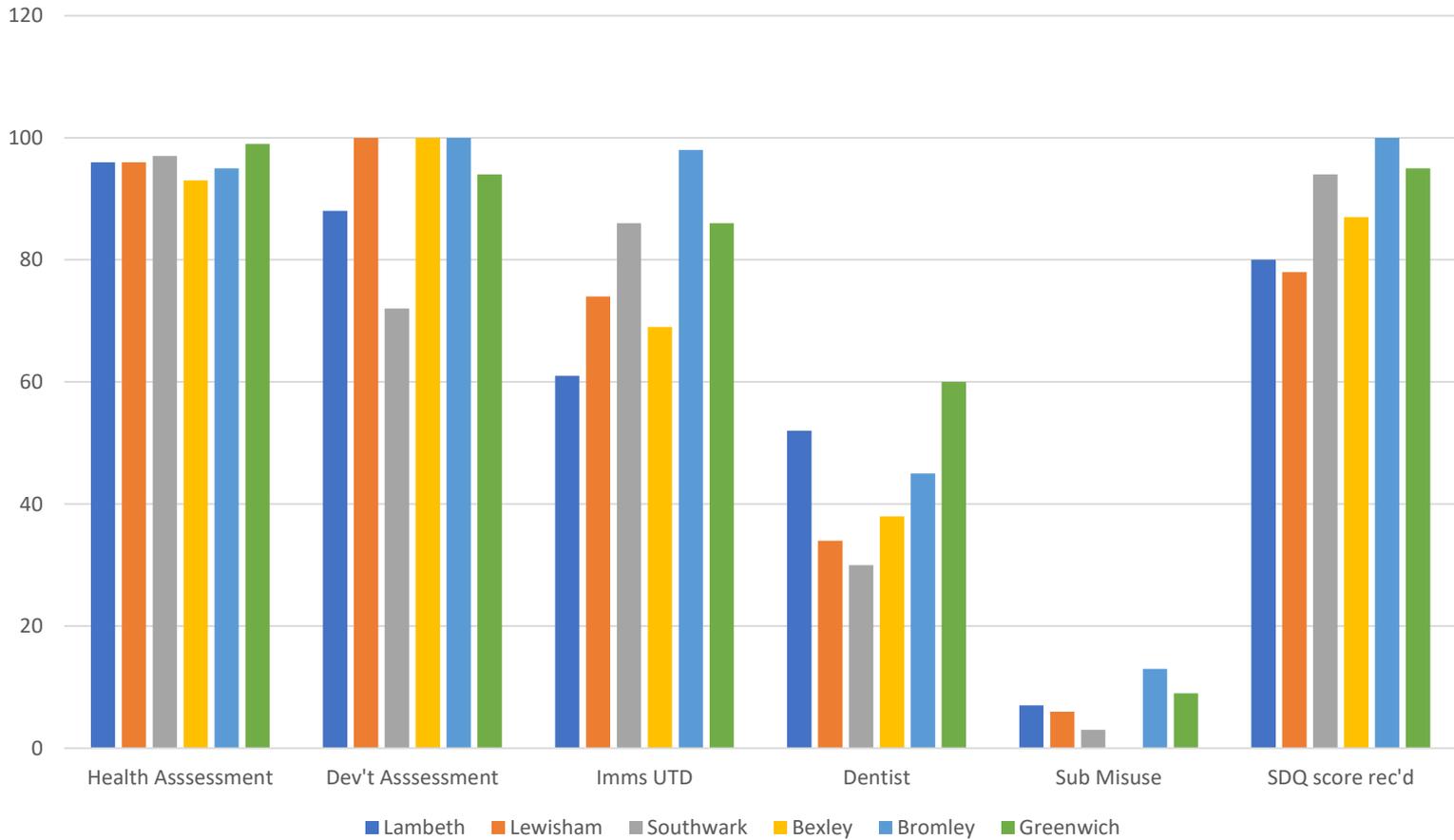
- Young people in secure estates – ensuring and advocating that their health needs are met
- Looked after children and young people with diagnosis of autism spectrum disorder ( ASD) and/or learning disability – recognition and support

# Key priorities – continuum 2020

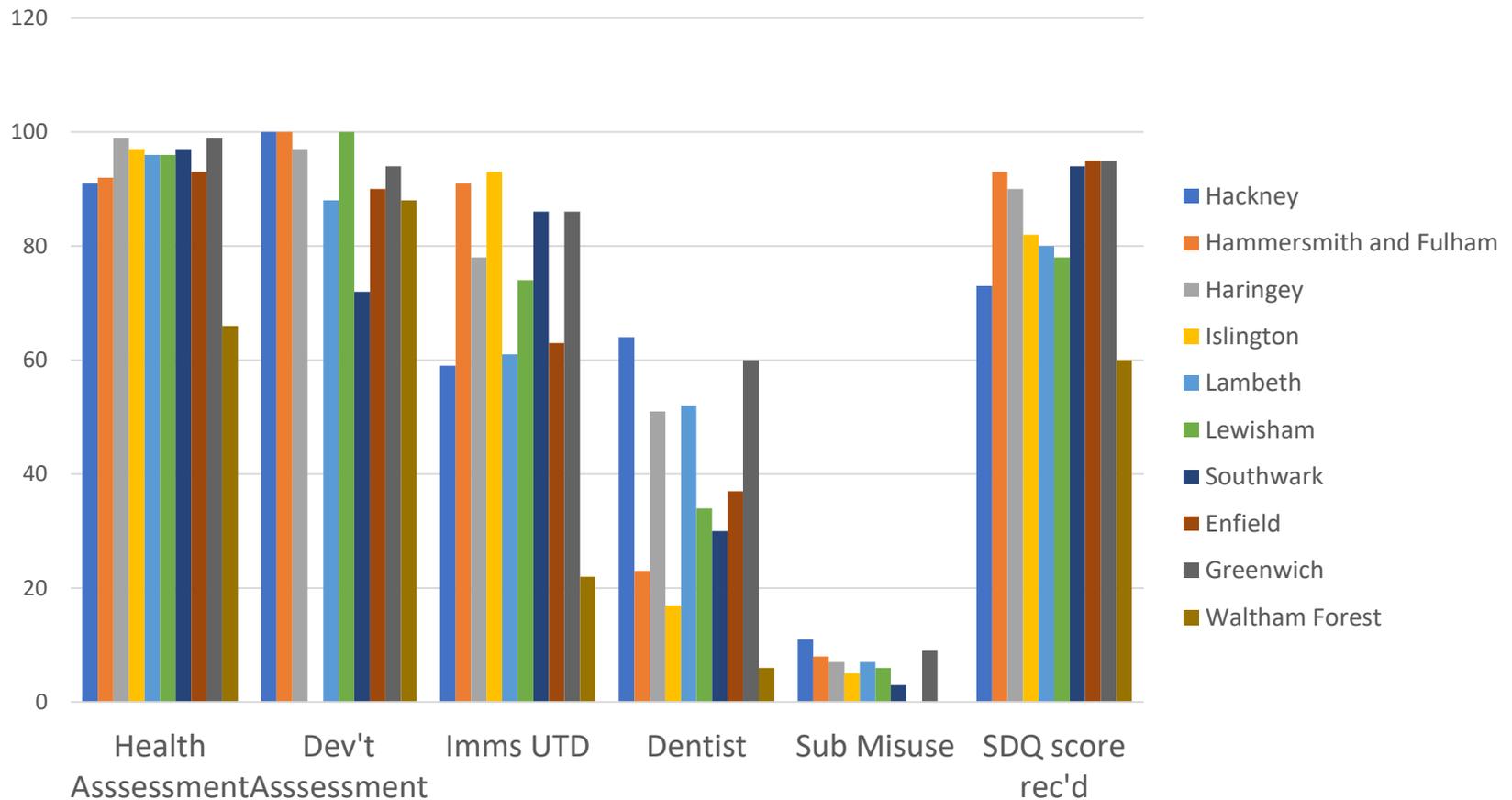
4 Overarching areas identified at 1<sup>st</sup> April 2021

- Meeting statutory objectives
- Identification and support of additional needs
- Services meet the mental health needs of children looked after and careleavers
- Development of a holistic offer to Care leavers

# Health parameters(%) SEL CCG 2021



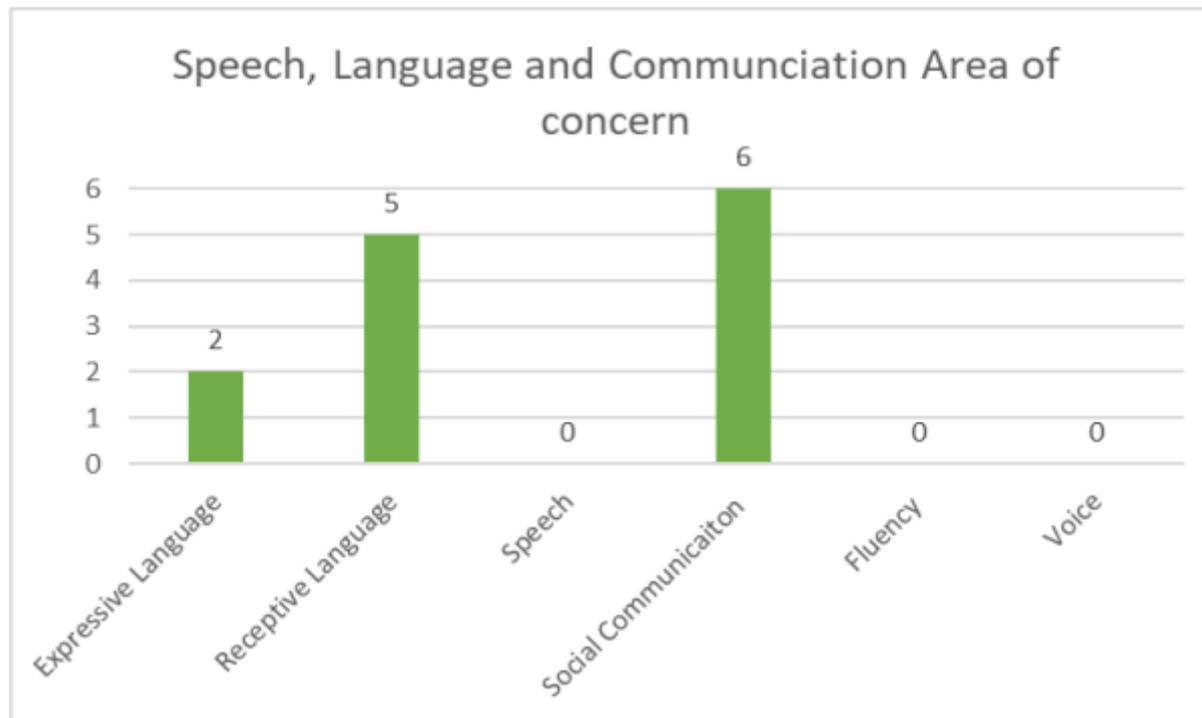
# Health parameters(%) statistical neighbours 2021



# Most common health needs of Southwark looked after children at March 2021

Ranked diagnosis	0-4 yrs	5-11 yrs	12-15 yrs	16-17 yrs
1	SALT	Behaviour	Behaviour	Behaviour
2	Developmental delay	Learning Difficulties	Asthma	Sleep (joint with asthma)
3	Sleep (joint with eczema)	SALT	ASD	Asthma
4	Eczema	Eczema	ADHD	ASD (joint with eczema)
5	Social communication (joint with ASD)	ASD	Learning Difficulties	Eczema (joint with ASD)
6	ASD	Sleep	SALT	Learning Difficulties
<b>Total with learning difficulties</b>	0	9	9	8
<b>Total with learning disability</b>	0	2	4	1

# Virtual School – SLT input



# Meeting Statutory Objectives

- Section 20 guidance/consent updated
  - Aim : to improve timeliness of completion of IHA
  - Progress : 14% (2020) → 17% (2021) → 48% (2022 – TBC)
- Health services have continued and achieved a good uptake of health assessment and individual follow up of health needs as required
- Immunisation of children has been a priority with CLA Nurses, school immunisation Team and GP's.
- Children and young people have experienced challenges in accessing dentist; this is gradually improving. 30% ( March 2021) → 58% ( Dec 2021)

# Identification and support of additional needs

- Training of CSC and GSTT Health staff has continued virtually - educating and updating those new in post and experienced staff
- GSTT LAC health team continue to attend, advise and contribute to complex strategy meetings and CETR meetings for children and young people in hospital with mental health issues and safeguarding concerns
- EHCP assessments and amendments

# Identification and support of additional needs

- Ongoing involvement in CSC case panels
  - provide advice, guidance and problem solving regarding young people's medical needs
  - actively pursuing assessments/treatments for children placed OOB,
    - without this - significant delay in children receiving appropriate assessment/treatments.
- Children placed out-of- borough
  - Liaison and referrals
    - Carelink CAMHS & CLA Health team

# Impact of the Covid Pandemic

- The CLA health team have provided ongoing advice and information on Covid vaccine to CSC staff, vulnerable children and carers in the last reporting year
- The CLA Nurse team have engaged with Speakerbox in discussions around the impact of the pandemic on their daily lives in 2020

# Children Looked After in Secure Estates

- Contact made with secure estates health team to enquire about health and emotional wellbeing of our young people during lockdown and restrictions
- Health assessments carried out by local teams
  - CHATs returned to LAC health team & SW

# Mental Health Highlights

# Core mental health provision

Southwark's looked after children continue to benefit from access to an array of mental health provision:

- As well as initial and annual holistic health assessments, all our children and young people are looked after by social work teams with embedded mental health clinicians, so that their individual psychological needs, and the relational issues they face in their placements and with their birth families, can be considered without delay
- Where children/young people and/or their networks would benefit from a clinical assessment or a therapeutic intervention, this can be accessed via our specialist NHS CAMHS provision (Carelink), our Open Access CAMHS provision (The Nest), our embedded clinical staff, or via out of borough NHS or private CAMHS providers.

# New developments

- We have recently introduced a new mechanism for recording all referrals for mental health assessments and interventions (and the outcomes of those referral) as part of our MOSAIC system, therefore allowing for more robust monitoring of access, equity and outcomes in the future
- The Council have invested in the implementation of the Child & Adolescent Needs and Strengths Framework (CANS) to assist our understanding of our children's needs – this will be going live in 2022

# New developments

- Carelink CAMHS now have 1 day/week of dedicated psychiatry time to assist in meeting our children's needs
- Carelink and the CSC Clinical Service are working together on reviewing the provision available to our UAS Children & Young People, including specific recruitment to a specialist post within Carelink
- CSC Clinical Service are working with SLAM AMHS on implementation of a Trusted Assessor approach to improve access to AMHS for our over 18 careleavers

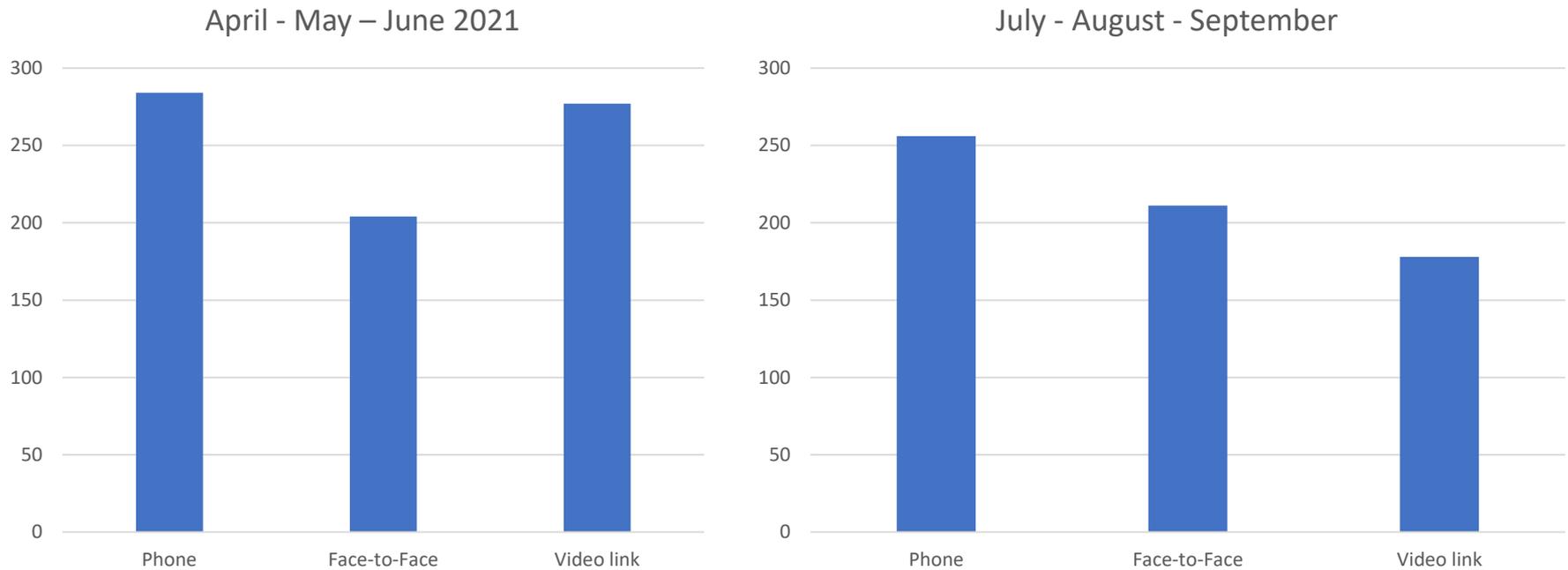
# Carelink CAMHS

## **Additional information for period from April 2021 to present**

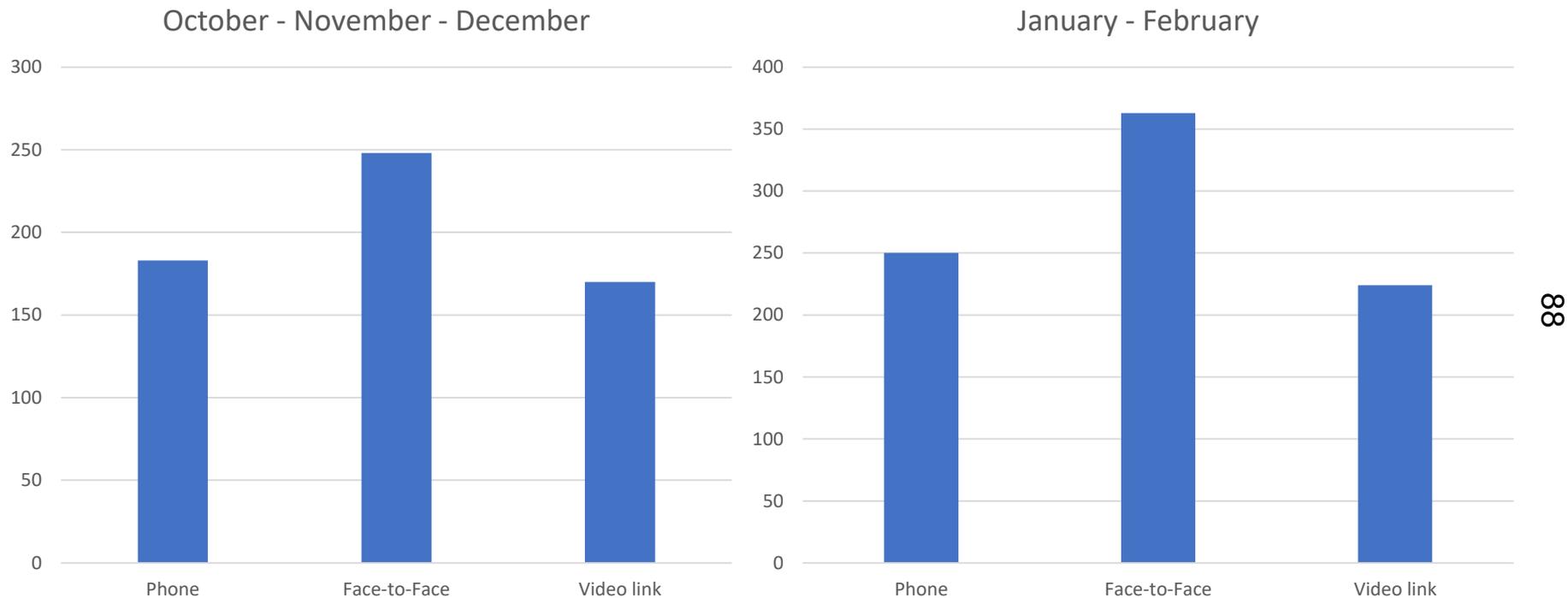
Data for the last year shows a steady increase in children, young people and families accessing face to face appointments over the last year.

Alongside this Carelink has continued to offer flexible access to the service through the alternatives of video call or phone call.

# Contact Type: April-September 2021



# Contact Type: October 2021 – February 2022



**Carelink completed an audit using a snapshot of the caseload to look at accessibility of the service to minority Ethnic groups in February 2021.**

Ethnicity distribution in the CAMHS Carelink Looked After Children caseload compared with CSC LAC and LA schools.

Ethnicity (n.149)	LAC Carelink	Social Services LAC	LA schools data
White	(37) 24.8%	25%	31%
Mixed or Multiple Ethnic groups	(36) 24.2%	19%	12%
Asian and Asian British	(2) 1.3%	5%	5%
Black, African, Caribbean or Black British	(70) 47%	47%	43%
Other ethnic group	(4) 2.7%	4%	9%

The LAC caseload contains mostly “Black, African, Caribbean or Black British” children (47%), followed by white (24.8%), “Mixed or Multiple Ethnic groups” (24.2%). 2.7% are from “Other Ethnic groups” and 1.3% are “Asian or Asian British”.

The small differences seen between local authority and CAMHS figures is due to slightly different ways in which ethnicity is recorded.

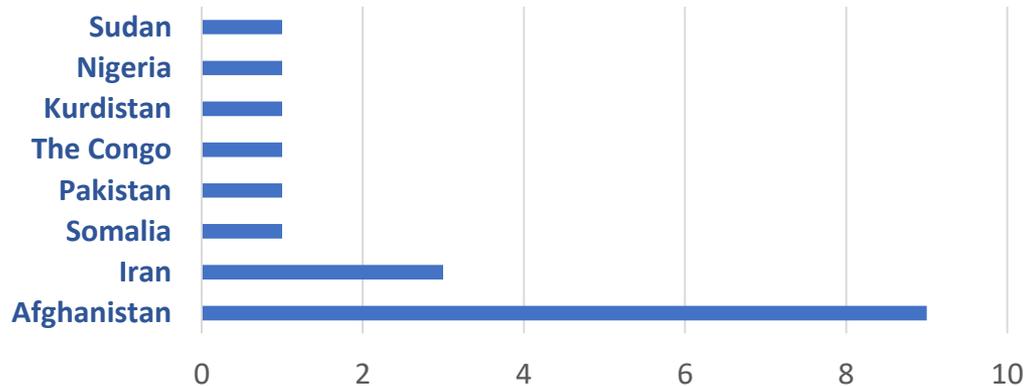
The Audit also looked at the percentage of Unaccompanied Asylum Seeking Children in the CAMHS Carelink Looked After Children caseload (February 2021 snapshot).

Ethnicity (n.13)	% CAMHS LAC UASC cases	% CSC LA UASC cases
White	(0) 0%	0%
Mixed or Multiple Ethnic groups	(7) 53.8%	5%
Asian and Asian British	(1) 7.7%	39%
Black, African, Caribbean or Black British	(3) 23%	26%
Other ethnic group	(2) 15.4%	29%

**A more recent review shows that the current caseload for Southwark Carelink includes 18 UASM referred by Southwark CSC**

This represents 12.5% of Carelink caseload (6 of these were referred more than a year ago and 3 more than 6 months ago and have been offered ongoing support requiring longer term intervention).

Countries of origin are:



**In response to the higher levels of referral of UASM with significant symptoms of PTSD Carelink are actively seeking to recruit new member of staff with interest and expertise in offering a range of treatments.**

## **New challenges:**

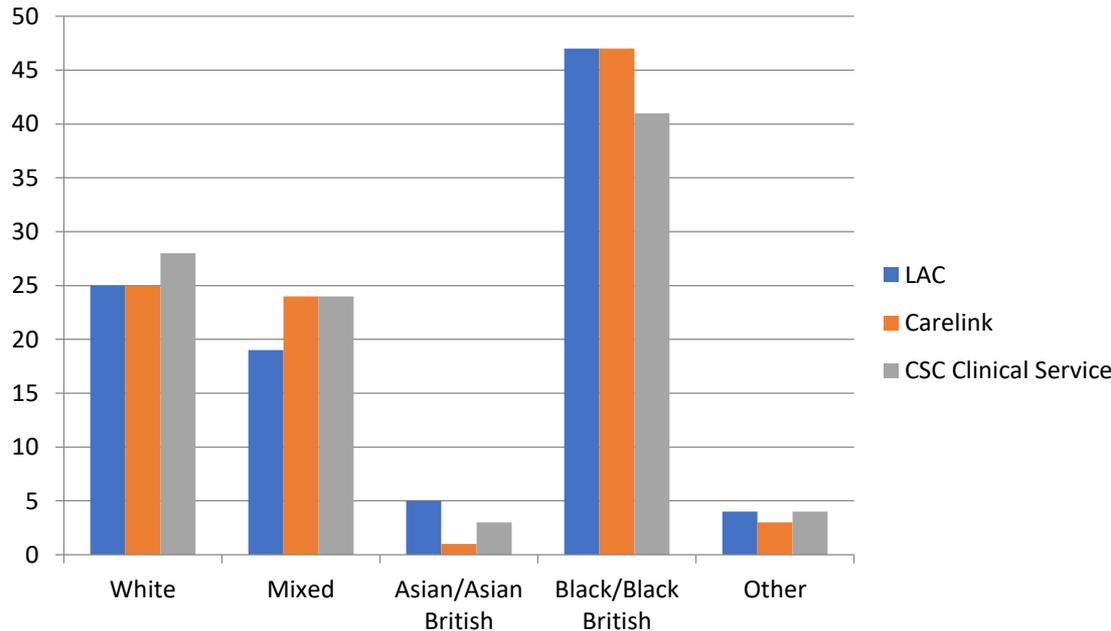
Changes to legal requirements around registration of children's homes have created a significant challenge where young people need prescribed medication to support their recovery – but there is a legal requirement for qualified staff to dispense medication. Although it may be possible to organise external health staff to attend provision for this purpose we have found it is not always helpful as young people may well prefer to be supported by the staff they know.

## **Other developments:**

CAMHS now have 1 day of dedicated psychiatry time and we are looking at resources within the borough in the hope that psychiatry time dedicated to Children in care can be further increased

# Monitoring of equity of access

- In February 2021 the CYPMHWB Equality Monitoring Group supported an audit of equity of access across our CAMHs provisions – the data regarding access for our LAC does not indicate any concerns regarding equity of access



- This is now part of the routine reporting requirements for all our services

# Next Steps

- Build on successes over the last year
- Quality
- Safeguarding
- Equity
  - Children placed out of borough
- Engagement
  - Training
  - Multi-agency panels/joint assessments/joint working
  - Links with Speakerbox
- Opportunity
  - Integrated Care Partnership

# Thank you

Any questions?

<b>Item No.</b> 10.	<b>Classification:</b> Open	<b>Date:</b> 20 April 2022	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Corporate Parenting Committee – Work Plan 2022-23 - Draft	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Director, Children and Families	

## RECOMMENDATIONS

1. That the corporate parenting committee agree the approach and work plan as set out in the report.
2. That the committee review and identify any further items for consideration in the work plan.

## BACKGROUND INFORMATION

### Role and function of the corporate parenting committee

3. The constitution for the municipal year 2022-2023 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.

#### **National and local context for care leavers**

- 4. There is national momentum towards improving outcomes for care leavers. The government introduced 'Keep on Caring' strategy in 2016, increased council statutory duties to care leavers in the Children and Social Work Act in 2017, appointed a national Adviser for Care Leavers who produced a report in 2018, alongside the national launch of the Care Covenant. The council has responded to the various recommendations, for example by prioritising education, employment and training outcomes for care leavers in the Council Plan and developing the care leaver local offer as well as increasing service capacity for the extended personal adviser duties to 25.
- 5. Although much has been done to improve services and outcomes for care leavers, the council has an ambition to go above and beyond, by creating the best Leaving Care Service possible, by co-designing this with young people, learning from other organisations and trialling new ideas to test what works best.
- 6. In 2017 the council and Catch22 received funding from the DfE Social Care Innovation Programme to work in partnership to design and test new ways of working to support care leavers. The Care Leavers Partnership (CLP) works to improve outcomes for young people in Southwark by working across boundaries, reshaping the service delivery model, unlocking capacity in the community, and co-designing solutions. There are a number of strands that the CLP is working on to achieve our goals.

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

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

meeting. Following the beginning of the municipal year 2019-20, and reflecting on the momentum towards improving outcomes for care leavers, the opportunity has been taken to review how the committee works and present proposals to refresh this in relation to: non-voting co-opted members; committee approach; and work plan and suggested agenda items.

### **Non-voting co-opted members**

8. It is recommended that the committee is supported and enhanced by adding a number of non-voting co-opted members. By bringing perspectives, knowledge and experience from young people, practitioners, subject matter experts, council and local community representatives together with elected members, there will be more opportunity to add value to the committee in its work to improve outcomes for children in care and care leavers. This will promote wider ownership of the important work of the service and enhance plans developed to improve its work.
9. A **representative of Speakerbox**, Southwark's Children in Care Council, should be formally designated a non-voting co-opted member. This person would help the committee perform its role and function by bringing expertise by experience about how the system of support works around children in care and care leavers (3f above). The committee would recognise the person would preferably be consistent through the year, but may change. The council would support this person in that role, as well as Speakerbox, through its Children's Rights and Participation function, to enable as far as possible the Speakerbox member to be representative of the voice of children in care and care leavers.
10. A **representative from Southwark's frontline workforce**, who works face to face with children in care and care leavers, should be formally designated a non-voting co-opted member. This person would help the committee perform its role and function by giving a sense of the reality of work on the frontline to enable it to better seek to ensure that the life chances of looked after children are maximised (3c above). This committee member would be supported by the Children and Families Principal Social Worker to enable them to be a representative voice for those that work everyday with children in care and care leavers.
11. A **subject matter expert** who has undertaken extensive research and/or improvement work in the area of children in care and care leavers, should be formally designated a non-voting co-opted member. This person would help the committee perform its role and function by adding knowledge and experience that is outside the day to day ambit of those working within the Southwark system to help the council better secure real and sustained improvements in the life chances of looked after children (3a above). The committee member would be supported by the Quality Assurance Unit to ensure they provide a valuable and relevant contribution to every committee.
12. A **critical friend** from an area of the council outside children and adults

service, should be formally designated a non-voting co-opted member. This person would help the committee perform its role and function by adding knowledge and experience of the council outside social care and education areas to aid the development of a cross council approach to corporate parenting (3e above). The committee member would be supported by the quality assurance unit to ensure they provide a valuable and relevant contribution to every committee.

13. A **critical friend** from the local community, should be formally designated a non-voting co-opted member. This person would help the committee perform its role and function by adding knowledge and experience of the community and its assets and to aid the development of a wider community ownership of outcomes for children in care and care leavers. (3e above). The committee member would be supported by the Quality Assurance Unit to ensure they provide a valuable and relevant contribution to every committee.

### **Corporate Parenting Committee approach**

14. The traditional way of managing the committee has been for officers to prepare reports and then members to scrutinise this at committee meetings. It is proposed that the agenda is split into two halves: children in care and care leavers. The children in care section would continue in a more traditional way as described.
15. The care leaver section could be managed differently with a thematic approach where officers responsible for those areas would attend. A presentation would be made about the area, and then a workshop approach would be taken whereby committee members would be invited to question and discuss, with an aim of developing recommendations for improvement. The workshops will produce targeted actions that thematic groups can take away to put into practice to make lasting change for care leavers.
16. The suggested main themes would be housing; education, employment and training; health and wellbeing. Others could be developed depending on the areas that might be considered important at the beginning of the year "kick off" meeting (see 17 below), and capacity of the committee. It would be expected that those attending for the themed areas would be at Director level within the council, and at a most senior level from other organisations.
17. The municipal year would start with a 'kick-off' meeting. This will present performance data about the outcomes for care leavers and plans for improvement. This will help the committee look at what is happening in Southwark, in comparison to neighbours and nationally. Quality and performance analysts could be available at the meeting to respond to detailed questions to deepen understanding. The whole approach would help the committee develop its plan for the year with areas of focus for the year ahead as well as being a place to question the whole approach to improvement.
18. The committee may develop, as part of its agenda, engagement with some

areas between committee meetings. For example historically the committee has sometimes taken the opportunity to meet with SpeakerBox during some school holidays at focused events. These engagement opportunities could still be planned as an important aspect of the work of the committee that builds their knowledge and understanding, and thus the committee's capacity to deliver its role and function

## **Corporate Parenting Committee work plan – draft outline**

### **19. 6 July 2022**

#### *Children in care*

- Adoption report
- Virtual Head Teacher Annual Report 2020 – 2021
- Sufficiency Strategy

#### *Care Leavers*

Workshop theme: To be agreed.

### **2 November 2022**

#### *Children in care*

- Independent Review Officers (IRO) Annual Report
- Sufficiency strategy update
- Annual Fostering report 2019-20.

#### *Care Leavers*

Workshop theme – To be agreed.

### **1 March 2023**

#### *Children in care*

- Annual health report for looked after children

#### *Care Leavers*

Workshop theme – To be agreed

### **19 April 2023**

#### *Children in care*

#### *Care Leavers*

Workshop theme – To be agreed

## SpeakerBox

20. 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 particularly service planning and design. 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 and councillors.

## Community, equalities (including socio-economic) and health impacts

### Community impact statement

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

### Equalities (including socio-economic) impact and health impact statement

6. Relevant issues will be addressed in the reports submitted to the corporate parenting committee.

### Climate change implications

7. The work plan process for the committee has no direct implications.

### Resource implications

8. 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	<a href="mailto:Paula.thornton@southwark.gov.uk">Paula.thornton@southwark.gov.uk</a>
<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>		

**APPENDICES**

<b>No.</b>	<b>Title</b>
None	

**AUDIT TRAIL**

<b>Lead Officer</b>	Alasdair Smith, Director, Children and Families	
<b>Report Author</b>	Paula Thornton, Constitutional Team	
<b>Version</b>	Final	
<b>Dated</b>	6 April 2022	
<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 Governance	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>	6 April 2022	

**CORPORATE PARENTING DISTRIBUTION LIST (OPEN)****MUNICIPAL YEAR 2021-22**

**NOTE:** Original held by Constitutional Team; all amendments/queries to  
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