

HARINGEY
Children and Young People's Service

Annual Report

Children in Care Service

April 2024 - March 2025

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Date 20/10/2025

Annual report 2024-2025

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Haringey Children in Care Service

Annual Report

2024-2025

Executive Summary

Key metrics 2024/2025

1. 75% of Haringey Children in Care seen within 20 working days for Initial Health Assessment – 2% increase compared to 2023/2024.
2. 78% of Haringey Children in Care for 12 months or more are seen for their Review Health Assessment
3. 87% of Haringey Children in Care have seen a dentist during the preceding 12 months
4. 43% of Haringey Children in Care fully immunized in line with UK vaccination schedule; 65% of Children in Care when excluding influenza vaccination
5. 86 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed. This is collected by First Step, which is a commissioned service provided by Tavistock-Portman.

Introduction

The Haringey's Children in Care (CIC) annual health report outlines the work undertaken by the team. The objective of the CIC health service is to ensure that all Haringey children and young people in care have their physical, emotional and mental health needs assessed and that health plans are in place detailing how identified needs will be addressed to improve health outcomes. For every Haringey child and young person in care, health should be reviewed at their interval assessments and a set of guiding recommendations formulated. The team's focus is working together to enable children and young people to reach their full potential and enjoy the same opportunities in life as their peers.

Context

The report is written in accordance with The Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF 2015). We are commissioned by the North Central London Integrated Care Board to undertake initial and review health assessments for Haringey CIC.

Team Values

Our team values are:

- Always show respect and kindness for all
- Always go the extra mile for our clients
- Always learning and improving
- Always enabling and empowering children and young people to achieve their potential
- Always put the child and young person first, challenging where needed and advocating for children.

Legal Status

The legal status of CIC differs amongst children and young people.

Most children and young people in care are placed in care under a care order. This is a court order placing a child in the care of a local authority.

Some children and young people can be placed in care under a voluntary agreement. This allows a local authority to provide accommodation for a child where there is parental consent, or when no one with parental responsibility is in place - for example if the young person is an unaccompanied asylum-seeking child.

A placement order is a court order allowing a local authority to place a child for adoption or when a child is detained due to child protection concerns or under youth justice legal statuses.

Aims

The CIC service aims to meet the health needs of children and young people in care aged 0-18 years by promoting and contributing towards improving the health and well-being of children and young people in care¹. The CIC service is responsible for: -

- Completing statutory Health Assessments (initial and review), with reports, within designated timeframes. An Initial Health Assessment is to be completed within 20 days of children entering care; Review Health Assessments are undertaken every six months until a child is aged 5 years and thereafter on an annual basis.
- Identifying an individual child's health needs and advising Social Workers on the health needs of individual children, in the form of a set of health recommendations
- Making recommendations regarding health promotion activities and health interventions
- Ensuring all young people leaving care have a Care Leavers Summary
- Representing and contributing to Adoption panels and multiagency assessments and reviews
- Providing Paediatric Permanency Reports for individual children
- Providing medical advice to prospective adopters regarding individual children with whom they have been matched
- Reviewing and commenting on medical examinations for adults being assessed as carers (foster carers, special guardians, connected persons and adoptive parents).

Haringey CIC service and staffing structure

Staffing structure 2024/2025

During 2022/2023, the North Central London Integrated Care Board (NCL ICB) completed a scoping exercise to review the core offer for CIC across the NCL ICB benchmarking against the NICE guidelines (2021)¹.

This work resulted in additional funding being made available to recruit an additional CIC Nurse, alongside additional paediatric clinic availability. Recruitment took place as soon

¹ https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf

as the funding was received.

Alongside this action, the Designated/Named Drs role has been divided into two Consultant posts - a Named Dr for CIC and a Designated Dr for CIC. The posts are situated within the Haringey Community Paediatric medical teams, and the doctors have other clinical responsibilities within Community Paediatrics. Each role has one day per week allocated to the statutory LAC medical roles².

The post of Designated and Named Nurse remained combined up until the retirement of the postholder at the end of 2024. In the second half of 2024, it was agreed with the NCL ICB that upon recruitment to the role, once it was vacant, the post would be split into a Designated Nurse role (which would be recruited by the NCL ICB) and a Named Nurse role (recruited by Whittington Health). Unfortunately, the Designated Nurse role remains vacant from the end of December 2024 and through until the end of this reporting period. The new postholder for the Named Nurse role joined the team in March 2025. As a result of restructuring of the ICB's, it is anticipated that the Designated Nurse role will remain vacant until April 2026.

The team works with Haringey's Adoption Advisor who is a Consultant Paediatrician also working within the Haringey Community Paediatric team. And a Consultant from the Whittington Hospital who is the reviewer for Adult Health Assessment forms.

The Named Doctor has been in post since November 2022. The Designated Doctor has been in post since May 2023. The Named Nurse joined in March 2025. All are substantive appointments. The Designated Nurse role remains vacant³.

With funding for an additional one post and following recruitment to the position, there are now 4 specialist nurses employed within the team. Two members of the nursing team (Specialist nurses) have been in post for over 10 years. All team members have developed or are developing good relationships with children, carers and the wider professional network. Bank and agency staff members have been working within the team.

The team are supported by two Administrators who make a huge contribution to the team.

Key Roles and Responsibilities

The Designated Nurse and Designated Doctor for CIC are statutory roles⁴.

² The Designated Doctor is employed one day per week in the role, The Named Doctor is employed one day per week in the role; the Named Nurse is full time; The Adoption Advisor is employed one day per week.

³ The Designated Nurse role for LAC Haringey remains vacant as of the completion date for this report.

⁴ <https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-00948>

Job descriptions and competencies for the Designated and Named Doctor and Nurse roles are based upon joint Royal College of Paediatrics and Child Health and Royal College of Nursing guidance.

Post holders in Designate roles are responsible for providing a strategic lead for the health and wellbeing of CIC within the borough and provide clinical expertise to partner agencies and across the NCL.

Dr Paul Sender, Consultant Paediatrician, was appointed to the Designated Doctor role in May 2023 and works within the Community Paediatric Medical team.

Dr Hajera Sheikh, Consultant Paediatrician, is the Named Doctor and has been in post since November 2022, also working within the Community Paediatric Medical team. The role includes completing Initial and review assessments, supervising and overseeing other Paediatricians who undertake initial and review assessments, providing medical advice, support and advice for the Children in Care nurses.

The analyzing of adult health reports from GP's providing evidence-based comments for the fostering panel is undertaken by a consultant based within the Whittington Hospital who also services as Adult Medical Examiner for the hospital and therefore is highly specialized and well suited to this role.

Dr Sheikh and the Named Nurse work together leading the nursing team to ensure the health needs of children in care are met and quality improvement plans are in place. Our exceptionally dedicated team of nurses provide health assessments for children living both in and out of borough and make health recommendations that are highlighted to social workers and carers to ensure children's health needs can be met. They also provide duty cover daily dealing with queries and attending strategy and professional meetings.

Dr Kirstie Kinross, Paediatric Consultant, is the Adoption Advisor who completes Initial and review health assessments and is a Consultant within the Haringey community paediatric medical team.

Where the care plan is to achieve permanency through adoption, the children will have a Permanency Medical Assessment. The Medical Adviser then produces a written summary of the child's health background, current health and development status and future health and developmental prognosis.

When a match is being considered, the Medical Advisor meets with the prospective adopters to discuss the health and development of the child as well as any significant family history that may have implications in the future for the child. Health information on the adoptive applicants is evaluated by the Medical Advisor to inform the panel of its implications in relation to adoption. This may include seeking further information and disclosure of medical information from Consultant specialists to clarify issues that have been raised and may have an impact on the Forever Family.

Haringey Social Work Adoption team are part of the regional adoption panel, Adopt London North, which includes six North London Boroughs. The Medical Advisor acts as a full panel member to advise the agency and prospective adopters on medical aspects of adoption and may therefore be required to advise on cases outside of Haringey.

Over the last year, meetings with prospective adopters have taken place and the advisor has attended 5 panel meetings. Teaching has also been provided on the health and developmental needs of Looked after children to adoption panel members.

The team is supported by two administrators who make a huge contribution to the team.

Referrals

The Haringey CIC health team are notified by The London Borough of Haringey when a child is taken into care, moves placement or is no longer looked after. The notification should be received within 48 hours of a child becoming looked after. If an Initial Health Assessment is required, we then arrange an appointment for the assessment to take place and liaise with Social Workers, foster carers, and GPs to obtain a health history and to enquire if they wish to contribute to the report. Consent is received from the Social Worker, parent or young person depending on the legal order and an appointment is booked for the next available appointment.

Health Assessments

All referrals are discussed at a weekly team meeting; available information considered, and the referral assigned to an appropriate clinician – nurse or doctor. Dates for assessments are booked, and Social Workers are requested to attend the Initial Health Assessment. On occasions joint visits with social workers are made to see children for reviews.

The team continues to work hard to engage with young people. Young people and carers jointly agree with the CIC health professional the venue to complete the review assessment - which is often at home and frequently involves travelling to where the child is living. Whilst 19% of Haringey children and young people in care reside within the London Borough of Haringey, the majority therefore live outside of the borough. Although a majority live within Haringey or neighbouring boroughs in North Central London.

If children live a distance away in Scotland or Wales or a secure accommodation unit, we may ask an out of borough teams to complete the assessments.

When a young person refuses an assessment or is missing, and if it is deemed clinically appropriate, the doctor or nurse then completes a desktop report with all the health information available.

Initial health assessments

Initial Health Assessments take place at Tynemouth Road Health Centre. A report is written, and health recommendations should be made available for the child's first statutory

review. Assessments are completed by members of the Community Paediatric Team supervised by a Consultant Paediatrician.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to other CIC Teams. Those well-known to another Paediatric team may be seen by their Paediatrician.

Assessments for those who are unaccompanied asylum-seeking children often require an interpreter.

Offer for unaccompanied asylum seekers:

- a. For all unaccompanied asylum-seeking children, a referral to University College London Hospital NHS Trust is arranged for infectious disease screening.
- b. Referral and signposting to a sexual health clinic
- c. Input from Virtual School until an appropriate higher educational placement found, including ESOL courses
- d. Specialist social workers for support around experience, including referral to third sector organizations, e.g. Freedom from Torture and Red Cross Family tracing services.
- e. A gym pass for young people placed within Haringey and certain allied boroughs.
- f. Some children and young people require referral for specialist mental health support and have post-traumatic stress disorder.

Review health assessments

Review Health assessments are carried out by Paediatricians or Specialist Nurses working within the CIC team. Each child is allocated a nurse and for continuity we aim for the same allocated nurse to see each child on their caseload each year. This may include nurses travelling to where the child is placed, if the journey can be completed within a day. Occasionally, if the child is unable to travel to Haringey, we may ask other health teams to complete Review Health Assessments.

Following assessments, recommendations from the health assessments are sent to Social Workers and may be incorporated in the 'The All about me report' written by The Independent Reviewing Officers.

If a permanency plan is required for the child, the adoption advisor sees the child or oversees the assessment.

Children Leaving Care

A care leavers summary is completed at a child's last health assessment or as soon as the child reaches 18 years. The summary is sent to the young person, and a copy is uploaded to Liquid Logic.

Information about services that may assist care leavers to transition successfully to adulthood and independent living is provided by social care. This includes advice regarding financial support, housing, health, education, and training. This ensures that all care leavers have a clear idea of what services are available to them and can highlight any gaps in provision or support that the young person may need.

An app is available 'skills for life' for young people to better enable young people to access relevant information - and includes health information materials.

Young People remanded into detention

Since May 2013, statutory requirements for young people remanded into detention (and who were not previously looked after) have changed.

These young people no longer require a statutory health assessment (Care Planning, Placement and Case Review (England) (Amendment) Regulations 2013).

The young person will be seen by the facility they are rewarded in or by the nurse working with the youth offending team.

Updates / Progress 2024/2025

Although children and young people were less affected by Covid, 19, than adults in regard to mortality rates, the safeguarding risks to vulnerable children significantly increased and there has been increase in complexity of cases of children entering care post pandemic, with a rise in children throughout England requiring mental health support. The impacts of the pandemic are still being seen amongst the wider population and continue to impact children in care.

1. Effective working with partner agencies

With a leadership team now consisting of a Designated/Named Nurse⁵, Named Doctor and Designated Doctor, alongside now 4 Specialist CIC Nurses, there is now the capacity to more effectively engage with partner agencies. This is a need to improve health assessments, recommendations and interventions for individuals as well as to drive improvements in service delivery. Also to drive policy and system changes. Work in relation

⁵ Up until December 2024 when the Designate Nurse role fell vacant

to mental health service provision and vaccination coverage is detailed beneath.

The importance of re-instituting operational meetings between Health and Social Care has been helpful for each agency and will overcome some of the challenges due to working at different sites.

A fully resourced CIC Health Team can more effectively advocate for the needs of Children in Care, especially when seen against a background of a specific set of vulnerabilities.

Over time, and as a team, we intend to develop closer working relationships with counterpart LAC teams in boroughs where significant number of Haringey CIC are placed. Also, with counterpart in boroughs whenever an individual need arises.

2. Timely and relevant health assessments – including high quality assessments completed within 20 working days of Children initially entering Care.

The numbers of children receiving an Initial Health Assessment within 20 working days of entering care has improved over the year. There was a 2% improvement in this statistic with 75% of children entering care receiving a timely assessment. The number of children in care for 12 months or more and who received a review health assessment is now at 78%, which represents a decrease against the 2023/2024.

A significant bottleneck remains the consent process, without which a health assessment cannot be undertaken. During 2023/2024, a new consent form for health assessments was agreed between Haringey Community Paediatrics and Haringey Children's Services. This has resulted in some gains in terms of achieving timely assessments, however more work needs to be done. Social Workers are now able to obtain consent for initial health assessments at the same time that legal processes are agreed for a child entering care.

A further significant area of work initiated in 2023 was a redesign of how initial and review health assessments are delivered. This work was initiated as part of a joint review with Children Social Care and involving inputs and feedback from Children in Care. A redesign was to focus upon delivering: -

- Health assessments which are more relevant for children themselves, and which cause less anxiety and stress, especially for older children/young persons

- Individual recommendations which highlight a prioritization of actions to be undertaken by health, social care and other agencies, alongside a set of more standardized, generic recommendations
- Agreed timelines for dissemination of a summary and full report so that delays are obviated.

In 2024, CORAM BAAF announced that new forms (for Initial and Review Health Assessments) were being developed. Whilst use of these forms is not a statutory requirement, it was felt that alignment with CORAM BAAF forms would represent a relevant harmonization of practice.

In fact, dissemination of the new templates only took place in October 2025 and therefore at the time of compilation of this report, there is work ongoing to incorporate these forms into everyday practice⁶.

3. Improving access to health services

Immunizations: targets have not been met for immunizations coverage.

Whilst coverage is at 65% (excluding influenza), there is clearly a significant challenge in terms of uptake of influenza vaccination. Full coverage, including influenza, is only 43%.

Multiple barriers exist which limit target coverage attainment. These include lack of reliable data (due to multiple immunization providers/multiple recording databases); challenges with the consenting process especially for school age children. A further set of challenges relates to coverage attainment for children living outside of Haringey.

Joint work was undertaken during 2024/2025 in partnership with Haringey Local Authority and Haringey Public Health to address low immunization rates.

A data audit in 2024, led by Haringey Public Health, provided further details around the relative contribution of data quality issues, consent, gaps in coverage which together account for under-attainment of targets. During 2025, further work has been undertaken by Haringey Children's Services, Haringey Public Health and the Health LAC team, including ICB.

A wider review was initiated in 2025 with summary conclusions:

- **Audit:** 20% decline in LAC vaccination rates over 5 years. Only 65% fully vaccinated in 2023. Lower uptake among Black/mixed ethnicity children, teenagers, those

⁶ www.corambaaf.org.uk/updates/new-child-health-assessment-forms-supporting-better-outcomes-children-care

entering care in teens, and those placed out of borough. Data quality and integration challenges across social care, GP, and Vaccination UK datasets.

- **Challenges:** Data gaps, consent barriers, unclear roles for foster carers.
- **Solutions:** Outlined in the attached action plan.
- **Governance:** Progress to be monitored via the Immunizations & Screening Group, with quarterly reviews. Action plan to be shared with Start Well Board chair.

Prioritized agreed actions (July 2025) are around:

Data & Intelligence:

- Improve Social Care data frequency and detail
- Review SNOMED coding with GPs

Education & Awareness:

- Train social workers and carers
- Raise awareness of disparities

Consent & Legal:

- Clarify delegated authority and escalation
- Streamline consent processes

Service Delivery, Equity & Access:

- Prioritize catch-up for teens and new entrants
- Audit 14+ cohort
- Investigate barriers for ethnic minorities and out-of-borough LAC

Timebound action plan:

Aim	Action #	Action	Timeframe (end of)
Data & Intelligence	1	Review and refine local authority recorded and health care assessment data (to separately record flu vaccinations and routine vaccinations) to support with GOV.UK data returns and future audits	Oct-25
Data & Intelligence	2	Obtain & share contact list for CYPsis contracts and their coverage across England (to be shared with service manager, vaccination UK, local authority public health and designated LAC clinicians)	Oct-25

Data & Intelligence	3	Convene a meeting to explore data sharing/matching feasibility between Whittington Haringey Community Paediatrics, Council and ICB, to identify how similar/different lists are between healthcare assessments, local authority data and EMIS, and support catch-up vaccination efforts for those identified as who have missed doses.	Oct-25
	4	Consider initially exploring Health Intent/London data store patient level access	
Data & Intelligence	5	Review feasibility of centralised database (regional vs national) to record vaccination uptake of Looked After Children	Ongoing
Education, Training & Awareness	6	Deliver training for Social Work Teams on Childhood Vaccinations, Consent Process, and Gillick Competence	Jan-26
Education, Training & Awareness	7	Update paperwork for foster carers to clarify vaccination consent process and legal rights	Sep-25
Education, Training & Awareness	8	Encourage practices/ICB to utilise/monitor uptake LAC vaccinations via Health Intent dashboard and to use the SNOMED code for LAC correctly (policy & guidance to be developed about when this should be added/removed). Share information with GP practices on consent processes for vaccination of LAC and how to escalate concerns.	Oct-26
Education, Training & Awareness	9	Continue to promote vaccinations and consent forms through foster carers networks/newsletter, and review and update communications to foster carers (clear guidance on how to check a child's vaccination status)	Ongoing/Oct-26
Operational Coordination & Governance	10	Use PEP meetings to raise awareness of immunisations, and raise awareness amongst school nurses, social workers and designated teachers	Jan-26

Operational Coordination & Governance	11	Agree a process for regular auditing/monitoring, escalating and vaccinating of LAC children at various stages between key partners i.e., Healthcare assessment delivery (designated LAC Doctor & Nurse), Vaccination UK, LAC Service Manager, Head of Virtual School and Health Visitors.	Jan-26
Service Delivery, Equity & Access	12	Investigate if immunisations are prompted/reviewed at assessments and identify mechanism/s to review, audit and escalate via IRO	Oct-25
Service Delivery, Equity & Access	13	Conduct qualitative deep dive with LAC (esp. teens), foster carers, and social workers (front door/YAS teams) to understand barriers/hesitancies	Oct-25
Service Delivery, Equity & Access	14	Deliver call/recall & a catch-up vaccination campaign for all Looked After Children missing vaccinations with a Haringey GP	TBC
Consent & Legal Processes	15	Haringey Business Intelligence team to share the names of all children looked after in Haringey, residing in North London to Vaccination UK, twice a year (September & February)	September 2025, Feb 2026
Consent & Legal Processes	16	Test Process: Vaccination UK to reach out to foster carer and social worker (on vaccination at school), if consent not signed, to email Hayley for delegated authority consent (if less than 16 y/o)	Start Sep 2025, next review April 2026
Consent & Legal Processes	17	Test Process: at start of academic year, service manager to email the relevant school-aged provider for children residing outside of North London, to notify that they can provide consent for that child if foster carer does not provide it (if less than 16 y/o)	Start Sep 2026, next review April 2027

- Dentistry: coverage is currently 87%. Target attainment is static as compared to 2022/2023 achievements. Previous government initiatives including the Pan-London Healthy Smiles Pilot to address inequalities in oral health amongst LAC have now been concluded. This means that LAC are reliant on their carer or Social

Worker to schedule an appointment for them with an NHS dentist for any routine appointment⁷.

4. Early interventions through to crisis mental health services

There is agreement across Haringey partners that there is an urgent need to expand and improve the quality of interventions available for Haringey Children in Care. In 2023/2024, a benchmarking exercise was undertaken to define “Psychosocial Care in Children-in-Care – What does Good Look Like? A Mixed-Methods Pragmatic Scoping Review.”

In 2023/2024 there was establishment of a Mental Health working group involving Haringey Social Care and mental health providers (principally BEH CAMHS and Tavistock Portman) partners to better specify and better deliver services for LAC.

2024/2025 has seen further work by Haringey Local Authority to re-design and re-commission mental health services. Further detail is provided below.

Key 2025/2026 Strategic and operational priorities

1. Ensuring that Looked After Children can access a high-quality and evidenced based package of services spanning early interventions through to enabling timely access to crisis interventions.

Ongoing work, led by Haringey Local Authority, to define services, with a strong focus upon improved assessment of needs and ensuring that interventions are evidenced based. Areas of change to assessment practices and interventions offered to LAC are expected to include:

- Annual assessment that more clearly identify social and emotional needs
- Strengthening and prioritization of therapeutic life story work, alongside statutory assessments such as SDQs
- Systems/process/expertise to assess for Complex PTSD as soon as an adolescent is taken into care
- Evidence based offer/menu of interventions that it adaptable
- Enhanced access for LAC to CAMHS crisis interventions when they need them

⁷ NHSE Dental advise that Healthy Smiles no longer exists. The pilot was launched due the COVID-19 pandemic when there was limited access to dental services. If a person needs a routine dental appointment, they can find a dentist by following the link below: <https://www.nhs.uk/nhs-services/dentists/> If they need urgent dental care, there is a well-established service through NHS 111.

We expect that during 2025/2026, re-commissioning of LAC Health Services by the Local Authority will be led to LAC Mental Health Services being co-located within the Local Authority.

As a health LAC team, we will develop our partnership with other organizations and hope to begin a collaboration with Prof Rachel Hiller's Child Trauma and Recovery Group at UCL including collaboration on research being taken forward in Haringey by a Doctoral Student within her Department.

2. Improving immunization coverage

The following work packages will be undertaken during 2025/2026:

Ongoing work to strengthen systems/processes to improve data and delivery.

Please refer to the Action Plan contained on pages 11-13 above.

3. Data and outcomes – measures of wellbeing

The following work packages which were not completed in 2024/2025 will be actioned during 2025/2026:

Routinely collected data – we intent to improve our use of routinely collected data through sub-analysis of inequalities to drive improvements in performance e.g. identifying geographical areas where children are placed in care – within and outside of Haringey – and where access to health services e.g. dentistry/vaccination services is difficult

As part of the workstream to improve early interventions through to crisis mental health support, we intend to incorporate measures of emotional well-being beyond SDQs scores. There is a large body of evidence which concludes that SDQs underestimate certain conditions e.g. depression/PTSD which impact upon well-being/mental health. We will work with academic partners, mental health services and the NCL ICB to define a core set of indicators and to develop the systems required for data collection/analysis.

4. Initial/Review Health Assessments

The following work packages will be undertaken during 2025/2026:

i. IHA/RHA rebranding (ongoing):

Change of focus of health assessments towards health and well-being of child/young person, focusing on positive rather than negative aspects (following feedback from service users).

Co-design with service users to make assessments relevant to child/young person's concerns.

Liaison with social care and IRO's to extract most pertinent information to include within report.

Use of some generic recommendations to improve standardization, and timeliness of reports

Create information about the assessment as well as local services, means of seeking extra support, including mental health.

Work to ensure recommendations and reports are shared in a timely fashion.

I Consent – turnaround.

A new consent form was introduced in 2023, to be signed at the same time as a child coming into care. It was envisaged this would lead to an improvement in timescales for obtaining consent for the Initial Health assessment.

Roll-out is continuing – and further work is planned in conjunction with social care to improve both use of the new consent form and time frames for notification of a child coming into care and obtaining of consent.

Data - Children in Care Service

As of the end of March 2025, 325 Children were placed into Care whilst 120 children entered care during the reporting period. The rate of children becoming looked after is 64/10,000. This is within the interquartile range of our statistical neighbours (60-69). per 10,000 is 62

Within the last 12 months, 134 children ceased to be looked after, out of which 34 who ceased to be looked after and returned home to live with their parents or relatives.

75%% of Haringey Children in Care seen with 20 working days for Initial Health Assessment – 2% improvement compared to 2023/2024

78% of Haringey Children in Care for 12 months or more are seen for their Review Health Assessment (those in youth offending institutes not CIC prior to being remanded are not the responsibility of the CIC team).

87% of Haringey Children in Care have seen a dentist during the preceding 12 months
43% of Haringey Children in Care fully immunized in line with UK vaccination schedule
65% of Haringey Children in Care fully immunized when excluding influenza vaccination
86 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed. This is collected by First Step, which is a commissioned service provided by Tavistock-Portman.

Haringey CIC team submit quarterly reports via Whittington Health on performance of the team which is reviewed at NCL commissioning meetings.

Quarter 1 2024/2025

	Activity	Quarter 1 2024/25			
		April	May	June	Total Q1
Initial Health assessments	Number of new into Care notifications	8	11	13	32
	Total number of children seen in current month	8	11	13	32
	Number completed within 20 days (based on 'date seen')	7	6	10	23
	Number completed over 20 days (based on 'date seen')**	1	5	3	9
Review Health assessments	Number due	31	30	17	78
	Total number of children seen per month	33	30	17	80
	Number completed within timescale this month	27	25	14	66
	Number of children not seen on time	6	5	3	14

Quarter 2 2024/25

	Activity	Quarter 2 2024/25			
		July	August	September	Total Q2
Initial Health assessments	Number of new into Care notifications	8	8	4	20
	Total number of children seen in current month	5	8	4	17
	Number completed within 20 days (based on 'date seen')	4	6	3	13
	Number completed over 20 days (based on 'date seen')**	1	2	1	4
Review Health assessments	Number due	16	44	26	86
	Total number of children seen per month	43	23	25	91
	Number completed within timescale this month	41	19	22	82
	Number of children not seen on time	2	4	3	9

Quarter 3 2024/25

		Quarter 3 2024/25			
Activity		Oct	Nov	Dec	Total Q3
Initial Health assessments	Number of new into Care notifications	5	12	5	22
	Total number of children seen in current month	5	12	5	22
	Number completed within 20 days (based on 'date seen')	5	10	3	18
	Number completed over 20 days (based on 'date seen')**	0	2	2	4
Review Health assessments	Number due	33	33	19	85
	Total number of children seen per month	33	33	19	85
	Number completed within timescale this month	18	19	10	47
	Number of children not seen on time	15	14	9	38

Quarter 4 2024/25

		Quarter 4 2024/25			
Activity		Jan	Feb	Mar	Total Q4
Initial Health assessments	Number of new into Care notifications	7	17	19	43
	Total number of children seen in current month	7	17	19	43
	Number completed within 20 days (based on 'date seen')	4	16	10	30
	Number completed over 20 days (based on 'date seen')**	3	1	9	13
Review Health assessments	Number due	29	25	26	80
	Total number of children seen per month	29	25	26	80
	Number completed within timescale this month	26	18	19	63
	Number of children not seen on time	3	7	7	17

6 children were not seen for RHA by the end of the year. The team continue to attempt to see children who have previously declined to be seen. 97% of children in care received an RHA.

4 RHA'S and 2 IHA's were completed by Out of Borough Team's due to where the children are placed.

Strategic Work of the Team

The Nursing/Medical team represent CIC on the following groups and committees.

Name of group/committee	Representative	Frequency
Whittington Health Safeguarding committee	Designated Nurse/Designated Doctor	Quarterly
Whittington Health Haringey Quality and Performance meeting	Designated Nurse/Designated Doctor	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Nurse	Quarterly
Haringey health safeguarding children learning and quality group	Designated Nurse/Designated Doctor	Quarterly
Haringey Complex care Panel	Designated Doctor	Monthly
Haringey Fostering Panel	Designated Nurse	Monthly
Virtual School Management Committee	Designated Nurse	Quarterly
Haringey Exploitation Panel	Designated Nurse	Monthly
Haringey Pre-MACE	Designated Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Nurse/Designated Doctor/Named Doctor	Quarterly

Meeting with Aspire (Children in Care council)	Designated Nurse/Designated Doctor/Named Doctor	Quarterly
London Designate Nurse Meetings	Designated Nurse	Quarterly
Designated Meetings across the sector	Designated Nurse/Designated Doctor	Quarterly
HSPC Quality performance and outcome meetings	Designated Nurse	Quarterly
HSPC Practice, Learning & Workforce, Development Group	Designated Nurse	Quarterly
NCL Safeguarding System Learning Conversation	Designated Nurse	Quarterly
NCL ICS CLA working group	Designated Nurse	Monthly

Training and Seminars

The nurses provide training to foster carers in child development, health needs and minor ailments and treatment.

We have provided training on The Health Needs of Children in Care via The Haringey Academy for Social workers and foster carers.

The Paediatric registrar receive training from the team during their placement and Health Visitors and School Nurses visit the service as part of their induction.

Risk Management, Incidents and Complaints and Compliments

Following an incident in 2021/2022 where there was a delay in health review reports being shared, a weekly LAC health team meeting takes place which is chaired by the Named Doctor/Designated Nurse. All notifications of entry into care are reviewed; health assessments are scheduled, and the status of all medical reports is discussed. There remains a delay in some reports being completed due to capacity issues within the medical team. There is also a delay in nurses completing health assessments reports, and a system of

uploading recommendations to Liquid Logic takes place if there is a delay of reports being completed.

Supervision

The Haringey Health LAC team leadership includes a Designated as well as Named Doctor for LAC work who alongside the Designated/Named Doctor for Child Protection in Haringey.

Any safeguarding concerns are discussed with the Designated or Named Doctor for LAC and identified concerns are discussed at any time with the Designated/Named Doctor for Child Protection or at the Haringey Community Paediatrics weekly safeguarding peer review meeting.

The nurses discuss cases of concern at team meetings and during 1:1 meeting with the Designated Nurse. Safeguarding supervision is received from the Named Nurse Child Protection. The Designated Nurse receives additional supervision with the other named nurses for CIC in Whittington Health.

Safeguarding is a significant and important part of the workload of the LAC Team and the team is routinely involved and included in any strategy meeting convened, for any Haringey LAC irrespective of where they are living.

The complexity and volume of safeguarding work has certainly increased year-on-year and this work continues to sit alongside more routine aspects of work, especially routine health assessments.

⁴ A desktop report is written by the paediatrician or nurse. This takes place if a young person does not wish to attend the assessment and it is clinically appropriate. If possible, the Dr speaks to the young person and others to inform the report. The Social Worker is also contacted and existing health records reviewed. This is following a recommendation of a Serious Case Review (Child O). The report is forwarded to health professionals, including the GP and recommendations will be reviewed by SW and Independent reviewing Officer