

Meeting Name:	Corporate Parenting Committee
Date:	17 July 2024
Report title:	Annual Health Report for Children Looked After.
Ward(s) or groups affected:	Children In Care and Care Leavers, London Borough of Southwark
Classification:	Open
From:	Dr Stacy John-Legere, Designated Doctor for Children Looked After and Care Leavers (CLA) Southwark. Joy Edwards, Designated Nurse for Children Looked After (CLA) Southwark. Dr Jenny Taylor, Virtual Mental Health Lead for Looked After Children.

RECOMMENDATION(S)

1. That the Corporate Parenting Committee note the report contents in relation to the delivery of health services for Children Looked After (CLA) and Care Leavers who are in the care of London Borough of Southwark.
2. That the Corporate Parenting Committee feedback any comments on the Southwark Children Looked After Health report for consideration by the Children Looked After Health leads across the health economy.

BACKGROUND INFORMATION

3. The following report is an annual overview of the provision of health services across the health economy for Children Looked After and Care Leavers and includes Unaccompanied Asylum-Seeking Children (UASC).
4. The purpose of the report is to inform and to advise the Corporate Parenting Committee of the annual evaluation of health services by the Senior Health Leads for Children Looked After (UASC) and Young People. The report outlines the effectiveness of health care planning and describes the progression of services to fulfil relevant performance indicators including statutory timescales within the current commissioned services.

5. The report aims to advise the Corporate Parenting Committee of initiatives, considerations and challenges within health with the aim of improving and developing current and future service delivery.
6. This report has been collated with the Virtual Mental Health Lead for CLA in Southwark and contributions from provider health services.

KEY ISSUES FOR CONSIDERATION

7. Health services for Children Looked After continuing to provide services in line with current commissioning arrangements.
8. This report highlights the Children Looked After Health service delivery to children and young people in care to London Borough of Southwark during the reporting period of April 2023-March 2024.
9. The key areas of progression within health and recognizing the plans for the year ahead.

Policy framework implications

10. The Children Looked After report reflects both national and local policies that aim to improve the health and well-being of Southwark Children Looked After and to support those that care for them.

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

Community Impact Statement

11. Improving health outcomes for CLA and Young People remains a priority. The report aims to reflect the progression of work, key achievements and future plans to continue to highlight and improve the health needs and outcomes of the CLA population across the health economy.

Equalities (including socio-economic) impact statement

12. The report outlines the delivery of health services to all Children and young people in care to Southwark Local Authority.
13. Health services are committed to delivering health services to everyone and consider individual need and accessibility within all areas of health service provision.

Health impact statement

14. Promoting the health needs of Looked After Children and Young People continues to be highlighted across the health economy.

Climate change implications

15. There are no overt implications to climate change.

Resource implications

16. At the time of reporting there are no resource implications.

Other officers

17. The report has been shared with the Senior Leads both within Southwark ICB and Provider Services.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Safeguarding Children's Annual Report	Southwark ICB	katarzyna.zawadowska@selondonics.nhs.uk
Safeguarding Adult's Annual Report		
Southwark Annual Looked After Children and Care Leavers Health report 2022/2023		

APPENDICES

No.	Title
Appendix 1	Adoption Activity
Appendix 2	Residential Audit

AUDIT TRAIL

Lead Officer	Paul Larrisey, Acting Chief Nurse	
Report Author	Dr Stacy John Legere, Dr Jenny Taylor and Joy Edwards	
Version	Final	
Dated	2 July 2024	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director, Finance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	2 July 2024	

APPENDIX 1

SOUTHWARK ICB/ICS ANNUAL CHILDREN LOOKED AFTER AND CARE LEAVERS HEALTH REPORT 2024/2025

Dr Stacy John-Legere

Designated Doctor for Children Looked After and Care Leavers Southwark.

Joy Edwards

Designated Nurse for Children Looked After and Care Leavers Southwark.

Dr Jenny Taylor

Virtual Mental Health Lead for Children Looked After Children Southwark.

Contributing Authors

GSTT Children Looked After Health Service.

Carelink CAMHS

Southwark CSC

Regional Adoption Agency

Southwark Virtual School

Named GP for Child Safeguarding & Named GP for Adult Safeguarding

Contents

Local Team Structure	7
Governance and Accountability:	8
National Drivers and influences:	10
Gender Identity Development Service (GIDS)	10
Children with Disabilities:	11
Care Leavers Care Covenant:	11
Local Delivery	12
Southwark Children’s Looked After Health Services Strategic focus 2024/2025	12
Strengths	12
Achievements	13
Challenges	14
Ambitions	14
Designated Professionals: Outcomes of the key ambitions of the last financial year 2023/2024:	15
National Policies/Guidance and Reviews	17
Partnership Working	18
Data Southwark CLA Cohort March 2024	18
Guys & ST Thomas NHS Foundation Trust	21
Context and impact for 2023/24	24
Quality improvement projects and Audit	26
Statutory Performance - Southwark	28
Kings College Hospital NHS Trust (KCHT)	33
Primary Health Update - Primary Care Safeguarding Annual Review	33
Mental Health Services for Looked After Children	38
Core Mental Health Service Provision	38
Mental Health Provision Service Developments	40
Mental Health Services Activity & Disproportionality Data	42
Adoption	47
Summary and Conclusion:	51
Appendix 1- Adoption	52
Appendix 2 – Residential Home Audit - Children’s home audit tool	54

Introduction

The following report is to update the Corporate Parenting Committee of progression within Children Looked After and Care Leavers (CLA) across the health economy for the financial year of 2023-2024. Included within the report, is an overview of intentions for the year ahead and the current commissioned health services, that are specifically commissioned for CLA. Additional reports and detailed information have been shared by the provider services.

Statutory requirements remain unchanged for CLA and the statutory guidance within Promoting the Health of CLA continue to influence the delivery of health services alongside local need and other national drivers that impact on ensuring all children meet their optimum health and are safeguarded.

Reflecting on our outcomes of 2023/2024 the report will show the progression made and will include the focus of our aims for Southwark CLA/Care Leavers including unaccompanied asylum-seeking children in 2024/2025.

All partners including health, continue to strive for better outcomes and more support for this population, the report will reflect priority areas of work within health and reflect on previous work that has been taken within the last twelve months.

There have not been any changes within the NHS Integrated Care Boards (ICB) that have impacted on either strategic or operational delivery.

The report should be read in conjunction with the following reports:

Southwark ICB Safeguarding Children's Annual Report/Safeguarding Adult's Annual Report

Southwark Children's Services Report

Southwark Annual Looked After Children and Care Leavers Health report 2022/2023.

Adopt London South Annual Report.

Fostering Annual Report.

Report of the Headteacher (Southwark Virtual School)

Independent Reviewing officer annual report.

Local Team Structure

The current ICB Designated staff allocation and team structure, including roles and responsibilities are outlined in the annual report of 2022/2023. The structure, capacity, and requirements of Designated Professionals remain unchanged¹

¹ Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)

The Commissioned services within local providers specifically directed towards CLA Young People and Care Leavers continue to be delivered within agreed contracts, service specifications and key performance indicators.

KEY MESSAGES

Service delivery remains stable. Strategic oversight and development of services remain consistent and reflects the outlined capacity/roles and responsibilities within the Corporate Parenting Committee annual report of 2023/2024.

Governance and Accountability:

The requirements for CLA and Care Leavers continue to follow the local arrangements and are in line with the statutory requirements as outlined in detail in the 2023/2024 annual report to Corporate Parenting Committee²

In addition to local assurance and governance reporting mechanisms within the ICB, at the end of the financial year 2023/2024 a National Health Service Executive dataset was shared by the National Health Service Executive (NHSE) specifically for Children Looked After and is a mandatory requirement for all ICB's to complete every quarter.³

The data requires all the statutory requirements that are currently reported on and in addition requests further information of Children Looked After who would access health services where they are living, irrespective of placing authority and is requested on a quarterly basis.

The intention is to develop a clearer demographic picture of the children as a national collective and how this reflects the access of health services in the area that they live. It is known that historical anecdotal data indicates some variances across the country for our children to access timely and responsive health services. It is hoped that this data will influence change in how the NHSE views Children Looked After in accessing health services and recognising the known distinct vulnerabilities and emotional well-being needs of this cohort of children and young people. Early in its implementation and use, the impact analysis is yet to be determined.

The current Designated Doctor and Nurse for CLA, UASC and Care Leavers both have long standing professional background within CLA's Health Service and have a shared drive to improve and develop services.

² Corporate Parenting Report 2023/2024

³ NHS England » Looked After Children (CLA) Clinical Reference Group

Designated Health Professionals maintain their role and responsibilities by seeking assurance and reassurance in line with current commissioned arrangements and maintain a visible presence within commissioning and service delivery across the Safeguarding Partnership and the health economy.

Aiming to reflect the needs and known vulnerabilities of this population by highlighting specific areas of needs, risk assessment, reviewing embedded practice and providing strategic oversight and direction. Including oversight and scrutiny of performance indicators and services specifications specifically aimed towards Children Looked After and Care Leavers.

The current allocation for Designated CLA professionals within Southwark ICB is as follows: Designated CLA Doctor (0.2 WTE/ 1 days per week) and a Designated CLA Nurse (0.4WTE/2 days per week) roles and responsibilities are aligned with national statutory requirements and remain unchanged. The roles of the Designated Professionals continue to be pivotal in ensuring that services towards our children are strategically influenced by national and local data with the intention to ensure that our work is influenced by the voice of the child in service planning and delivery.

The role of Virtual Mental Health Lead for our looked after children is undertaken by the Council's Assistant Director for Clinical Practice. The role of the VMHL is to maintain oversight of the mental health needs of and service provision for our looked after children and careleavers, and to work in partnership with Health colleagues and other providers to ensure our children's mental health needs are appropriately met.

In addition to Southwark place assurance and reporting requirements, the Designated Professionals represent Southwark at the South -East London wide Designated Professionals meeting. Recognising that Southwark CLA can be placed across the SEL footprint, the meeting is a dedicated lead professional meeting to discuss collective challenge, innovative practice development and shared learning in health for this cohort of children.

The current commissioned service provision within GSTT, remains unchanged and at time of reporting has a full complement of Staff, including Paediatricians, Specialist Children Looked After Nurses and administrators.

CLA and Care Leavers views and ideas are an imperative part of our assurance process. In seeking their views of their experiences within the health economy this will ensure that we are delivering services that wherever possible reflect their opinions, thoughts, views, with the intention of influencing service delivery that reflects their voice.

Working with the Care Leavers Steering Group and Speaker Box a project has progressed across the provider setting to establish how in health we can improve their experiences in health, particularly in engaging with the health assessment. Funding was sought to support this area of engagement and this work continues.

KEY MESSAGES

Governance and assurance are embedded in practice. Regular partnership meetings within Children Looked After Services are embedded.

Experienced Designated Professionals for Southwark and the Virtual Mental Health Lead continue to align the health focus for Children Looked After and the health economy, alongside local priorities and national strategic influence.

A focus of improving practice is in place to critically review data and seek required resolution. In addition, training and support is offered to all relevant professionals to ensure that quality assurance, innovation, development, and safe practice remains a high priority in delivery of care.

The NHSE dataset has just commenced across SEL it is hoped that this will establish any identified challenges within Health for CLA and Care Leavers both locally and nationally. Recently implemented in SEL it is hoped that the data will influence how the NHS delivers services nationally to this cohort of children.

We continue to seek the views of children and young people in establishing services which reflects their thoughts, views and opinions.

National Drivers and influences:

Gender Identity Development Service (GIDS)

Since the closure of the Tavistock Hospital a national review has taken place of these services. The Cass report (2024) has recently been published and has influenced the new NHSE commissioned services for Children and Young People who are seeking advice, guidance, and support ⁴

In addition to the increasing population of young people seeking advice and guidance, Cass recommends a different service which should align itself to Paediatric Provision. The service should provide a holistic evidenced based care to gender questioning young people.

As part of ensuring all our staff across Health & Social Care are aware of the issues children with gender-related distress may face, the Council and Health providers are encouraging all staff to access the latest NHSE MindEd training regarding working children and young people experiencing gender related distress.

Southwark and SEL wide services continue to collaborate and work with partners in supporting the care pathway for CLA, thus supporting young people who may express a need to explore their gender identity and refer onto relevant pathways.

⁴ Final Report – Cass Review

Children with Disabilities:

Following the Child Safeguarding Practice Review Doncaster and a subsequent local review of Children with Disabilities and complex Health Needs⁵ was undertaken by the Local Authority. All the children had a review of their health needs. No concerns were raised at the time.

The Designated Doctor and Designated Nurse arranged to undertake a further detailed audit of the units to outline the current arrangement and establish any identified challenges in accessing timely health services in the area they live. The audit includes questions in relation to the residential unit, the access to local health services.

Attached to this report is an outline of the audit questions (Appendix One) Governance and consent processes were put in place with the Local Authority. Team managers were advised information was shared with parents as appropriate. In progress and following Safeguarding procedures no immediate concerns have been raised. The audit is due to be completed by the end of June 2024, summary and findings will be shared once full report available.

Care Leavers Care Covenant:

The Care Leavers Care Covenant 2018⁶ as a part of the governments 'keep on caring' strategy in supporting young people to become independent. Health are proactively in support of this action and work is progressing across SEL to promote the covenant within the health domain.

Following a task and finish group in which the Designated Professionals took part, a project is currently being progressed by the SEL ICS Workforce Programme. Forty thousand pounds has been received to support care leavers in securing employment within health and care. Intended to give young people comprehensive support they need to succeed both personally and professionally.

After reviewing many offers at the task and finish group, 'Catch22' has been secured and will be an extension of 'Catch22' Social Switch Project allowing a strategic collaboration that aims to allow a project aimed at benefitting thirty care leavers. The Social Switch project has added another forty thousand pounds to the project which is funded until June 2025.

In addition to this project, other career and work opportunities are being promoted across health domains for all young people including Care Leavers. It is recognised

⁵ <https://www.gov.uk/government/news/urgent-action-to-protect-children-with-disabilities-from-abuse>

⁶ Care Leaver Covenant - GOV.UK (www.gov.uk)

that the NHS as an organisation can offer many employment opportunities, in all aspects of Healthcare, but also in Finance, Catering, Analysis, and IT. These are some of the many opportunities to be explored as apprenticeships or career pathways.

The Designated Professionals work alongside Child and Adult Safeguarding Designated and Named Professionals to influence the other key areas of Safeguarding which are also pertinent towards CLA, including the following areas of work: Violence Against Women and Girls (VAWG) Serious Youth Violence and learning from Serious Case reviews amongst other strategic influences across the partnership.

KEY MESSAGES:

National and Local Drivers influence in strategic and operational delivery towards this population.

The Designated Professionals and other key health partners, continue to develop services to reflect both current and new focusses for Children Looked After and Young People

Whilst recognised as a vulnerable group, Children Looked After health services also consider and reflect the wider health strategies that impact on the population.

Local Delivery

Southwark Children's Looked After Health Services Strategic focus 2024/2025.

Strengths

Whilst not unique to Southwark the CLA Health Service (Currently Commissioned via the ICB and delivered by GSTT NHS Foundation Trust) is a dedicated Paediatric service for CLA up until the age of eighteen years and includes UASC and Care Leavers.

Experienced Designated CLA professionals and a Virtual Mental Health Lead with a drive to continue to build upon current services and influence future commissioning for this population not only in CLA services but across the health economy are in post.

Any Care Leaver over the age of eighteen until twenty-five years experiencing a challenge in accessing adult health services, can contact the CLA health service on a needs basis for support and guidance as required. New 18+ MH

The team comprises of Paediatric Consultants, Paediatricians and Qualified Nurses, all of whom have a vast range of skills and expertise with a distinct interest in Children Looked Children, UASC and Care Leavers. Social Worker, Carers, Families, and

other professionals can seek advice and guidance relating to a child, which is supported by embedded practices of consent and confidentiality.

Partnership working with the ICB is paramount to the positive health outcomes for CLA and Young People. The Named and Designated Professionals and the VMHL meet on a regular basis to develop and improve upon current services by promoting a professional culture of learning and development in addition to the governance and assurance that is sought in line with the statutory requirements.

In addition, the Designated Doctor and Nurse meet at least every third week, to continue to drive the strategic agenda for CLA in Southwark, which reflects local priorities and partnership work with the Local Authority.

As outlined, work continues across South- East London Designated Professionals meetings and in addition attendance at London Designated Meetings which may influence any distinct areas of needs within the health domain of CLA services.

Achievements

The collective projects of South- East London include: the recent Launch of the pre-paid prescription certificate for Care Leavers who meet the threshold to pay for prescriptions, which is now embedded and being accessed by young people to support access to free prescriptions.

Supporting the Care Covenant for Care Leavers has led to funding for SEL to promote the ambitions for Care Leavers to access support and guidance in developing skills and confidence to establish career pathway or work experience in the health care setting.

A new expedited pathway for assessing looked after children and other children open to local authority children's services for autistic spectrum conditions was developed during 2023-24 and opened in May 2024 in response to the specific needs of this cohort for clarity of diagnosis and timely support, and the benefits of joint assessment given their more complex needs. The clinic is staffed via the Evelina Children's Community team and the Council's embedded Clinical Service Southwark and will initially run for 6 months with a review in January 2025 – further details are presented in the Mental Health Provision Service Development section of this report.

Training and development programmes have been delivered within the health economy and partners including Foster Carers, Social Workers and Acute Health Services.

Attendance at Complex Case Panel chaired by the Local Authority is now embedded in Practice and is attended by Senior Named and Designated Doctors or Nurses for CLA as well as a senior member of the local authority's embedded Clinical Service.

Funding sought and agreed via the ICB to support a project of work of the voice of the child in partnership with the Care Leavers Steering Group and Speaker Box.

Challenges

Engaging adolescents with the health assessment and the value of the health summary and care plan persist.

Care Leavers have voiced that they are not aware of the health summary that is offered to them as they leave care and move into care leaving services.

Last quarter data notes a reduction regarding reaching the statutory requirement for review health assessments. This has been noted and work progressing to establish the rationale with a request of a 'deep dive analysis' of those children whom were delayed.

Noted delays for some children accessing relevant health services for our CLA placed out of borough.

Increasing complex needs of CLA as they enter care.

Migration of a new recording system across the health economy has led to some challenges, the challenges are being rectified as identified with additional 'builds' being incorporated.

The external factor over the last 12 months relating to train strikes in both staff/patients and clients being able to attend planned appointments and re-organising dates and alternative options including virtual appointments.

Ambitions

The Designated Professionals and Virtual Mental Health Lead will continue to have oversight on delivery, assurance, and reassurance with the current commissioned health services towards Children Looked After and young people.

A continued drive to develop and build upon the influence of the voice of the child in not only establishing a meaningful way to engage older young people with the Health Assessment but continue to seek the voice of the child in how we can delivery any services to this cohort of children. Aiming to progress and evidence a more meaningful experience that is age appropriate and has a positive valued impact. Including the value and meaning of their health summary as they transition to adulthood.

Alongside nationally commissioned services and local priorities working with relevant partners to locally support and review guidance and support for Children Looked After who are seeking information in relation to gender identity and development advice.

To explore and influence additional commissioning arrangement for all children with disabilities who live in resident Children Looked After health services.

In partnership with Southwark Local Authority, support the planned opening of a residential unit with dedicated clinical other health partners in relation to health guidance, policy, and practice (to include Pharmacy, Primary Care, Commissioned Southwark Children Looked After Services) a health training, advisory and support. At time of reporting this has commenced with further meetings to be arranged.

Continue to develop and progress learning across the partnership. Including further development and implementation of a trauma informed care approach, learning from serious case reviews, audit, and all required mandated safeguarding learning. In addition, aiming to support the partnership with any identified learning needs that are specific to Children Looked After.

In partnership with the Local Authority consider a distinct pathway to support young people who are approaching Leaving Care to have a greater understanding of their health summary and increased confidence in maintaining and accessing relevant health services needed.

In addition, and in partnership with the Named Doctor Primary Care the Designated Professionals have requested data regarding CLA that are identified within GP patient recording systems as a diagnosis of ASD/LD. Once full data completed from Southwark GP practices this will be analysed and shared across partnerships. With the aim to support health partners with the additional challenges that the children and their carers may present.

Designated Professionals: Outcomes of the key ambitions of the last financial year 2023/2024:

<p>To review and progress an audit to establish both the health care delivery, environment, and access to local health services, of our Children with high level Physical and Learning Disabilities in residential units</p>	<p>Following on from the Doncaster review. At time of reporting an audit is taking place of the residential units of children that are placed with Disabilities. Further details of audit outcomes will be shared once completed with all relevant partners.</p>
<p>Continue to seek the voice CLA and Care Leavers to influence Health Service delivery and reflect their views, thoughts and opinions.</p>	<p>Speaker Box and the leaving care Steering Group representatives continue to meet with Children Looked After Health Providers to progress the voice of the child in valuing the health assessment. One workshop has been completed and another date is planned. Recognising that further work is required to reflect future impact.</p>

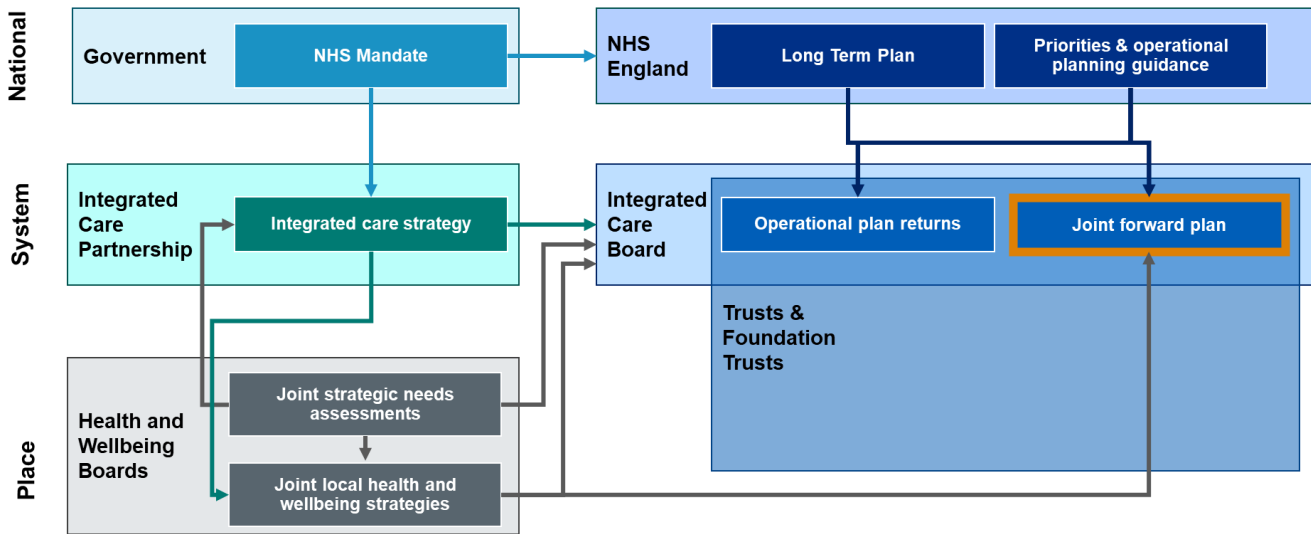
<p>Initial meetings are taking place to establish a trauma informed care approach in the care of CLA.</p>	<p>Trauma informed training has been shared across the health economy and a training competency strategy has been developed within the ICS/ICB. Initially commissioned for Designated Professionals any undersubscribed places are available to other Health Professionals. Further training and development are planned across the partnership.</p>
<p>Further progression is required in how the Child and Adolescent strengths and needs measure (CANS) can supplement the SDQ and improve understanding of the needs of our children.</p>	<p>The Governance and IT infrastructure for use of the CANS is now in place and the online training platform is live. Training of foster carers and social work staff is commencing this month – further details are provided in the section on Mental Health Provision Service Developments</p>
<p>Work continues to ensure equity of services for those children placed out of borough.</p>	<p>Early in implementation the NHSE CLA Database has been implemented. There is an escalation pathway for any Child Looked After who is unable to access any health service in the area that they live, and the Designated Professionals will actively seek resolution for any identified need.</p>
<p>An NHS directive was received regarding access to Dental Provision for CLA following the delays in accessing dental care post pandemic.</p>	<p>Since the directive no further escalations have been received by the ICB that CLA are experiencing delays.</p>
<p>Strategic development of additional health support for care leavers progresses, including:</p> <p>A commitment for Care Leavers who meet the threshold to have free access to a pre-paid prescription certificate.</p> <p>Training and development for those working with Care Leavers in relation to supporting them in accessing health services.</p>	<p>Care Leavers are now able to access free prescription certificates if they must pay.</p> <p>CLA Health professionals continue to offer training and development to our partners. Including the following:</p> <ul style="list-style-type: none"> • A day workshop with CAMHS, Pharmacy, CLA Doctors and Nurses in how to support young people in accessing health services • Training and update in the how young people can access the prescription certificates.

	<ul style="list-style-type: none"> The developmental brain 0-5 and adolescent brain.
In partnership with Local Authority, Health will need to establish a more visible presence in the oversight and assurance of children placed in residential settings.	Specialist CLA Doctors and Nurses attend the weekly complex case panel which includes Children placed in residential settings. A Senior Clinical Practitioner for Children in Residential Care has been appointed within the Council's embedded Clinical Service who take the lead on reviewing the mental health needs of all our looked after children placed in residential care.
It is known that CLA are particularly vulnerable during the adolescent years, and it is imperative that their distinct needs and impact on adult transition is recognised and highlighted within any future arrangements and plans and is shared across the health economy.	Looked After and Safeguarding Leads, a representative of the Council's embedded Clinical Service and the Designated and Named attend both the strategic meetings for MACE and extra familial harm meetings. Information is shared across the health economy as appropriate.
Work with immunisation partners to deliver an extended offer of access to improve uptake of the immunisation programme for CLA	Immunisations are proactively encouraged. <ul style="list-style-type: none"> Additional immunisation clinics are available for CLA and Young People. Extended training to Children Looked After Specialist Nurses allow for immunisations to be given at point of contact if relevant consent is available.

National Policies/Guidance and Reviews

The local service delivery is influenced and informed by the national organisational strategic delivery. Current progression and delivery continue to progress in line with the policies and guidance outlined in the Southwark Health of CLA (2023/2024).

Influence, oversight and delivery within the NHS remains unchanged and is outlined in the diagram below.



Partnership Working

The continued aim of the ICB is to improve outcomes for our population in both health and healthcare. We continue to maintain strong relationships with both our health partners and Local Authority.

A quarterly Looked After Health Forum takes place and includes partnership updates, development, and learning. This is in addition to the quality and effectiveness sub-group which is attended by Safeguarding Leads and Designated CLA Nurse.

Health representation is present at the weekly acute and complex case panel, health advice and guidance are shared in a multi-agency meeting.

Regular meetings continue with AD Children’s service to discuss and have oversight of the statutory timescales for Health Assessments.

Key areas of work within the Safeguarding sub-groups continue to influence Children Looked After service delivery and development.

Data Southwark CLA Cohort March 2024

Data received from Southwark Local Authority March 2023 and March 2024.

Further data is available regarding health outcomes for Looked After Children within the reports shared by providers.

From the data outlined, the cohort of Looked After Children as a total is relatively stable over the last 12 months, with only twenty less children identified as Children Looked After from the end of the financial year 2023. This figure reports the children in care as year-end March 2023 and 2024.

2023	Under 1	1-11	12-16	17plus	UASC
Age	11	58	184	168	59
2024	Under 1	1-11	12-16	17plus	UASC
Age	12	87	199	99	52

Not included in the figures are Children entering care and returning home within the year whom are also seen within the statutory health assessment framework with their health needs identified and actioned whilst remaining within care services.

Whilst showing an increase in the younger population 2022/2023, the older adolescent cohort continue to be our largest population (78.63%). Evidence tells us that for most Looked After Children their adverse childhood experiences will have an impact on their overall health outcomes.

Adolescents entering care would have been exposed to more adverse experiences for a longer length of time with the additional concern that they may not have accessed/been taken to appropriate health advice or guidance, including routine screening, developmental checks and immunisations.

The adolescent/leaving care population also includes unaccompanied asylum-seeking children who will also enter the country with limited knowledge of their own or family health history. This cohort of young adolescents may have experienced significant trauma, increased exposure to health risks e.g.: blood borne viruses, poor sanitation, infectious diseases, malnourishment and potential abuse, during their asylum-seeking journey.

The SDQ (Strengths and difficulties questionnaire) is a mandatory measure collected annually for all children and young people aged 4-16 years old in our care. As at 31 March 2024 we had 195 children in our care aged 4 to 16, of whom 170 (87%) had an SDQ score, above the national average SDQ recording of 77%.

Proportion of children in each banding of the SDQ:

- Banded “Normal”: 49% - slightly higher than the national average for CLA of 47%
- Banded “Borderline”: 14% - in line with the national average for CLA of 13 %
- Banded “Cause for concern”: 36% - slightly lower than the national average of 40%

Following the initial statutory health assessment framework, immunisations, undiagnosed or unsupported health needs will be referred into relevant health services

to support the child and improve any identified health need. Designated and Named professionals continue to strongly advocate for the child in ensuring that they access relevant services as soon as possible. Further information regarding the array of services available is provided in the sections on Health and Mental Health Service Provision later in this document.

Children who remain in Care to the local authority continue to have their health reviewed six monthly if under five years of age and annually over five years of age until they leave care or are adopted.

In addition to identifying individual need, the Looked After health team deliver training to Hospital and Community Staff to increase their understanding of both the impact of adverse childhood experiences for this population and the impact that it can have on their physical health and emotional well-being both prior to being in care and during their care experiences and journey.

Unaccompanied Asylum-Seeking Children (UASC):

Data indicates that UASC figures for Southwark have been consistent, the current figure is 13% (51) of Southwark Looked After Children. Health recognises that for this cohort of children, their experiences and journey prior to entering care may have a significant impact on their overall emotional and physical health with additional pathways in place to ensure that any identified health concern is met as the earliest opportunity.

Children Looked After with an Education Health Care Plan/Statement/Additional needs:

Identified as 31% of our current cohort, these children are identified as requiring additional support which may include distinct and specific additional health needs.

Some of this cohort due to their additional needs may be placed outside of placing borough. We continue to endeavour that the needs of these children are identified during the statutory review and recognise that these children require access to additional services irrespective of where placed. There are distinct processes regarding escalation from providers should there be any identified challenges for these children in accessing timely services.

Health Services for Children Looked After

Guys & ST Thomas NHS Foundation Trust

REPORT TO GSTT SAFEGUARDING ASSURANCE COMMITTEE	
Date:	2023/2024
Date Paper produced:	Paper Title: Children Looked After Annual Report 2023/2024- Southwark Provider Summary
Sponsoring Director (responsible for signing off report):	Dr Bidisha Lahoti – Clinical Director, Community Children’s Services Abdul Algahi - General Manager for Children's Community Directorate
Authors: Contributors:	Rachel Massey, Named Doctor for Children Looked After, Lambeth and Southwark Jenny Izod, Named Nurse for Children Looked After, Lambeth and Southwark Neetu Vohru, Assistant Service Manager, Vulnerable Children team Luca Molinari, Medical Advisor for Adoptions Southwark Reviewed by Debbie Saunders Head of Nursing Safeguarding Children and Diana Howlett/Jessica Turnbull, Consultant Community Paediatrician, Head of Service
Purpose/Decision required:	This report is for information and comment. It relates to the provider role of GSTT to services for Children Looked After by the London Borough of Southwark
Impact on Patient Experience:	The patient experience will be greatly enhanced following implementation of the recommendations contained herein.
Impact on Financial Improvement	The Children Looked After team is commissioned as part of the block community contract with the ICB.
History: (which groups have previously considered this report)	The Children Looked After health professionals are required to produce an annual report on the health of these children. This report covers the provider function of GSTT NHS trust and will be included in the summative Children’s Looked After annual report
Related Trust Values:	<ul style="list-style-type: none"> Put patients first

<ul style="list-style-type: none"> • Take pride in what we do • Strive to be the best • Respect others • Act with integrity 	
Related CQC 5 Key Areas of Care:	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
Has an equality impact assessment form been completed? Not applicable. This service applies to all children and young people looked after by the London Borough of Lambeth.	
Has legal advice been taken?	No
Does this report have any financial implication?	No
If so, has the report been approved by the Financial Department?	

Introduction

The health team are commissioned by Southwark ICB to provide statutory health services to Children Looked After by the London Borough of Southwark. We ensure that the health assessments are holistic including addressing the physical, developmental and emotional wellbeing needs of the children. We also aim to ensure the voice of the child is heard throughout the assessment including the creation of the health recommendation and care plan.

The health of Children Looked After has been recognised as poorer than other children nationally and locally. We have concentrated on improving the quality of health assessments, tracking processes to improve the quality and follow-up of recommendations in Health Care Plans.

It is worth noting some demographics of the population of Southwark. There are 307,600 residents (Census 2021) and available public health data of the children and maternal health information (2022/2023), with 7,515 families living on the lowest income. Data shows 420 children in care, an increase on previous years. There are 151 CYP aged between 16-17 years not in education or training (NEET) currently and. It is well documented being NEET has a negative impact on health, can lead to deterioration in mental health, isolation, lack of social support and increase in unhealthy behaviours such as drinking and smoking. (Public Health England)

The support and contribution of the NHS is crucial to work with local authorities to ensure all responsibilities are fulfilled as Corporate Parents and that Children Looked After achieving the same optimal outcomes as any good parent would wish for their child.

Health Services for Looked after children

Guys & ST Thomas NHS Foundation Trust

The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark Integrated Care Board (ICB) from Evelina London, Guy's and St Thomas's 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 CLA and, when needed, care leavers.

Child-specific triage is undertaken for all referrals. The CLA health team continue to liaise with OOB team and request health assessments to be done.

As per the legislation and Statutory guidance for Looked after Children (England) that Initial Health Assessments must be undertaken by a qualified medical practitioner - all IHA's are undertaken by a doctor. There is a robust induction process in place for all doctors and all reports for trainee doctors and OOB health assessments are quality assured.

The Named and Designated Doctor provide robust clinical supervision for the CLA health team.

The team supports a robust training and education programme across GSTT, the wider health economy and across sectors. The CLA training is a core component of GSTT safeguarding training delivery.

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 CLA Health Team participate in CLA peer review every two months.

- The Medical Advisor for Adoption and the Named Doctor for CLA 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 vulnerable children who need fostering and adoption.

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

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

The Named and Designated nurses and doctors for looked after children 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.

Purpose of report

Southwark Children Looked After Health Service sits within the Community Paediatric provider service. The purpose of this report is to provide overview of activity, provide assurance, key developments and challenges within the service.

An annual report for Children Looked After is required by the Statutory Guidance Promoting the Health and Wellbeing of Looked after Children March 2015.

The Statutory Guidance requires:

- An annual report to inform the appropriate provider board and the commissioners
- The collection and analysis of data to inform the profile of Children Looked After in the area for Children and young people (CYP) needs assessment

Context and impact for 2023/24

A new electronic patient system was introduced trust wide in October 2023 requiring significant hours of training prior to launch and ongoing support and program modification needed to utilise functionality of the system and maintain report standards.

Clinicians and admin teams have shown dedication and resilience during this significant change to working practice.

Guidance – The Children Looked After health team were adaptable and made regular changes to the Children Looked After service plan based on continually updated and published GSTT trust guidance, Royal College of Paediatrics and Child Health

(RCPCH) guidance, Coram BAAF guidance, Public Health England and Government guidance

Staffing - The Named Nurse and Doctor CLA provide management, leadership, and supervision alongside clinical commitments. The core Children Looked After health team is made up of:

Paediatricians to focus on children with disability and complex needs as well as the newly accommodated children:

- A named doctor for Children Looked After (1 day/week),
- A medical advisor for adoption and fostering (1 day/week).

In addition, the Children Looked After core team are supported to carry out the Health assessments by senior doctors including designated doctor, senior Consultants specialist registrars and other clinicians particularly from the child protection team which has increased the depth of clinician's knowledge.

A nursing team who completes Review Health Assessments both in borough and some of those placed outside the borough as well as the children that are hard to reach:

- 4 specialist Children Looked After Nurses who work across both Southwark and Lambeth.
- A Named nurse for Children Looked After – 4 days a week (across the boroughs of Southwark and Lambeth)

The Medical Advisor and team sit within the Universal Children Looked After (CLA) health service with the Statutory Health Assessment being the 'Adoption medical' (with up-to-date additional information from local health providers as required). This provides equitable assessment and care for all CLA children regardless of permanence option and enables timely 'adoption medicals' as a greater pool of clinicians is available with differing skill mixes assigned according to the child's needs. All medicals are quality assured by senior clinicians.

Equality, Diversity and Inclusion

The CLA service is accessed by children and young people, carers, multiagency and allied professionals from diverse backgrounds and life experiences. We strive to ensure that our service meets the needs of those accessing it regardless of their profiles in accordance to the Trust values. Some of the initiatives we have led on this reporting year are that we have taken on board the feedback from young people to improve service provision, we have reviewed our pathways to ensure that we provide the same level of service offer for young people remanded into care and we have worked jointly with Separated Child Foundation charity for our cohort of unaccompanied asylum minors. We have continued to provide information leaflets in different languages and continue to expand the resources we have available.

We continue to have regular internal meetings to ensure that everyone has a voice and opinions are heard. Where challenges have arisen, we have worked cohesively as a team to resolve them, and the administrative and clinical team have an excellent working relationship.

Quality improvement projects and Audit

Name of project	Findings and recommendations
<p>Engagement work with CYP – care leavers and Speaker box cohort</p>	<p>The aim of this piece of work is to drill into the voice and feelings of the CYP and work with them to see what changes are needed to encourage engagement in attending health assessments.</p> <p>-initial work shop was held in October 2023 with the older YP cohort – care leavers – 17 plus years. The group was small but general feedback was that YP felt DNA’s were due to them feeling healthy and not feeling an appointment was needed. A key message from the group was that they would like to be able to get GP appointments quicker! Teaching was done around role of CLAhealth team.</p> <p>-a work shop is planned for June 2024 to do a similar exercise with the younger cohort of CYP 13-17yrs and seek their views. This is being held with the support of Speaker Box who work closely with the YP and have great rapport and relationships already built.</p> <p>-recommendations will follow</p>
<p>Developmental Audit</p>	<p>As one of the outcomes for health domains an audit was carried out on Developmental assessments (SOGS, Griffiths). Findings concluded as below:</p> <ul style="list-style-type: none"> • Completed in all health assessments for those aged 5 and below. <p>This identifies any developmental needs and drives onward referral to appropriate services.</p> <ul style="list-style-type: none"> • This was a longitudinal audit in 2023 looking at 20 cases for children under 5 to assess whether: <ol style="list-style-type: none"> 1. Developmental assessment was done. 2. Whether a need was identified, and appropriate onward referral made. <p>Results: Of these 20 cases – all had developmental review. 5 children were identified with a developmental need at initial</p>

	<p>assessment. With further difficulties identified in 3 other children at subsequent assessment. Social communication difficulties were identified in 3 children with referral to autism and related disorders clinic occurring (with one subsequently being removed due to needs be reassessed). One child was subsequently diagnosed with ASD.</p> <p>This audit demonstrates how the early interventions in CLA health team can support onward referrals as appropriate for these children and expedite any necessary diagnoses.</p>
<p>Audit of quality of health assessments for children with complex needs, being care for out of borough by Lambeth and Southwark Looked After Children Team</p>	<p>Children and young people were identified as living out of borough and open to the children with complex disability team. There were 27 CYP that fitted this criterion.</p> <p>This audit has highlighted that needs of the children and young people living out of borough are complex and multifaceted. There is a very high prevalence of children with autism, learning disability, reduced verbal communication and behaviour that challenges.</p> <p>The RHA allows a holistic overview to understand if all health needs are being met and adds opportunity to support careers. This audit demonstrates that the overall quality of review is high and ensures that the need of the child is met and communicated clearly within the RHA document.</p> <p>Where there is medical complexity that requires specialist care – e.g. escalation of respiratory plan, management of fever with portacath – this should be discussed with carers in the appointment and management should be detailed in the care plan (which could be by attaching a copy of the lead team’s letter with a care plan)</p> <p>Improvement was around the recommendation of children with a learning disability being on the GP register</p> <p>An area of further consideration is about how-to best support children with potentially life limiting conditions and planning for any deterioration in the future, and how their voice should be best heard.</p>

Statutory Performance - Southwark

Table 1: Statutory performance returns March 2020-2024⁷

	31 March	2020	2021	2022	2023	2024 Awaiting formal ratification
	CLA at 31 st March	459	449	457	417	383
	CLA looked after for 12 months continuously as at 31 March	307	337	317	346	276
Key performance Indicators	Health Assessments up to date	98%	97%	94.6%	84%	97.5%
	Immunisations up to date	91%	86%	82.3%	46%	69.2%
	Dental Assessments up to date	82%	30%	57.4%	44%	84.4%
	Developmental assessments up to date	100% (9/9)	72% (18/25)	100% (22/22)	100% (30/30)	100% (9/9)
	Substance abuse problem	5%	3%	5.4%	9.8%	13.4%
	SDQ % completed	86%	79.9%	79.1%	63%	73.4%
	SDQ average score	14.1	13.3	13.3	12.6	<i>Pend</i>

Initial health assessments (IHA)

Of the 168 referrals received by GSTT CLA Health Service, 126 were received within five working days of the child becoming looked after (BLA). 126/168 (75%) children and young people were offered an appointment for IHA within 20 working days of BLA and all attended. 159 /168 (95%) children and young people had an appointment within 20 working days of receipt of referral. All IHAs were completed by GSTT paediatricians.

⁷ <https://www.gov.uk/government/collections/statistics-looked-after-children>

Since January 2022 Social workers are invited to attend IHA's, to facilitate health recommendations being communicated at time of health assessment to people responsible so immediate actions can be taken.

A weekly meeting takes place, chaired by the Assistant Director of Children's services to ensure the necessary steps are being taken for newly accommodated children, with early indications showing that this is helping to improve performance. Notifications about Children Looked After including coming into care, change of placement and change of social workers. Notification of coming into care is being addressed at joint meetings

Review health Assessments (RHA)

- 307 RHAs completed for Southwark's looked after children
- 210 (68%) by CLA Nurses
- 85 (28%) by GSTT Paediatricians
- 12 (4%) by other CLA Teams

Southwark Exception Report summary – RHA's: April 2024

The Looked After Children health provider team recognise that for the last 2 quarters (Aug 2023-Dec 2023) the review health assessment data shows a fall in RHAs occurring by due date. Our current rate is below the target for statutory time frames. This poses the risk that the health needs of vulnerable children may not be identified in a timely fashion delaying appropriate interventions. It should be noted however, that despite these challenges we have managed to complete 96.7% of health assessments within the reporting year.

The rationale for the challenges booking RHAs on time are related to a number of contributing factors:

- DNA's – these rates fluctuate and there is a possible correlation in respect of the age of the young person as the older young people are less inclined to attend and refuse
- Time of year, for example holiday periods, or exam times can add to varying rates of attendance
- young person feels it is an inconvenient time – maybe during school holidays, or exams when at school
- young person or carer are sick and unable to make appointment
- To mitigate these factors the following actions are in place, offering flexibility. There is further ongoing engagement work planned with the young people to seek their views and see what would encourage them to attend their RHA.
- Wider offer of outreach to our young people on our caseload with the Specialist Nurses travelling to see the young people and save any travel for them.

- Clinicians contact the young people when they refuse to attend an appointment or there are challenges booking the appointment. This was previously led by the administrators, but with the additional knowledge clinicians hold they can offer a more detailed explanation about the RHA which is hoped to encourage attendance. It gives the young person someone who they feel 'they know' when an initial phone conversation has taken place that they will then meet in person.
- The young person and / or carer receives a call / text the day before the appointment to ascertain attendance.
- The triage process of allocation of young people needing RHA's is completed at least a month in advance allowing time for a DNA or cancellation and still being able to re-book in statutory time frames.
- If a clinician is sick or unexpectedly off then all clinicians working that day are asked to see the young people due to reduce any cancellations needed.
- If the young person DNA's or refuses to attend a number of times then a virtual appointment will be offered to them to enable an assessment to still be able to take place. It is only after attempts at virtual appointment and with social worker and young person confirmation that they will be marked as refusers.

Care leaver's Health Summaries:

In this reporting year 45% of Care Leaver Health Summaries (CLHS) were completed for all young people reaching 18 years old. This remains an area of focus for the named professionals who are working closely with clinicians to improve the process of production of these reports. This activity was affected by the new electronic patient system and is yet to migrate fully on to it. The hope as we continue to optimise pathways within the programme, is that the CLHS process will become more streamlined, allowing us to use the functionality of the new programme to produce high quality health summaries for all Care Leavers in a more contemporaneous way.

DNA rate

The DNA rate for CLA appointments for 2023/24 is 13%. As every DNA impacts on capacity and RHA performance there are plans to audit this thoroughly. This project will be led by one of the specialist nurses with the aim of clearly understanding the reason behind non-attendance and to assess what systems can be put in place to mitigate this as much as possible.

There is a wider offer of outreach to our young people on the caseload and contact by clinicians to the young people when they do not attend an appointment. This was previously led by the administration team, but with the additional knowledge clinicians hold, we have found, they can offer a more detailed explanation about the RHA which is hoped to encourage attendance. This also gives the young person someone who they feel 'they know' when an initial phone conversation has taken place that they will then meet in person.

To date there has not been a noticeable improvement in data to show improved did not attend (DNA) rates. The rate is continuing to vary, and this is something we monitor and review to assess service delivery.

There appears to be a correlation with respect to the age of the young person coming into care and it appears that sometimes those in the 15+ cohort are less likely to wish to engage and more likely to not attend.

This is compounded by the time of year that the appointment is required as well and rates appear to be higher, for example, during holiday periods and at points during the academic year such as the summer exams.

This is information the CLA health team request from Children's Social Care team in advance of booking an RHA to try to minimise the impact of this and prevent offering appointments where a DNA is more likely.

For exception reporting as a CLA health team we provide flexibility in appointments offered, bring in the CYP early to allow re booking of appointment and still meet statutory timescale requirements. This covers if there are DNA's, sickness, or any other reason a CYP cannot attend the initial offered appointment. We work hard to reduce the DNA rate and continue to offer appointments to those who have not yet engaged. Generally offering 2-3 face to face appointments, and then moving to the offer of a virtual or telephone appointment if the CYP is still having difficulty attending. We are flexible on this and are guided by the CYP and social care as to what is the most appropriate medium for the appointment.

Immunisations:

The team has worked hard this year to encourage immunisations, the uptake remains suboptimal for the children and young people who are looked after. The figures are 58% and then 69.2 % for those children who have been in care for 12 months or more. Whilst below target this does represent an improvement from 2022/23. Below are some of the additional measures we have implemented this year to improve immunisation rates.

There has been an additional drive to promote and increase uptake by:

- Sending letters out to all children who are not up to date with MMR at beginning of March 2024.
- Escalation of encouragement for uptake of all scheduled immunisations with support from designate professionals to disseminate through Children's Social Care.
- Offer of additional clinics from CLA nursing team.
- Information regarding extra drop-in clinics in the local area provided by Public Health England (as part of a drive to improve immunisation rates to all children nationally) shared to Children's Social Care to allow social workers to promote immunisation.

We have not had an immunisation coordinator in post since x and as yet we have been unable to assess the impact of the measures above on the rate of immunisation.

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.

The specialist nurses have worked closely with administrative team members over the last year to keep this tracker up to date to provide accurate and current details of identified health needs. This can be useful in informing new trends, such as an increase in YP vaping and help direct us with team training and provision of training resources for both the young people we work with and the members of the professional network supporting them.

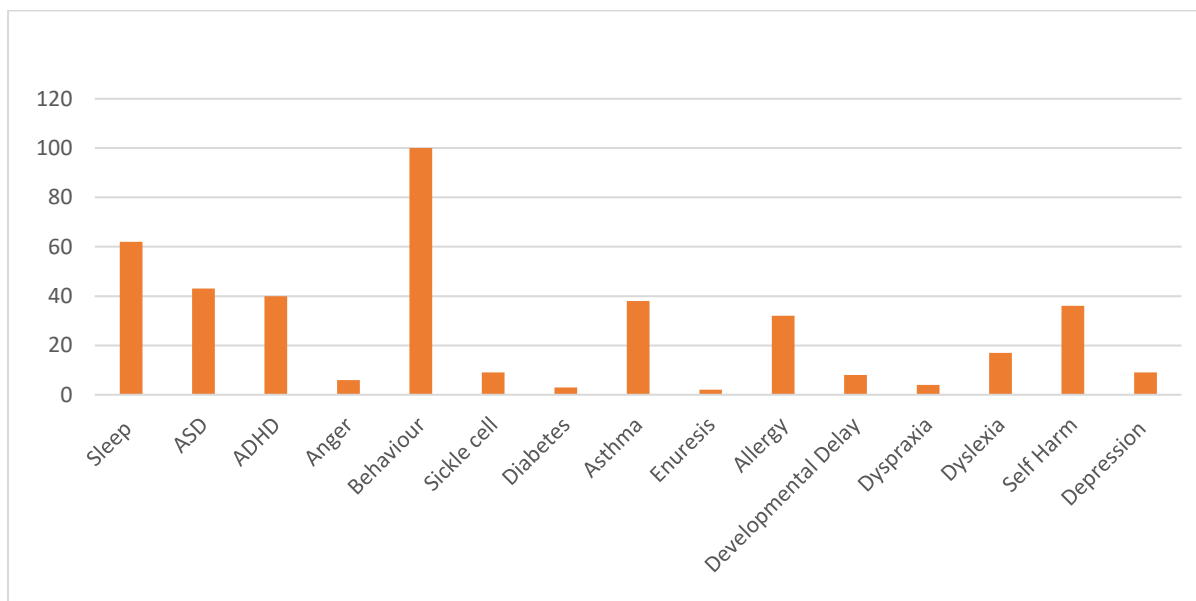


Figure 1 Most common health needs of Southwark looked after children at March 2024 – identified from statutory health assessments

SDQ

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.

Going forwards we will continue to work closely with our colleagues in mental health to understand trends and what extra support health can offer.

Key messages / highlights

- New electronic patient record system implemented in October 2023
- Developmental assessment audit – demonstrates onward referrals are actioned as soon as possible by health provider team.
- Gender incongruity work – recognition of the challenges in this service provision nationally for all CYP. The needs of looked after young people in this cohort are being evaluated by Designate professionals with the aim being to offer some support whilst service provision is being agreed nationally.
- Audit of quality of health assessments for children with complex needs, being care for out of borough by Lambeth and Southwark Looked After Children Team
- DNA rates for RHA's remain higher than statutory aim – trying to improve by seeking the views and opinions of our CLA population – engagement work with care leavers and speaker box CYP as described in audit.
- Exception reporting – mitigation of delays in RHA by bringing in CYP earlier than due date of appt to allow room for DNA's, re book, missed appts. Offer as many outreach appts as possible and clinicians call to encourage attendance pre-appointment.
- Learn Fest for Children's Social Care attended by Named Professionals to highlight role and support available from CLA health team
- Immunisation rates in cohort static and not meeting expected numbers. Key actions mentioned in text of report.
- To continue to provide effective and efficient CLA health services which improve outcomes for CLA. To seek assurance that emotional health and mental health support is appropriate, accessible and timely to improve outcomes for CLA.

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 CLA health team provide support and advice as required by the KCHT safeguarding team. All Looked after children attending ED are notified to the Southwark CLA health team.

**Primary Health Update - Primary Care Safeguarding Annual Review
2023-2024**

Authors: Named GPs Adult and Children Safeguarding- Dr Shimona Gayle and Dr Megan Morris
NHS SEL ICB Southwark

Assurance and Quality Review

Aim: To support practice engagement and quality improvement

Objective: Identify and share areas of good practice, and identify areas for development at both practice and support at ICS level

Section 11 of the Children Act 2004 and the **Care Act 2014** places a statutory duty on agencies, including GP practices, to ensure that they have regard to the need to safeguard and promote the welfare of children and vulnerable adults.

This assessment tool has been designed to allow opportunity to highlight areas of strength and to identify areas for development in respect of duties and responsibilities.

This tool assists the ICS- Southwark borough safeguarding team to identify where to target support, in order to drive safeguarding standards upwards.

4 domains:

Practice Policy and Process
Training
Frontline safeguarding
Looked After Children and Care Leavers

Searches were designed alongside support from GP federation and made available for practices to run directly

Looked After Children and Care Leavers			
63-70.	We have reviewed coding and recognition of this cohort in the past annual reviews. We would now like to move onto looking into the additional needs of this cohort. Please find search available in Safeguarding folder in the IHL and QHS library in EMIS, to review ADHD/ASD and LD prevalence and needs of this cohort.		
	Total number of registered patients under 18 years		Total number of looked after children.
	Total number of registered patients under 18 years with an ADHD diagnosis		Total number of looked after children with an ADHD diagnosis.
	Total number of registered patients under 18 years with an ASD diagnosis		Total number of looked after children with an ASD diagnosis.
	Total number of registered patients under 18 years with an LD diagnosis		Total number of looked after children with an LD diagnosis

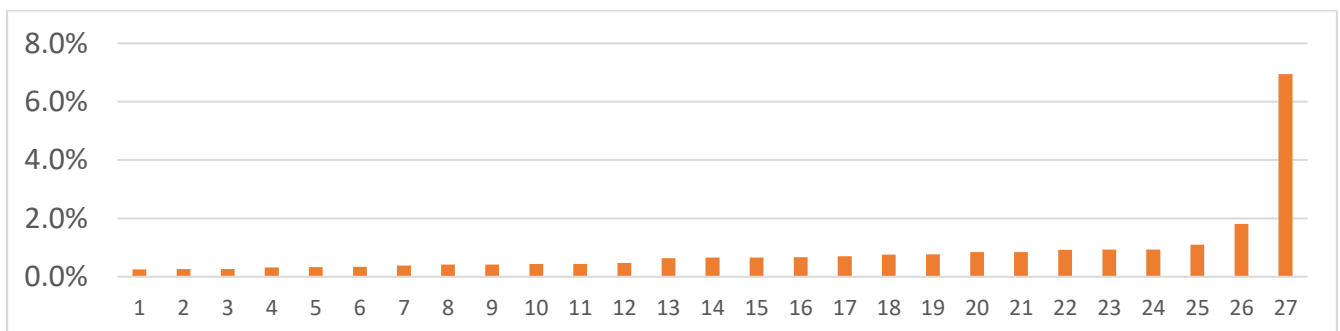
71.	What proportion of your patients who are looked after children with LD have had their annual LD review (applicable to patients 14-18years) Please express in numbers (total number of LD reviews completed/ total number of looked after children with LD aged 14-18)	
72.	Please share any comments on the needs of patients with ADHD/ASD/LD in your CLA cohort and/or additional areas of support the practice has identified in providing care for this group of looked after children?	

27/31 practices completed.

The data below provides a very helpful snapshot of information regarding need. We recognise the need to interpret percentages with caution owing to the relatively low numbers of looked after children registered per practice.

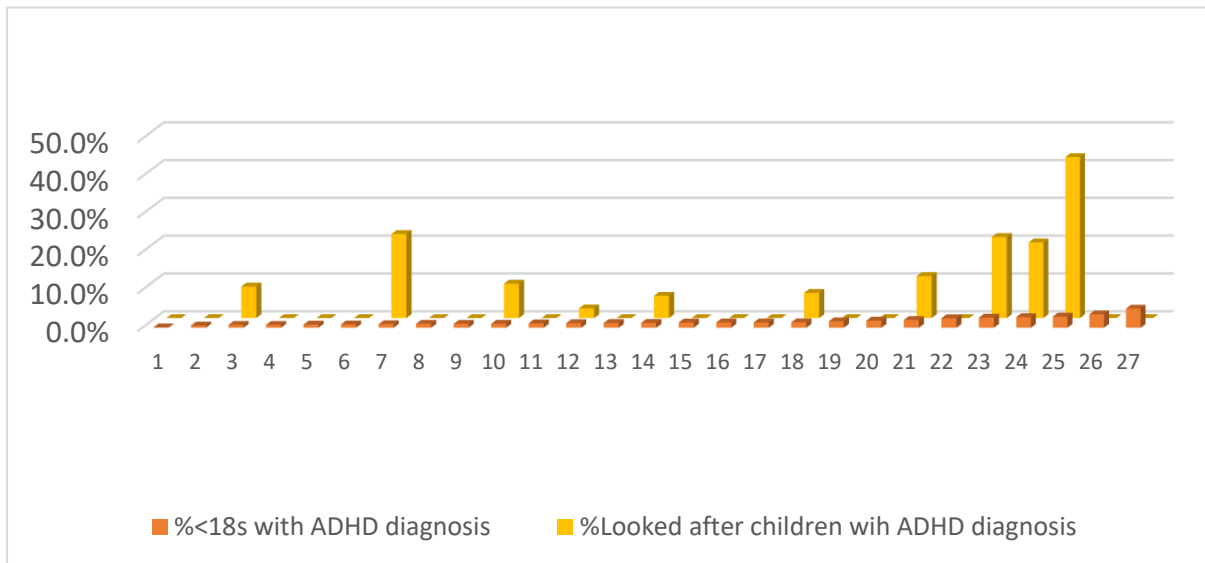
Results:

Percentage of looked after children within practice <18 years patient list



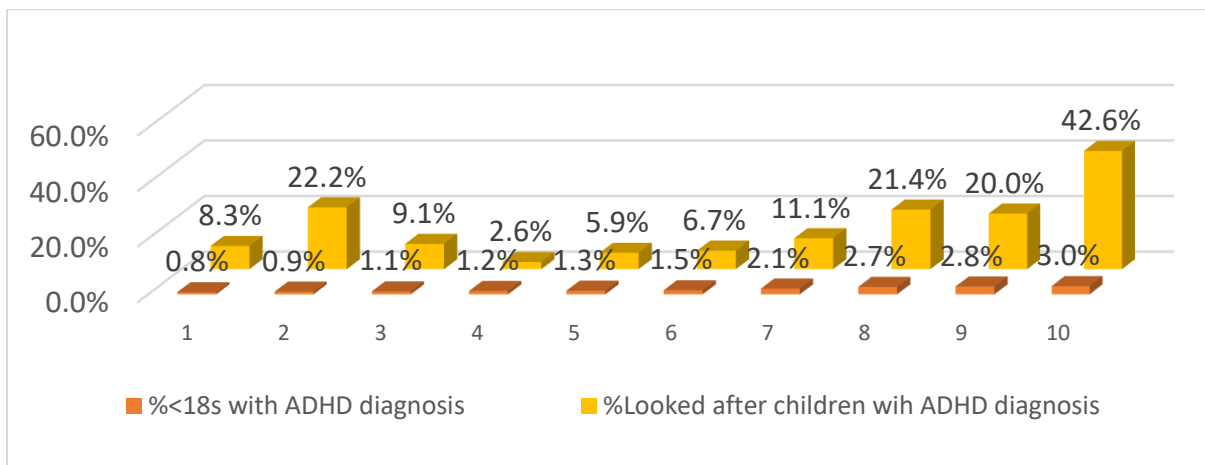
*Practice 27- possibly element of coding issue

Looked After Children and ADHD

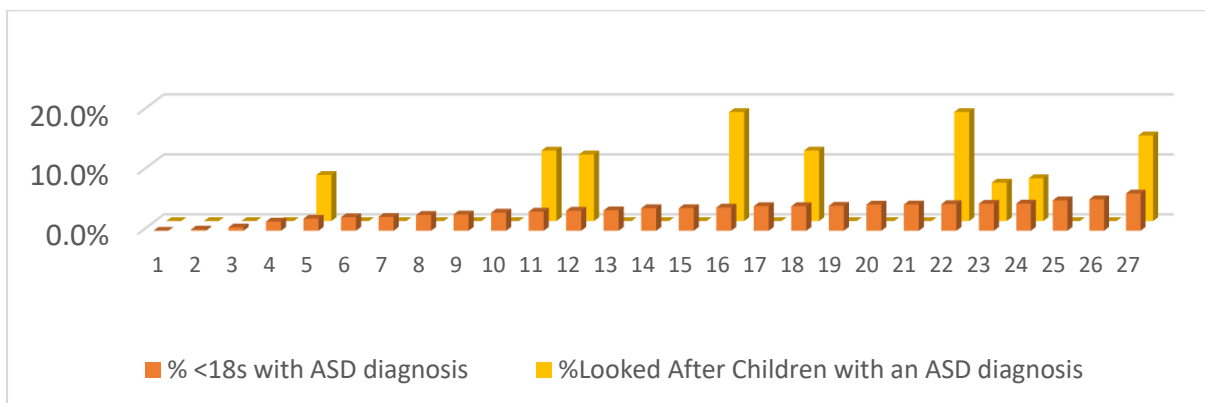


17 Practices reported no Looked After Children with an ADHD diagnosis

For the remaining the prevalence of ADHD in the CLA cohort was consistently higher

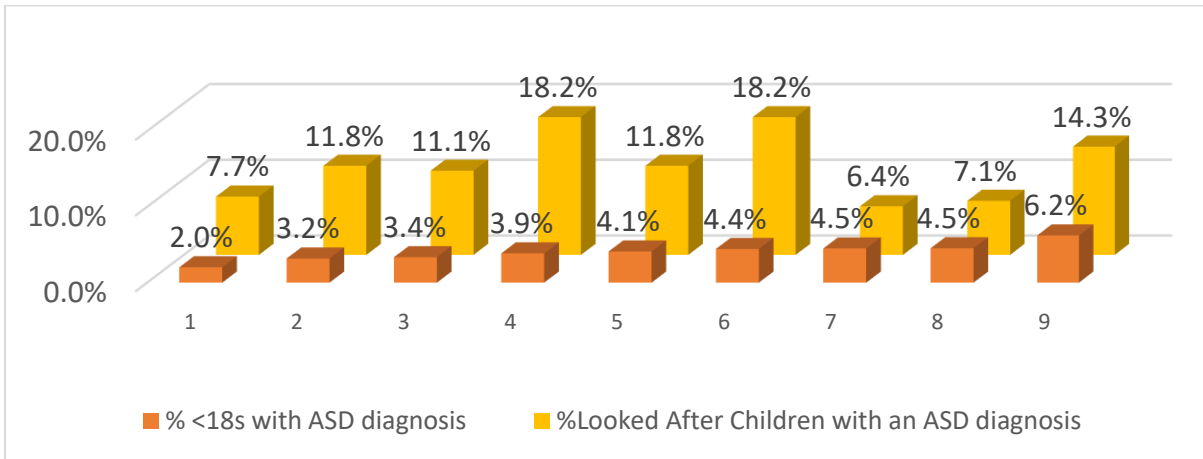


Looked After Children and ASD

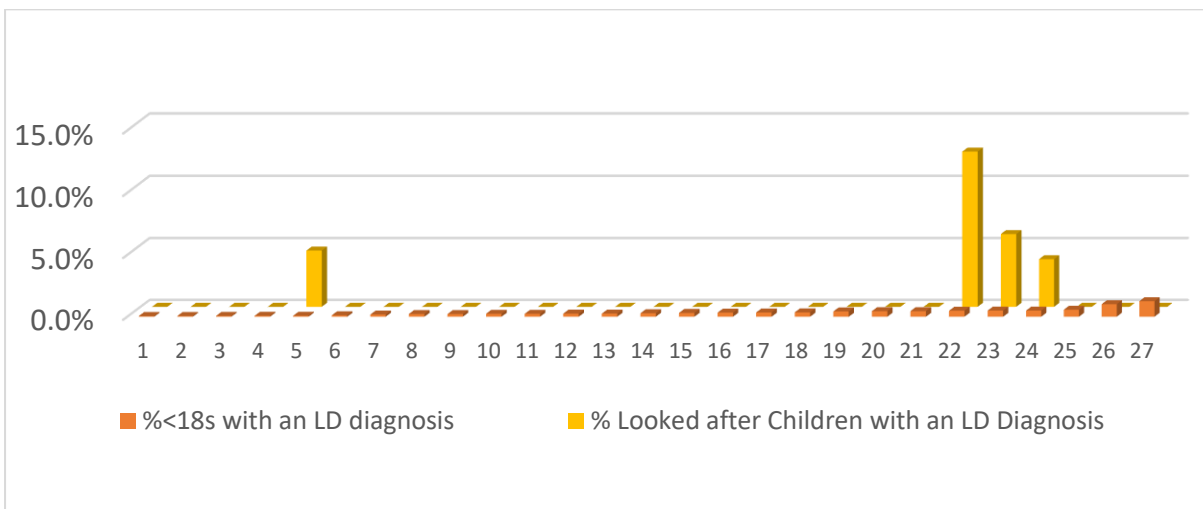


18 Practices reported no Looked After Children With ASD

For the remaining the prevalence of ASD in the CLA cohort was consistently higher

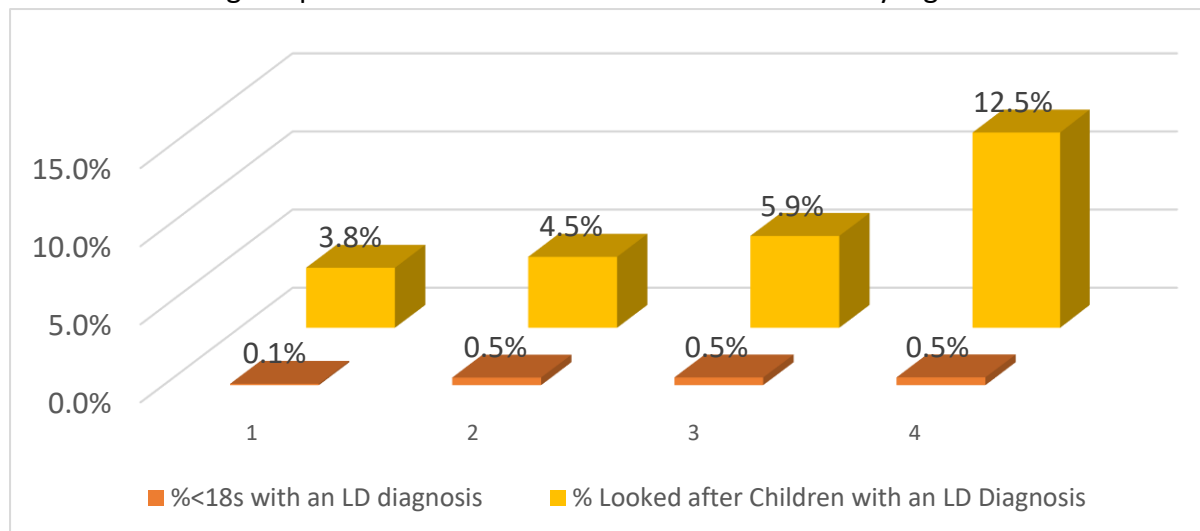


Looked After Children and LD



23 Practices reported no Looked After Children with an LD diagnosis

For the remaining the prevalence in the CLA cohort was consistently higher



Comments from the practices:

- Generally CLA have quite good support; difficult to refer a child with LD to get help -> Local Offer <https://localoffer.southwark.gov.uk/>
- We provide very personal care to this register
- Poor mental health services in the area. Assessment for ADHD has a long waiting list. Both these areas put patients at risk.
- This child had good support through foster carer and school, important to remain aware of unique and particular needs of this child, supporting transition to adult services
- Have not been used to inviting them in for LD health checks, we are doing it for the first time this year.

Mental Health Services for Looked After Children

Southwark's looked after children continue to benefit from access to an array of mental health provision as detailed below.

Core Mental Health Service Provision

Ongoing whole population monitoring and review

The initial and annual holistic health assessments carried out by *GSTT* are early and regular opportunities to consider the child's psychological as well as physical well-being. Clinicians meet with the child or young person, speak to their carer/s and review their SDQ scores, and can then access specialist mental health services as needed.

In addition, all of our children and young people are looked after by social work teams which benefit from *embedded mental health clinicians employed by the local authority*, 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.

Clinical Assessments & Therapeutic work

Where children/young people up to the age of 18 would benefit from a clinical assessment or a therapeutic intervention, in most cases this can be accessed via our specialist multi-disciplinary *NHS CAMHS CLA provision* (SLAM's Carelink team). Should the child or young person prefer, they can alternatively access our *Open Access CAMHS* provision (The Nest).

Young people aged 18-25 are also able to access our *Open Access CAMHS provision* (The Nest), as well as *NHS AMHS provision*. Southwark local authority in partnership with SLAM AMHS have created an innovative 'Trusted Assessor' pathway that allows for young people aged 18-25 who have been assessed by our embedded clinicians to move straight to consideration for allocation by Southwark's NHS AMHS teams, rather than requiring re-assessment.

If the support required cannot be provided via any of the above routes *our embedded local authority mental health clinicians*, will provide it or work with colleagues to access alternative provision.

Arrangements for children living out-of-borough

As described above, all our children, whether in or out-of-borough, have their psychological needs regularly reviewed and considered as part of their healthcare

assessments and as part of the multi-disciplinary social work that the embedded clinicians provide to their social work teams. Carelink are also able to work with children looked after by Southwark but placed in the SLAM boroughs of Lewisham, Lambeth and Greenwich. If children are permanently residing outside the SLAM boroughs, using the "Who Pays" Commissioning guidance, Southwark CCG CAMHS Commissioner, SLAM NHS Trust and the local authority work closely to ensure that they *access local CAMHS services out-of-borough*. Should this not be possible due to issues around acceptance criteria, or because of placement instability, direct work can be provided by the *embedded local authority mental health clinicians*, or on occasion via *private providers*.

Access to other specialist mental health teams

In addition to the specialist CLA CAMHS team within SLAM (Carelink), all our Southwark children in care also have access 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.

Flexible service provision

All services developed the capacity to provide clinical services online during the lockdown periods and these continue to be offered where needed to improve accessibility. In terms of out-of-hours support, SLAM CAMHS provide a CAMHS Crisis Service which operates extended hours in the evening and at weekends and can offer a short period of intensive follow up using home visits following presentation at A&E.

Working with and via the system

The local authority's embedded mental health staff are attached to each of the local authority looked after children and care leaver teams, and provide informal consultation, clinical input to weekly group supervision, accompany social workers on joint visits, and are part of panels and planning meetings regarding children where there are high levels of concern. CAMHS/Carelink senior staff are members of these key panels and relevant Carelink staff join multi-agency meetings and provide advice and consultation to the professional network regarding children they are working with. Carelink and the embedded mental health staff jointly provide training to both social workers and foster carers.

Mental Health Provision Service Developments

Specific post for unaccompanied asylum-seeking children

Carelink secured funding for a part-time clinician focussing on the needs of UASC for 2023-24. This funding ended in March 2024 but a different source of funding was identified by Commissioners to continue to fund a part-time clinician on a lower banding for a further year. In 2023-24 there were 21 UASC referrals to the service, 17 of which had direct contact and access to the service through professional meetings, interventions, assessments or have been supported with the transition to post 18 or to a different area as appropriate.

Main interventions offered:

- Trauma stabilisation intervention and familiarisation with mental health services. Preparation for trauma processing work
- Assessment and signposting to relevant post-18 services
- Foster Carer/ Key Worker Support
- Trauma processing intervention (NET)
- Liaison with Community Services and appropriate signposting when required, including for other health related referrals (e.g. Neurology)

Outreach/ liaison

-Ongoing offer of 1:1 consultations/ specialist advice to SLAM clinicians working with unaccompanied children

-Liaison with local stakeholders- This quarter we have been working in liaison with Play for Progress in Croydon (many of our UASC reside OOB at present)

-Ongoing close liaison with local agents and stakeholders (community organisations- Refugee Council, Education Advisers, Social Workers, Colleges/ Schools, Support Staff) to employ psychosocial approaches to young people's health.

-Ongoing collaboration with the Separated Child Foundation who are providing free sleep aid packs for the USAC we work with

-Close collaboration with the post-18 PCMHT Team to support post-18 transitions and identify gaps in support services escalating as appropriate.

Advocacy

-Ongoing work on reviewing the Trust-Wide policy of working with Young Refugees and Asylum seekers and their families

-Escalation of safeguarding or other concerns to appropriate agents, including social services and Home Office safeguarding and welfare teams.

-Dynamic advocacy for young people's rights within the clinical setting, ongoing feedback to the Trust and continuous liaison with the Trust-Wide Equalities for Services Team in order to ensure anti-discriminatory practice

-Invitation to young people to voice their views on the Review of the SLAM Policy on Working with young Refugees and Families.

Specific post for CareLeavers

The local authority has taken the decision to fund an additional mental health clinician post focussing specifically on provision of services to our careleavers. The new clinician will come into post in 2024-5

New ASC assessment pathway for Looked After Children

A new expedited pathway for assessing looked after children and other children open to local authority children's services for autistic spectrum conditions was developed during 2023-24 and opened in May 2024. Two additional clinics are now being run every month, staffed by a team of GSTT paediatric and local authority psychology staff, ensuring a comprehensive and timely assessment of our most complex children. We are looking at incorporating speech and language expertise into this clinic, and also consider how we can provide outreach assessments to children or young people who will struggle to attend the clinic at Summer House.

Progress on the implementation of the Child and Adolescent Needs and Strengths (CANS) approach to assessment and care planning.

CANS covers the wide range of challenges that our children face and helps practitioners and carers to prioritise appropriate supportive interventions, and so provides significantly more detailed and useful information than the SDQ screening tool alone. It also, unusually for such tools, has a great focus on supporting the development of children's individual passions and talents, as well as the strengths that exist in their family, community, and cultural networks. The online training platform is now ready to go live, and staff and foster carers will receive their individual access codes in the next few weeks. Live introduction sessions will also be provided for staff. CANS is one of the key tools that will be provided to Southwark's residential children's home staff and will support them to make tailored therapeutic care plans for children in the Southwark children's homes- CANS training for residential workers is planned to be part of the training programme for the new residential teams this summer. Several CANS events are planned for the coming months to increase awareness of the approach and build enthusiasm for its use across social care.

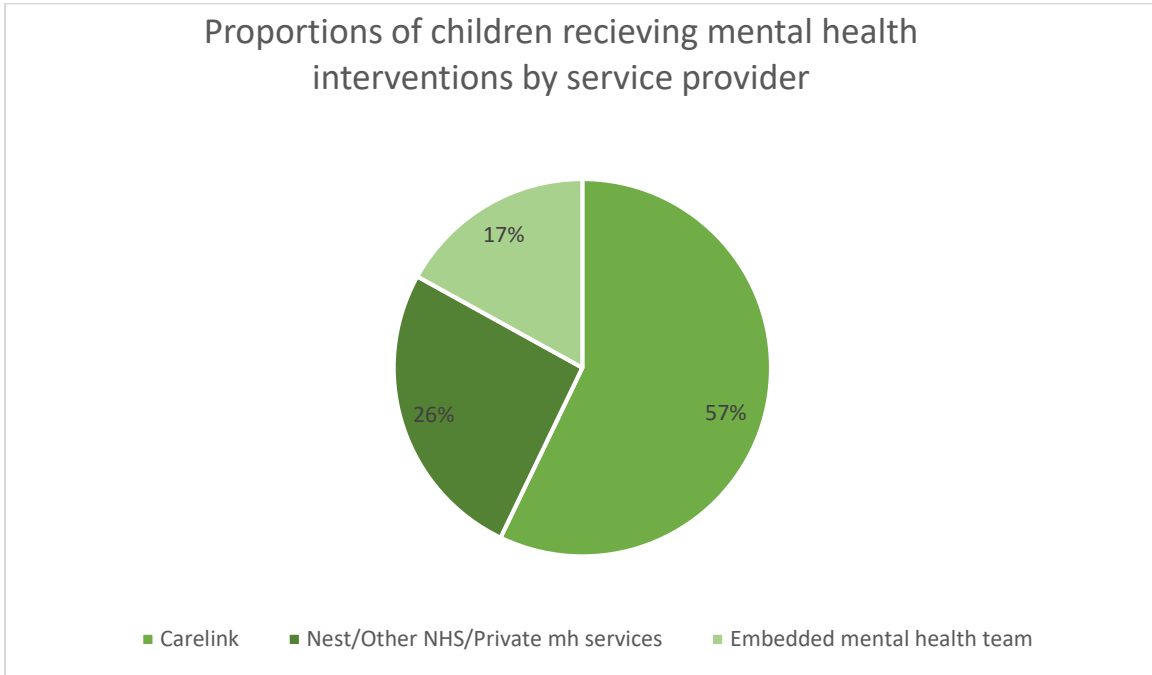
Lifelong Links

LBS was delighted to be successfully awarded a grant to develop our Lifelong Links service for our looked after children, and unusually for such a service, in Southwark this will include an embedded clinician to support children and their extended networks with the sometimes emotionally complex task of rebuilding links. The service has been under development in 2023-4 and will start working with children in 2024-5.

Mental Health Services Activity & Disproportionality Data

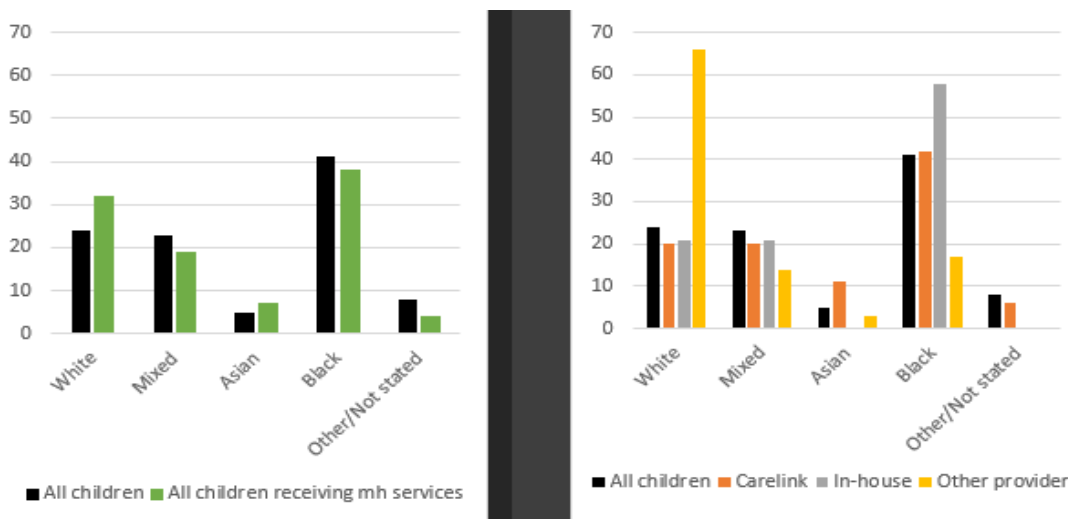
Activity Data regarding under 18s

According to our new recording system, as on March 31st 2024, 112 (28%) of our 397 under 18 year old looked after children were in receipt of mental health interventions, although this is likely to be an underestimate as we are still not confident that we are collecting all data regarding children seen by private therapists or out-of-borough services. The majority of these children were receiving support from our local NHS specialist CAMHS team, Carelink, with the rest receiving services from the Nest, from other NHS CAMHS teams in other boroughs, private providers, or via the embedded mental health team.



Disproportionality screening for mental health service access for under 18s

The graphs on the left-hand side below show the percentage of our looked after children with each broad demographic characteristic in black, and the percentage of children in receipt of mental health services with that demographic characteristic in green. The graphs on the right-hand side show the same information but broken down by service provider.



As can be seen in the graph on the left above, whilst only 24% of our looked after children are white, white children made up 32% of the children in receipt of mental health services as at 31 March 2024. However this overall statistic obscures the fact

illustrated by the graph on the right that this is due to the children being seen by out of borough CAMHS or private therapists being disproportionately more likely to

Figure 2: Broad ethnicity percentages for disproportionality of access screen be white children (66% compared to the population statistic of 24%), and children seen by the in-house service being disproportionately more likely to be black children (58% compared to the population statistic of 41%). By comparison the ethnicity distribution of those children seen by Carelink is more in keeping with our overall looked after children population.

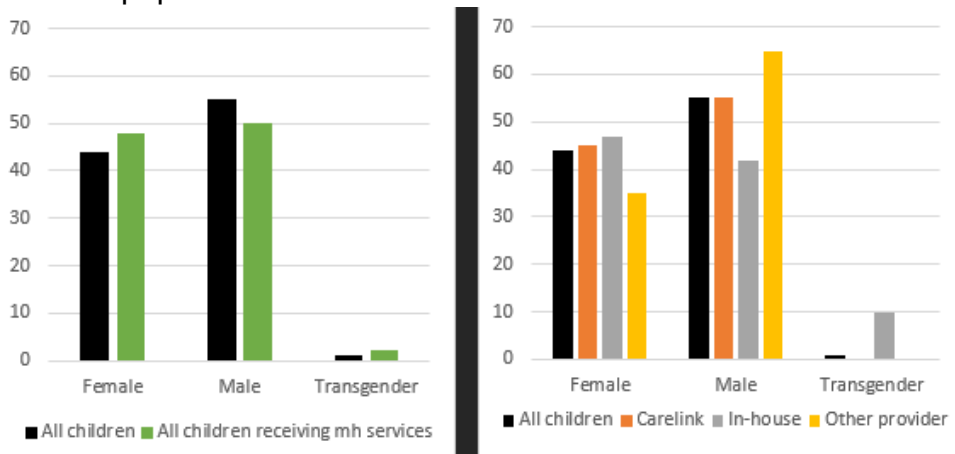


Figure 1: Gender percentages for disproportionality of access screen

As can be seen from the graph on the left, overall, slightly more female children are in receipt of mental health services than make up our population of looked after children, however this again obscures the fact that out of borough CAMHS and private providers are seeing a disproportionate number of male children. The numbers of transgender children seen are in keeping with the population figures and are at present currently mainly seen in the in-house service, however as the numbers are small this does not of itself indicate any specific concern re disproportionality.

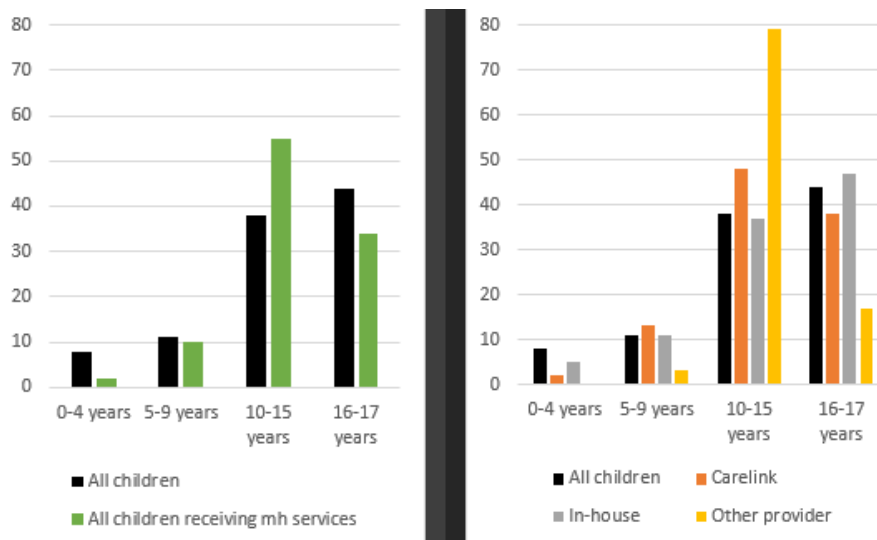
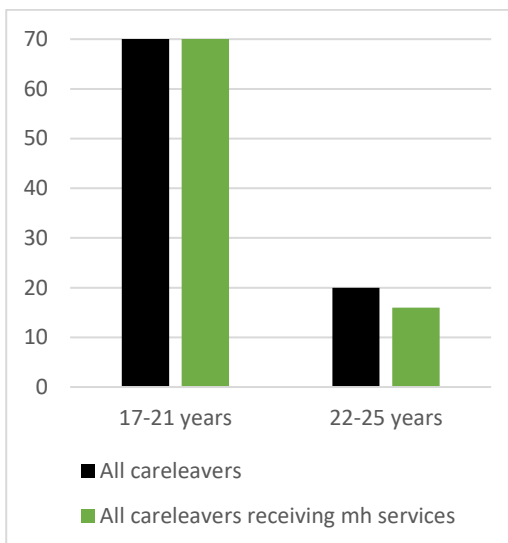
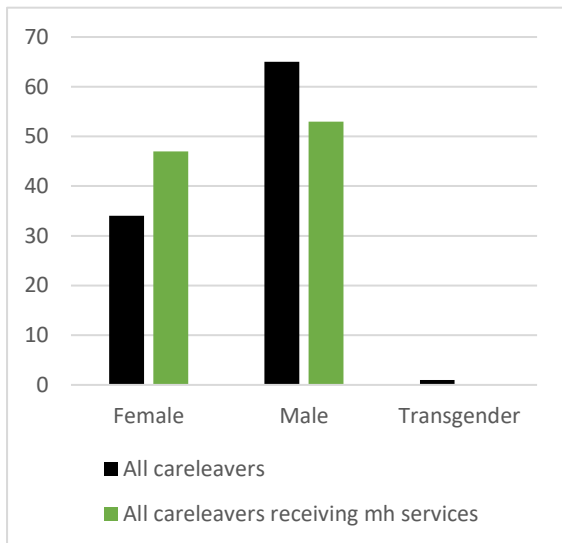
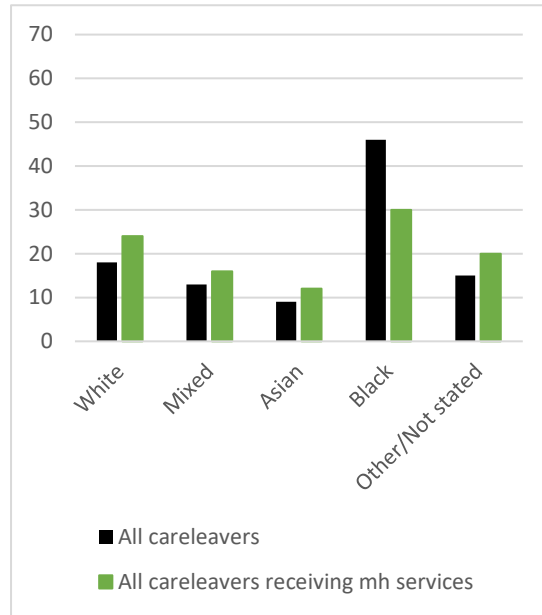
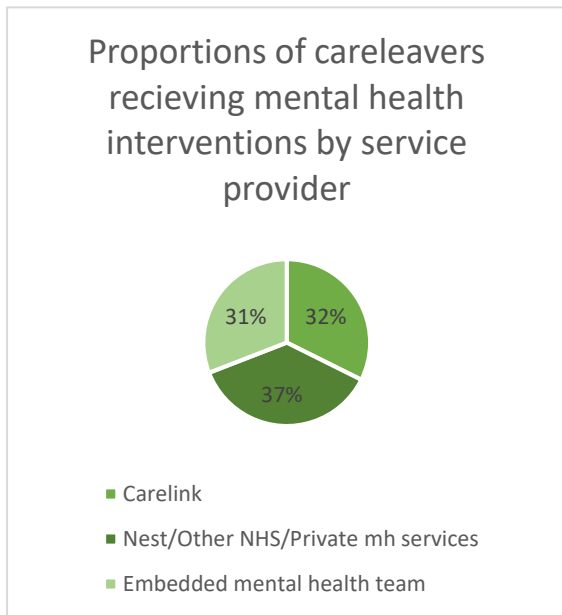


Figure 2: Age group percentages for disproportionality of access screen.

In terms of age, as can be seen from the graph on the left, overall less children under 4 and aged 16-17 are receiving mental health services than the population proportions, with children aged 10-15 being those most likely to be seen by services. The reduced number of under 4s may be in keeping with likely appropriateness of mental health service provision, but the lower numbers of 16–17-year-olds probably indicates ongoing issues with making services accessible to older teenagers. Again, breaking down the access by provider shows some interesting patterns – it appears that we are mainly getting access to out-of-borough or private providers for our 10-15 year olds, with significantly less access children of all ages accessing these providers.

Mental Health Services Activity & Disproportionality figures for Careleavers

At least 68 (10%) of our over 18-year-old Care leavers were in receipt of mental health services on 31 March 2024, but again this number is likely to be an under-estimate as our system for collecting this information is still under development. The below graphs show access by type of provider, and the disproportionality screens in relation to access by demographic characteristic. As with the previous graphs, the black bars indicate the demographic characteristics of our careleavers as a whole, and the green bars show those in receipt of mental health services. Given the smaller numbers we have not drilled down by service provider for the disproportionality screen.



In terms of providers, all types of providers are involved with working with our Careleavers, indicating that Carelink is extending its services to support 18-year-olds for a period of time after they reach the official age for handover to AMHS.

In terms of disproportionality, when it comes to mental health services for our careleavers, black young people and young men do not appear to be able to access support as easily as white young people and young women.

Unfortunately, we are still not yet at the stage where we have a unified system for outcomes and user satisfaction reporting in relation to all mental health service provision for our looked after children and careleavers. In the interim the in-house clinical service data for 2023-4 indicates that 72% of social workers and 87% of service users reported a positive impact of the service on outcomes for children across Children's Social Care, and the NHS Carelink Annual Report will be available shortly.

Key Messages:

- Southwark looked after children have access to a range of mental health services including a specially commissioned NHS Tier 3 CAMH service for looked after children (Carelink), an Open Access mental health service commissioned by the local authority for ALL children and young people in Southwark up to aged 25, and embedded mental health clinicians within the local authority, as well as out of borough CAMH services and private providers.
- 112 looked after children under 18 years old were in receipt of mental health services at March 31st 2024, approximately 28% of our looked after children population. This figure is lower than the figure reported last year, which is likely to be due in part to vacancies within our services and in part due to the change in our method of collecting this data.
- In terms of equity of access, our data suggests that there are issues around equity of access for those children who cannot be seen by Carelink or our in-house clinical service, and that we continue to struggle to ensure access to services for over 16 year olds. In terms of our careleavers, our black young people and our young men particularly struggle with accessing mental health services – we hope to impact on this with our new dedicated careleavers mental health post.
- The local authority, SLAM NHS Trust, and The Nest are working together on the development of a unified dashboard of outcomes and user satisfaction, which will allow for better reporting of the overall picture in terms of outcomes and satisfaction going forward

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 CLA 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.

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

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

1.1 Adoption activity

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

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

1b Panel Chairs' Report for period 1st April – 30th September 2023

Four Panels are held on the first and third Wednesday and second and fourth Thursday of each month across ALS. During this period Panels sat on a total of 17 occasions, as 6 Panels were cancelled due to lack of business and/or the withdrawal of cases. Panels will continue to be held virtually for the foreseeable future, which appears to be the pattern across most RAAs due to its convenience.

Both panel chairs remain in post and work effectively alongside the panel advisors and panel administrators. Panel membership is drawn from a central list in line with statutory requirements, and all panels have been quorate throughout the period. Cases are allocated 60 minutes for approvals, while matches are now allocated 75

minutes (both include 15 minutes for pre-discussion). Matches of siblings are allocated 90 minutes. The time allocated for each type of case will remain under review and reduced as the quality of reports presented to panel improves, leading to the need for fewer questions.

Panel members continue to make good use of the reflection period at the end of each panel to reflect and discuss any issues that have come to light during the meeting.

Panel members: there have been no change to the 36 members that make up the Central List.

1.2 Key Issues and challenges

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 or other CLA doctors, 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 often presenting with complex developmental and behavioural problems. Many are referred by and assessed with Care Link, who have received some money from the Government for therapy for post-adoption therapeutic support. A post adoption clinic is run by Dr Massey.

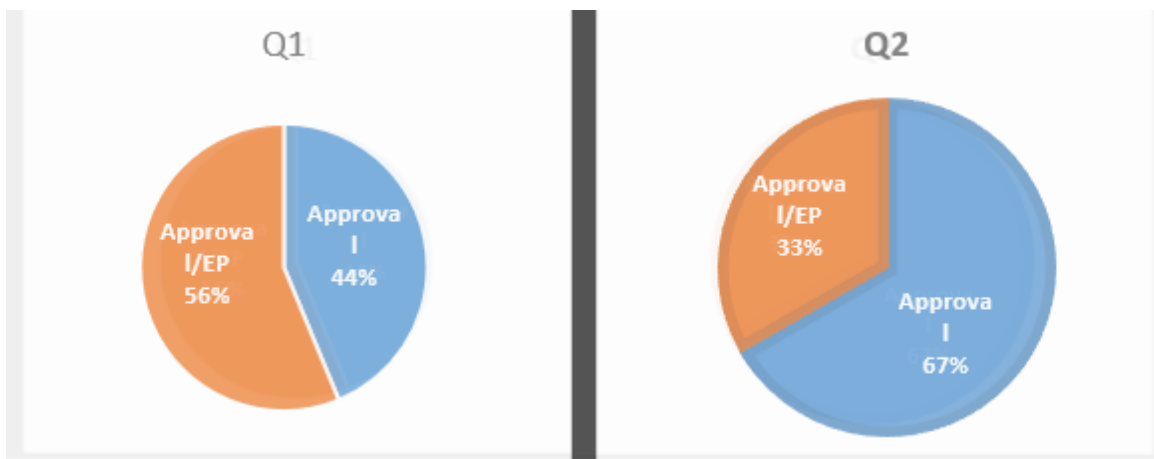
There is an increasing request for AH assessments. Adult health assessments are completed by their GP for all prospective adopters and foster carers. Foster carers also have review health assessments. The role of the designated dr and Medical Advisor is to advise the adoption or fostering panel on the 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. Sometimes the GP reports need follow up with the prospective carer, hospital specialists and GPs which can delay approval but there have been no delays because of that.

There is an increasing recognition of the needs and vulnerabilities of children placed on SGOs. We offer to see prospective special guardians in a similar way to those being matched for adoption and we are meeting with social care to improve our work with this vulnerable group of children.

There are issues around the SE MA contract and arrangements that have been escalated to Southwark leads, and around SW MAs not able to participate/attend panels as they are differently commissioned, and there have been sometimes cross coverage. The non-attendance of medical advisors at the SW panel continues to be an issue which needs to be resolved with urgency.

A total of 51 cases were heard during this period involving 22 approvals, 11 of which were joint approvals as early permanence carers. There were 27 matches involving 31 children including 4 sibling groups of two.

Adoption approvals



During this period there have been 22 prospective adopters household approvals (with an ADM decision):

- 11 households were approved solely as suitable to adopt
3 of which were single carers
- 11 households were approved as suitable to adopt and suitable for Early Permanence
3 of which were single carers
4 households were same-sex couples

Adoption matches

During this period 26 children were matched (with ADM approval):

- 12 White British children

- 6 White Other children
- 1 Any Other child
- 4 Black African children
- 1 Black Caribbean child
- 1 Mixed White and African child
- 1 Mixed White and Caribbean child
- There were 3 sets of sibling groups of 2 children
- 16 children were matched with ALS adopters
- All 7 Black or Black Mixed ethnicity children were placed with adopters of the same or similar ethnicity.

The quality of cases presented to the panel during this period have largely been 'good' and in some cases reports have included excellent detail and analysis. Child-centered practice continues to be at the forefront of social work practice with clear evidence of careful matching and plans for introductions at the child's pace. The panel has also been impressed by the professional network's collaborative working relationships to achieve permanency for children through adoption.

Summary and Conclusion:

The last financial year has seen stability within the commissioned Looked After Children's Health Services and Designated Professionals.

Strategic influence continues to inform our practice and all Looked After Health professionals continue to strive to make a difference not only in service delivery, but also for individual children.

Ultimately in place to improve the health outcomes for Southwark Looked After Children, governance, assurance and reassurance requirements remain in place. Any identified challenges are reviewed and actioned to improve outcomes and service delivery.

The key ambitions for 2023 outlined in the 2022/2023 annual report have been evidenced and outcomes with an overall indication of positive progression in the areas identified.

Appendix 1- Adoption

PANEL ACTIVITY 1st October - 30th September 2023

	Qs 1 2023	Qs 2 2023	Qs 1 & 2 2023 total
No of panels	9	8	17
No of panels cancelled	2	4	6
No of cases	25	26	51
No of approvals	16	6	22
No of early permanence approvals	9	2	11
No of matches	13	13	26
No of ICA match	0		0
No of children placed under EP	6		
No of consented adoptions	0	0	0
No of deferments	0	0	0
No of annual reviews	0	0	0
No of terminations of approval	0	0	0

No of negative recommendations of approval/matches	0	0	0
No of resignations	0	0	0
No of recommendations ratified by ADMs	25	21	46
No of recommendations not ratified by ADMs	0	0	0

APPENDIX 2

Residential Home Audit - Children's home audit tool

Name of home:

Date of audit:

Person/s completing audit:

Speciality of home (in any):

Ofsted rating and last inspection date:

The following audit questions have been developed in line with the 'Quality Standards for children's homes as prescribed for purposes of section 22 (1a) of the Care Standards Act 2000', 'Children Act 1989', 'Care Planning, Placement and Case Review Regulations 2010' and 'Managing Medicines in Care Homes 2014'.

The audit is to be completed in conjunction with 'Guide to Children's Homes Regulations including the quality standard 2015':

Engaging with the wider system to ensure children's needs are met	Y	N	Auditor Comments
Advocacy and promoting the best interests of the child			
Communication pathways with allocated social worker/ originating Local Authority			
Links with the looked after children's health team			
Pathways in place to work in partnership with the school/ educational setting			
Close working relationships with families and those with parental responsibility			
Quality and purpose of care	Y	N	Auditor Comments
Statement of purpose in place			
Personalised care			
Contributing to care planning			
A welcoming environment			
A safe and supportive environment			
Providing personal space			
Children's views, wishes and feelings	Y	N	Auditor Comments
Evidence of working in partnership with others			

Processes in place to take children's views, wishes and feelings into account			
Advocacy and promoting the best interests of the child			
Does the home have a children's guide			
Processes in place to support children with communication difficulties			
Education	Y	N	Auditor Comments
Staff understand the barriers to learning			
Staff have an understanding of special educational needs and disabilities			
Home contributes to the Personal Education Plan			
Home contributes to the Educational Health Care Plan			
Processes in place to support the children attending school/ educational provision			
Suitable environment and support for those who are home educated			
Enjoyment and achievement	Y	N	Auditor Comments
Children are provided with opportunities to develop their interests			
Children are provided with appropriate activities in and out of the home			
Home has an understanding of the local provisions for leisure and activities			
Health and well-being	Y	N	Auditor Comments
All children in the home registered with a GP, Dentist, Optician			
Staff have an understanding regarding nutrition and children are provided with a healthy balanced diet			

Appropriate processes in place to ensure the administration of medication is completed and recording as prescribed			
Permission in place for staff to administer non-prescribed/ over the counter medication from the person who holds parental responsibility.			
Appropriate storage of medication in place			
Drugs cupboard kept locked with one set of keys			
Systems in place for safe disposal of medication			
Staff have an understanding of local services available for sexual health			
The home contribute to the healthcare plan, should any tasks be assigned to them			
Appropriate members of staff are first aid trained			
Staff have training in mental health awareness and building resilience			
Staff have training in risk assessment and management including managing suicide risk			
If staff suspect that a young person has mental health problems, they aware of the referral processes to early help and children and young people's mental health support			
Are the home/staff members able to access consultation and support from other partner agencies and organisations			
Are the young people encouraged and supported to discuss their feelings and worries			
Does the young person's care plan have a coproduced section addressing emotional wellbeing/resilience/mental health			

Does the home provide any therapeutic interventions for the young people			
If yes are the staff members providing the interventions appropriately trained and supervised			
Is the home a member of any professional organisations e.g. 'Community of Communities', RCP, Consortium of Therapeutic Communities (TCTC) or other			
Following an incident is there post incident support for staff and young people			
Do the young people have ready access to information pertaining to emotional wellbeing and mental health matters e.g. Young Minds etc.			
Positive relationships	Y	N	Auditor Comments
The home has a thorough understanding around the children's history and impact of a placement move and effect on the other young people in the home			
Children are supported in developing healthy relationships with peers			
Positive behaviour strategies are encouraged			
Staff are supported in developing healthy and constructive relationships with the children in their care			
Children are allocated a key worker			
Protection of children	Y	N	Auditor Comments
Fulfil duties under 'Working together to safeguard children' and staff aware of their duty to report any concerns raised			

Appropriate processes in place to inform allocated social worker/ local authority of concerns			
Risk assessments in place to assess exploitation risks			
Clear pathways in place for missing episodes and children are supported to have their return home interview			
Staff have a good understanding around safe online use and provide appropriate supervision to the children in the home			
Appropriate vetting is in place for the visitors in the home			
Supervision is in place for staff			
Clear policies are in place for Whistle blowing which include the principles set out in 'Freedom to speak up' review			
Children are supported to understand abuse and how to report any concerns			
Allegations made by children are always believed and reported to the appropriate authorities			
Policies are in place regarding self-harm and suicide			
Positive behaviour management is encouraged and reflected within policy			
Policies are in place regarding restraint and deprivation of liberty			
Appropriate security is in place within normal routine of the home			
Leadership and management	Y	N	Auditor Comments
A 'registered person' is in place			
Appropriate record keeping is in place			
Adequate staffing levels in place			
All staff compliant with all statutory and mandatory training			
Privacy and confidentiality processes in place			
Delegated authority in place			

Care planning	Y	N	Auditor Comments
Ethos to only accept children into the home where they feel they can meet their needs			
Processes in place to challenge the allocated social worker/local authority where current care plan is not meeting the child's needs			
Contact with families is supported and encouraged in line with the care plan			
Processes in place to teach children independence skills			
Transition to adulthood is considered			