Whittington Health NHS Trust

HARINGEY

Children and Young People's Service

Annual Report

Children in Care Service

April 2025 - March 2026

Authors: Dr Paul Sender, Designated Doctor, Children in Care; Claudia Gbadebo Named Nurse, Children in Care; Dr Hajera Sheikh, Named Doctor, Children in Care

Contributions from: Dr Kirstie Kinross, Medical Advisor for Adoption; Dr Francesca Silman, Adult Health Assessment Advisor; Martina Weilandt, Specialist Clinical Service Manager– First Step Plus; Lucas Shemely, Clinical Lead of CLA Emotional Health Team

Date 04/11/2026

Whittington Health NHS Trust

Contents

Executive summary 1

Introduction 1

Context 2

Team Values 2

Legal Status 2

Aims 2

Haringey CIC service and staffing structure 3

Staffing structure 2025/2026 3

Key Roles and Responsibilities 4

Referrals 6

Health Assessments 6

Initial Health Assessments 6

Review Health Assessments 7

Children Leaving Care 7

Young People remanded into detention 8

Updates/Progress 2025/2026 8

1. Effective working with partner agencies 9

2. Timely and relevant health assessments 9

3. Improving access to health services 10

4. Early interventions through to crisis mental health services 13

Key 2026/2027 Strategic and operational priorities 17

Data - Children in Care Service 19

Strategic Work of the Team 21

Training and Seminars 23

Risk Management, Incidents and Complaints and Compliments 23

Supervision 23

Annex 1: Update Vaccination Coverage Action 25

Haringey Children in Care Service

Annual Report

2025-2026

Executive summary

Key metrics 2025/2026

1. 75% of Haringey Children in Care seen within 20 working days for Initial Health Assessment – which is unchanged as compared to 2024/2025.
2. 78% of Haringey Children in Care for 12 months or more seen for their Review Health Assessment – which is unchanged as compared to 2024/2025
3. 89% of Haringey Children in Care have seen a dentist during the preceding 12 months – which is a 2% increase as compared to 2024/2025
4. 88% Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed – as compared to 86% in 2024/2025.
5. 69% of Children in Care when excluding influenza vaccination (as compared to 65% in 2024/2025); 46% of Haringey Children in Care fully immunized in line with UK vaccination schedule (as compared to 43% in 2024/2025);

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 each and 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 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 care[1]. 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 a child/young person 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 of 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 2025/2026

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 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 CLA 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 fell vacant, the post would be split into a

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

[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.

Designated Nurse role (which would be recruited by the NCL ICB) and a Named Nurse role (recruited by Whittington Health).

The new postholder for the Named Nurse role joined the team in March 2025. Unfortunately the Designated Nurse role remained vacant throughout the entirety of this reporting period[3].

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 has been both unfilled as well as not open to recruitment.

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 the children, carers and the wider professional network.

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 roles[4].

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 also 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

[3] The Designated Nurse post was vacant for the period December 2024 through until August 2026. In August 2026, an interim postholder (one day per week, remote working) was appointed by the now West and Central London ICB with the ICB's intention being to appointment a permanent postholder in 2027.
[4] https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-00948

Paediatricians who undertake initial and review assessments, providing medical advice, support and advice for the Children in Care nurses.

Claudia Gbadeno who was appointed in April 2025 leads the team of Specialized CIC nurses.

The analysing 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 serves 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 4 panel meetings. Teaching has also been provided teaching on the health and developmental needs of children with fetal alcohol spectrum disorder (FASD) to adoption panel members.

The team are 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 placed 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 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 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 a proportion 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 of these live within relative proximity – some in neighboring boroughs in north central London but many others beyond.

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 (Named Doctor for Children Looked After). Those well-known to another Consultant Paediatrician within the Haringey Community Paediatric

team may be seen by that Paediatrician.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to other CIC Teams.

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 worker for support around experience, including referral to third sector organisations, 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 a Paediatrician (most children under the age of 5 years) and otherwise a Specialist Nurse working within the CIC team (children over the age of 5 years). 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 reached 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 persons 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) has changed.

Whilst the CIC team are receive notification, 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 remanded into or by the nurse working with the youth offending team.

Updates/Progress 2025/2026

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 during and in the aftermath of the pandemic. These increased risks have persisted.

Post-pandemic impacts continue to be seen amongst the wider population and continue to impact children in care. As a consequence 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.

Beyond the impact upon individual children's lives and the impact upon their lifelong outcomes, there is a continuing demand being placed upon the Children in Care team to help deal especially with the impact on children's mental health and the rise in contextual safeguarding risks.

Whilst the total number of child in care continues to decline year by year, the number of strategy and professionals meetings attended by the team continues to increase. The data presented here is a proxy measure for the wider demands on the service. It is important to note that this is placing a significant demand upon the service as it is not factored into any commissioning agreement for the service

2025/2026	Number of strategy/professionals meetings attended by CIC Specialist Nursing Team
Q1	Data not recorded

Q2	18 (data only captured for month of September)
Q3	48
Q4	33

1. Effective working with partner agencies

In 2025/2026, the strengthened leadership team consisted of a Named Nurse[5], Named Doctor and Designated Doctor[6], alongside now 4 Specialist CIC Nurses possessed additional capacity to more effectively engage with partner agencies.

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

The re-institution of 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 better resourced CIC Health Team is able to more effectively advocate for the particular needs of Children in Care, especially when seen against a background of a specific set of vulnerabilities.

Over time, and as a team, we continue to develop closer working relationships with counterpart CLA 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 remained at 75% now for the last two years. The number of children in care for 12 months or more and who received a review health assessment is now at 78% and this level has been maintained since 2024/2025.

A significant bottleneck remains the notification & 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

[5] The Designated Nurse role is vacant
[6] The Designated and Named Doctor are commissioned to work one day per week in their roles

assessments. However more works 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 into 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 re-design 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
- Individualised recommendations which highlight a prioritisation of actions to be undertaken by health, social care and other agencies, alongside a set of more standardized, generic recommendation
- 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. These forms were finalised in late 2025.

Whilst use of these forms is not a statutory requirement, it was felt that alignment with CORAM BAAF forms would represent a relevant harmonisation 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 assess feasibility of incorporating these forms into everyday practice[7].

3. Improving access to health services

Immunisation targets, achievements and coverage

Immunisations: targets have not been met for immunisations coverage. Whilst vaccination coverage is at 69% (excluding influenza), there is clearly a significant challenge in terms of uptake of influenza vaccination. Full coverage, including influenza, is only 46%. These figures are only a modest improvement upon 2024/2025 figures.

Ongoing work to improve coverage

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 relate to coverage attainment for children living outside of Haringey. This is on a

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

background of historically low immunization coverage across large parts of London due to “vaccination hesitancy”.

During 2025/2026, joint work was undertaken in partnership with Haringey Local Authority and Haringey Public Health in order to address low immunization rates and this will continue through 2026/2027.

This work in 2025/2026 builds upon a data audit led by Haringey Public Health and undertaken in 2024 which provided further detail around the relative contribution of data quality issues, consent issues, gaps in coverage which together account for under-attainment of targets.

A wider review was initiated in 2025 with summary conclusions:

- **Audit:** 20% decline in CLA vaccination rates over 5 years. Only 65% fully vaccinated in 2023. Lower uptake among Black/mixed ethnicity children, teenagers, those 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 Immunisations & Screening Group, with quarterly reviews. Action plan to be shared with Start Well Board chair.

Public engagement exercise undertaken in 2026 with Haringey Foster Carers

In 2026, to further this work, a set of foster carer engagement sessions and a survey was undertaken by Haringey Public Health. Survey respondents were highly supportive of vaccinations.

Key challenges identified:

- Information sharing is inconsistent when children move placements or areas
- Vaccination records can be missing, inaccurate or conflict between services
- Children may miss routine and school-age vaccinations, with unclear catch-up pathways
- Uncertainty around vaccination status for asylum-seeking children and those arriving from abroad
- Cultural beliefs and previous family experiences can affect vaccine uptake

System and consent issues:

- Consent processes frequently delay vaccinations

- Roles of social workers, carers, parents and delegated authority are not always clear
- Carers want clearer guidance on school vaccination programmes and missed appointments
- Better coordination needed between schools, providers, health services and social care
- Need education on vaccines, side effects, risks and benefits

What carers said would help:

- Clear guidance on consent, delegated authority and decision-making
- Better access to accurate vaccination records and clear catch-up pathways
- Consistent communication across health, education and social care
- Training, webinars and practical resources for carers
- Named contacts for vaccination queries and support
- Interest in future sessions on mental health, smartphones and social media

Positive findings:

- Survey respondents reported high confidence in supporting childhood vaccinations and strongly agreed that vaccinations are important for protecting children's health
- Most felt they had access to information and where to access vaccination services
- The main challenges related to system processes, record sharing and consent, rather than concerns about vaccinations themselves.

Future plans:

During 2025/2026, further work has been undertaken by Haringey Children's Services, Haringey Public Health and the Health CLA team also including the ICB. This led to a set of prioritized actions targeting key barriers and as agreed in July 2025:

Area 1: Education & Awareness:
- Train social workers and carers
- Raise awareness of disparities

Area 2: Consent & Legal:
- Clarify delegated authority and escalation
- Streamline consent processes

Area 3: Service Delivery, Equity & Access:
- Prioritise catch-up for teens and new entrants
- Audit 14+ cohort
- Investigate barriers for ethnic minorities and out-of-borough CLA

Area 4: Data & Intelligence:
- Improve Social Care data frequency and detail
- Review SNOMED coding with GPs

A detailed timebound action plan is included in this report as Annex 1.:

Dental services

Dentistry: coverage is currently 89%. Target attainment is static as compared to 2024/2025 achievements. Previous government initiatives including the Pan-London Healthy Smiles Pilot to address inequalities in oral health amongst CLA have now been concluded. This means that CLA are reliant on their carer or Social Worker to schedule an appointment for them with an NHS dentist for any routine appointment[8].

4. Early interventions through to crisis mental health services

There has been 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 in order 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 in order to better specify and better deliver services for CLA.

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

We are extremely glad that 2025/2026 saw the launch of a new service which is based out of Haringey Children's Services and which will undoubtably make a major contribution alongside the existing specialists service – First Step Plus – to address the emotional well-being and mental health needs of Children in Care. The services are described below:

[8] 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.

CLA (Children Looked After) Emotional Health Team[9]

The CLA Emotional Health Team is a newly commissioned specialist NHS CAMHS service providing mental health assessment, formulation, consultation and therapeutic intervention for children and young people who are looked after by Haringey Local Authority. The service has been commissioned by Haringey Local Authority and is modelled on already established services being able therefore to draw upon lessons learnt and best practice.

The service works closely with social care, carers, residential settings, education, health colleagues and the wider professional network to support the emotional wellbeing and mental health needs of children in care.

The team are primarily based at the Local Authority at 48 Station Road, Wood Green and are embedded within Children in Care social care teams. They are also based and linked to the local Haringey Community CAMHS service. A primary focus of the work is on providing accessible consultation to professionals, carers and others within the system around a young person. The service is trauma-informed and attachment-focused, recognising the impact of early adversity, abuse, neglect, loss and placement instability on emotional development. Interventions are tailored to the needs of the child or young person and may include specialist mental health assessments, direct therapeutic work, consultation to carers and professionals, systemic interventions, risk assessment and care planning.

Alongside direct clinical work, the team provides consultation, training and reflective practice to foster carers, residential care staff, social workers and partner agencies, helping to increase understanding of trauma, attachment and emotional wellbeing across the wider looked after children's system.

Staff were recruited by April 2026 with the service formally being launched in July 2026. The intention is to expand the workforce in the next year. The intention of the service is that the team will have capacity to provide direct interventions for 25-30 children or young persons, with the majority of the rest of the work being consultation and care coordination. At the present time[10], the team have 9 young people currently on their caseload (direct therapeutic intervention/assessment or intensive system support) and have provided consultation/advice to professionals regarding 47 young people. Their remit currently is up until 18 years old, but with future expansion they hope to offer support for care leavers up to the age of 21 (and potentially 25). There is the hope to be able to extend the offer for up to 21-year olds and this will increase the direct clinical work.

First Step Plus Service: April 2025 – 2026

[9] As at October 2026
[10] October 2026

Summary:

2025/26 was the year the First Step Plus service became a stand-alone service. The fully established multidisciplinary team (April 2026) now includes representation from Psychiatry, Psychology, Psychotherapy and Clinical Social Work, widening the clinical offer for Haringey's children looked after. At the time of reporting[11], the service's caseload stands at 33 children and young people. Continuingly operating without a waiting list, First Step Plus is a reliable and timely source of support for Haringey's children looked who experience placement instability, whom traditional services often miss.

Examples of clinical work in 2025 / 2026:

- Successfully supported at-risk placements where breakdown was likely or imminent, and through transitions to new placements, providing trauma-informed guidance and intervention to foster carers, prospective adopters, residential staff, and wider professional networks.
- Engaged with so-called hard-to-engage young people, providing assessment and treatment for several children who did not meet traditional CAMHS thresholds, who would not engage with local service, or experienced significant waiting times, but required stabilisation and mental health support.
- Assessed, diagnosed, and successfully treated children for ADHD who had no access to local services because of exceptionally long waiting times.
- Offering support to young people at the edge of adulthood (aged 17+ years), leading to a smoother transition into adult services.
- Facilitated multi-agency network support, working with social workers, schools, and carers to develop a shared trauma-informed plan for the child.

Service Outline:

First Step Plus is a multidisciplinary specialist mental health service for children and young people looked after in Haringey aged 0–18 who are experiencing, or at risk of, placement instability and cannot access local Child and Adolescent Mental Health Services (CAMHS). Since decommissioning of the previous First Step Service in April 2025, the service has undergone complete remodeling. The service now operates as a stand-alone, trauma-informed, attachment-focused referral service, aligned with NICE guidance.

Appointments are offered face to face and online, and wherever helpful and possible clinicians take an outreach approach and visit schools and placements. Since January

[11] October 2026

2026, the service is based at the Tavistock Centre, 120 Belsize Lane, London NW3 5BA with additional clinical rooms now being bookable for clinicians at St Ann's hospital in Tottenham.

Activity: In 2025/26, First Step Plus received 38 referrals, had no waiting list, offered first appointments consistently within one week and kept its DNA rate below 7.5%. Quarterly referral acceptance ranged from 81% to 100%.

The need:

Most children enter care have experienced neglect, abuse and loss. Whilst many go on to have stable placements and positive outcomes, for a large group of children looked after (CLA) life remains very difficult. Without appropriate support, they face mental health crisis, school exclusion, criminalisation and inter-generational trauma. Placement instability drives this cycle. Foster carers need ongoing support to understand and respond to children's psychological needs. Without it, placements come under strain and break down. Each move brings further loss in key relationships, breaks access to local services, can cost a place on CAMHS waiting lists and can end existing therapeutic relationships. Traditional pathways often miss these children. High demand means CAMHS thresholds can exclude those without acute presentations. When a placement ends, the professional network fragments, often leaving the social worker, new carer and child to cope alone.

Service offer:

First Step Plus takes an inclusive view regarding referral acceptance - a school transition, a change in foster placement, or other significant life events leading to instability. Its response is a wraparound care approach, strengthening the key adults and network as the child's main source of support.

The service provides:

- Systemic network support by bringing professionals and carers together to build a shared understanding of the child.
- Tailored therapeutic packages: developed with children, young people and their key adults, around their own goals.
- Carer support: helping foster carers understand and respond to psychological needs.

The delivery follows the child. Within 20 miles of Haringey, direct clinical work is offered where it is clinically safe and beneficial; and supported by a key adult. Beyond 20 miles, the service provides consultation, carer support and network support.

Impact is measured using Goal-Based Measures (GBM), the Children's Global Assessment Scale (CGAS) and the Experience of Service Questionnaire (ESQ).

Partnership Work: The First Step Plus service works closely with their main stakeholder Haringey Children's Service, Education and the Children looked after Health Team. Monthly meetings are held with team managers from CLA and YAS service managers to early identify CLA who face placement instability and who have high emotional needs. Weekly meetings are held with Children Looked After (CLA) Management, and the Local Authority's Stability Panel is attended fortnightly to early identify potential referrals for the service. Teams wishing to invite the service to their meetings, or to connect more regularly, are welcome to get in touch.

Key 2026/2027 Strategic and operational priorities

1. Mental health and emotional well-being - ensuring that Children Looked After are able to 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 CLA 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 CLA to CAMHS crisis interventions when they need them

During 2026/2027, we expect that further work will be undertaken in partnership with the CLA Emotional Health Team and First Step Plus to ensure that services meet needs and to better capture through improved data the extent of needs of the cohort and the impact

of services.

2. Improving immunization coverage

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

Ongoing work to strengthen systems/processes in order 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 2025/2026 will be actioned during 2026/2027:

Routinely collected data – we intend to improve our use of routinely collected data through sub-analysis of inequalities in order 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 in order to define a core set of indicators and to develop the systems required for data collection/analysis.

4. Initial/Review Health Assessments

2026/2027 will see ongoing efforts around:

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 standardisation, 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.

ii. 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 2026, 297 Children were placed into Care whilst 117 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) which is 62 per 10,000.
- Within the last 12 months, 149 children ceased to be looked after, out of which 54 who ceased to be looked after returned home to live with their parents or relatives.
- 75% of Haringey Children in Care seen with 20 working days for Initial Health Assessment which is performance maintained at the 2024/2025 level
- 78%% of Haringey Children in Care for 12 months or more 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) which is performance maintained at the 2024/2025 level
- 89% of Haringey Children in Care have seen a dentist during the preceding 12 months which is a 2% improvement above the 2024/2025 acheivement
- 46% of Haringey Children in Care fully immunized in line with UK vaccination schedule which is an improvement upon the 2024/2025 result of 43%
- 69% of Haringey Children in Care fully immunized when excluding influenza vaccination (as compared to 65% in 2024/2025)
- 88 % Haringey Children in Care have had a Strength and Difficulty Questionnaire (SDQ) completed.

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

All children or young people entering into care receive a face-to-face IHA or a review of all available information if they are not willing to attend for an appointment. 97% of all CLA in Haringey receive an RHA.

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 Doctor	Quarterly
Whittington Health Haringey Quality and Performance meeting	Named Nurse	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Doctor	Quarterly
Haringey health safeguarding children learning and quality group	Designated Doctor	Quarterly
Haringey Complex care Panel	Designated Doctor	Monthly
Haringey Fostering Panel	No current representation	Monthly
Virtual School Management Committee	Named Nurse	Quarterly
Haringey Exploitation Panel	No current representation	Monthly
Haringey Pre-MACE	Named Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Doctor/ Named Doctor	Quarterly
Meeting with Aspire (Children in Care council)	Designated Doctor/ Named Doctor	Quarterly
London Designate Nurse Meetings	No current representation	Quarterly
Designated Meetings across the sector	Designated Doctor	Quarterly
HSPC Quality performance and outcome meetings	Designated Doctor	Quarterly
HSPC Practice, Learning & Workforce, Development Group	Designated Doctor	Quarterly
NCL Safeguarding System Learning Conversation	Designated Doctor	Quarterly

NCL ICS CLA working group	Designated Doctor	Quarterly

Training and Seminars

The nurses provide training to foster carers and social workers on the Children in Care service, including its functionality and processes, the health needs of children in care, and the requirements and responsibilities of professionals and foster carers. The training also promotes effective partnership working.

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

The Paediatric registrars 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

There have been incidents where there have been delays in health reports being shared. To address delays in the distribution of health reports, IHA and RHA report trackers have been introduced. These provide oversight from completion of the health assessments through to distribution of the final report, enabling timescales to be monitored and delays identified promptly. The trackers strengthen accountability, risk management and governance by providing a clear audit trail, supporting early identification of delays and enabling timely action to reduce the risk of incidents arising from information not being shared within expected timescales. The data will also support ongoing monitoring, incident reduction and continuous service improvement.

Bi-monthly CLA health team meeting takes place which is chaired by the Named Doctor/Named 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; a system of uploading recommendations to Liquid Logic takes place if there is a delay of reports being completed.

Supervision

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

Any safeguarding concerns are discussed with the Designated or Named Doctor for CLA 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 CLA Team and the team is routinely involved and included in any strategy meeting convened, for any Haringey CLA 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 Officers.

NHS
Whittington Health
NHS Trust

Annex 1: Update Vaccination Coverage Action

Updated action plan as of 27/08/2026

Short Action Title	Action Description	Rationale	Timeframe	Success Measure / Deliverable	Progress
Refine Local Authority Data Capture	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	In order to establish uptake of the routine vaccination schedule vs seasonal vaccinations (which are likely to have lower uptake due to regularity, although still important to ensure vaccinations).	Q1 2027	Access to the metric "all vaccinations up to date by child's age" and "seasonal flu vaccination given by year"	
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)	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) & provide batch consent for all children	To ensure that Vaccination UK have the details of children and social care workers who attend schools in North London to support school-aged vaccination.	Ongoing (September & Feb each year)	Data is sent on a bi-annual basis.	
Vaccination UK to ensure that other North London teams receive the consent provided by our social care team	Vaccination UK to ensure that other North London teams receive the consent provided by our social care team and specific social care worker	To ensure that Haringey CLA that attend school outside of Haringey receive the vaccination offer.	Ongoing (September & Feb each year)	Consent for children & data is shared with relevant teams	
Out-of-Borough SAIS Directory	Develop and maintain a directory of School-Aged Immunisation Service providers across England, including coverage areas, referral routes, contact details and catch-up arrangements for children placed outside Haringey (where possible). Ideally this action should be managed/handed over to National.	Difficulty identifying the correct provider for children placed outside Haringey.	Q1 2027	Directory completed, circulated to relevant partners and reviewed annually and following new commissioning cycles.	

Vaccination Advice & Navigation Contact	Establish a named contact or mailbox to provide advice on providers, catch-up pathways, consent queries and out-of-borough placements.	Foster carers requested a named point of contact and navigation support.	Q1 2027	Named contact established and promoted in guidance and newsletters.	
Vaccine Hesitancy & Vaccination Conversations Training	Deliver training for social workers and other relevant CLA and CIC staff on vaccine hesitancy, misinformation, trauma-informed conversations and supporting informed decision-making.	Staff need greater confidence discussing vaccination with hesitant young people.	Q2 2027	Training delivered and staff confidence improved through feedback.	
Update Vaccination Schedule in LiquidLogic	Review and update vaccination schedules, prompts and monitoring fields within LiquidLogic to align with the current immunisation schedule.	Current system content requires updating to reflect schedule changes.	Q1 2027	System updated, guidance issued and annual review process established.	
Strengthen Vaccination Information in Health Assessments and Annual Reviews	Review IHA and RHA templates to clearly document vaccination status, overdue vaccines, vaccines due before next review, actions, responsible staff and timescales. Consider adding KPI to review whether imms in care plan have been actioned.	Social workers and IROs need clearer information on vaccination requirements and follow-up actions.	Q2 2027	Revised templates implemented and audit shows consistent recording.	
Vaccination Quick Reference Guide	Develop a 2-page practical guide for social workers and foster carers covering who is responsible for what, delegated authority and consent, how to check vaccinations status (data sources available), vaccination schedules, consent, pathways, provider roles and key contacts. Flow diagram might also be helpful.	Confusion regarding responsibilities, consent and service pathways.	Q1 2027	Guide produced, distributed and included in induction materials.	
Vaccination Status Included in Placement Transfer Process	Review placement transfer processes to ensure vaccination status, outstanding vaccinations and relevant health contacts are recorded and transferred when children move placements.	Information sharing issues were identified when children move placements or authorities.	Q2 2027	Placement transfer documentation updated and compliance audited.	

Social Worker, Foster Carer & Teen-Friendly Vaccination Resources	Identify/Develop and promote age-appropriate vaccination resources for looked after young people, including HPV, MenACWY and catch-up vaccination information. Can include short videos, NHS information, vaccine or disease specific information etc.	Older young people were identified as a group with lower uptake and additional information needs, especially as can consent for themselves as Gillick competent.	Q2 2027	Resource pack developed and promoted through social workers and YAS.	In progress.
Vaccination information to be included in Foster Carer induction (& accompanying summary sheet)	Incorporate a short vaccination video or module into foster carer induction (and consider potential refresher opportunities other than newsletters), including information on what they want to know from engagement i.e., childhood routine vaccination schedule and providers, how to check vaccinations status and records, accessing routine and catch-up vaccinations, roles and responsibilities, consent and delegated authority. Further sources of trusted information that link to more information on how vaccines work, benefits of vaccination, common side effects, addressing common misconceptions. For foster carers caring for children 13 years of age and above, we might also need to think how we support them to engage in supportive conversations about vaccinations with their foster child (i.e. common reasons they decline, addressing fears such as needle anxiety).	Awareness and understanding varied considerably. Embedding information into routine processes is likely to have greater sustainability than standalone training.	Q2 2027	Vaccination content included in induction materials	
Introduce Vaccination Discussion prompts at Statutory reviews, Foster carer reviews and PEP	Add a standard question to statutory review meeting paperwork, in foster carer supervision (including independent foster carer agencies), and in PEP paperwork. Is vaccination status known? are they up to date? any vaccinations outstanding? if oustanding, who is responsible for follow up and with who?	Vaccinations can easily be overlooked amongst competing priorities. A prompt can improve follow-up without creating significant additional workload	Q12027	Prompt incorporate into review templates and evidence of use	

Include Vaccination reminder in foster carer newsletter twice per year (September/October and February/March)	Include routine vaccination schedule, where to get children vaccinated, seasonal vaccination reminders i.e. flu, school-based vaccinations. Include links to helpful resources.		Ongoing	Two communications per year minimum	
Community Paediatrics to regularly review children who are not vaccinated and follow-up with IRO/Social Worker, and cross-check other data-bases	Quarterly list of CLA with unknown vaccination status, CLA due/missing vaccinations, children awaiting consent resolution and shared with relevant teams for action. Acknowledge difficulty in checking data. To confirm time period.	Current monitoring focuses largely on overall uptake. A practical improvement would be identifying specific children who need action.	Ongoing	Quarterly? reports produced	
Provide access to community paediatrics team to One London Data Service (OLIDS)	Provide access to community paediatrics team to One London Data Service (OLIDS)	OLIDS contains a CLA code showing how many children are registered and resident in Haringey and other NCL boroughs. Can be used to cross check recorcs	Q1 2027	Access confirmed	
Regularly review uptake & Progress	Review uptake annually to identify improvements and assess whether appropriate to repeat audit in next 3 years (or another time period). Regular review meetings scheduled to assess progress against action plan.	To assess whether our partnership working and actions have had a positive impact on vaccination uptake in this cohort	Ongoing/TBC		
Closed Actions					
Explore data sharing/matching feasibility between teams	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.	Audit showed differences in uptake across differing data sources.	Oct-25	Access and audit performed	Closed- not determined feasible. However, there has been a CLA code added to Healtheintent so could be an additional help from a monitoring

					perspective. New action added.
Review feasibility of centralised database (regional vs national) to record vaccination uptake of Looked After Children	Review feasibility of centralised database (regional vs national) to record vaccination uptake of Looked After Children		Ongoing		Closed- this has been raised as a need and will continue to be raised at suitable forums/platforms
Deliver training for CLA Social Work Teams and Foster Carer teams on Childhood Vaccinations, Consent Process, and Gillick Competence	Deliver training for CLA Social Work Teams and Foster Carer teams on Childhood Vaccinations, Consent Process, and Gillick Competence		26-Jan		Closed- some training has been given through the conversations with all of the teams as part of the qualitative engagement action. Work still to be done that meets this actions aims (education) as part of the reference guide.
Encourage practices/ICB to utilise/monitor uptake CLA vaccinations via HealtheIntent dashboard and to use the SNOMED code for CLA correctly (policy &	Encourage practices/ICB to utilise/monitor uptake CLA vaccinations via HealtheIntent dashboard and to use the SNOMED code for CLA correctly (policy & guidance to be developed about when this should be added/removed). Share information with GP practices on consent processes for vaccination of CLA and how to escalate concerns.		26-Oct		Closed- completed and moved over to the OLIDS data for ongoing tracking

guidance to be developed about when this should be added/removed). Share information with GP practices on consent processes for vaccination of CLA and how to escalate concerns.					
Use PEP meetings to raise awareness of immunisations, and raise awareness amongst school nurses, social workers and designated teachers	Use PEP meetings to raise awareness of immunisations, and raise awareness amongst school nurses, social workers and designated teachers				Closed- amalgamated into new action
Agree a process for regular auditing/monitoring, escalating and vaccinating of CLA children at various stages between key partners i.e., Healthcare assessment delivery (designated CLA Doctor & Nurse), Vaccination UK, CLA Service Manager, Head of Virtual School and Health Visitors.	Agree a process for regular auditing/monitoring, escalating and vaccinating of CLA children at various stages between key partners i.e., Healthcare assessment delivery (designated CLA Doctor & Nurse), Vaccination UK, CLA Service Manager, Head of Virtual School and Health Visitors.				Closed- amlagamated into new separate actions following in depth discussions with teams
Investigate if immunisations are prompted/reviewed at assessments and	Investigate if immunisations are prompted/reviewed at assessments and identify mechanism/s to review, audit and escalate via IRO				Closed- as above

identify mechanism/s to review, audit and escalate via IRO					
Conduct qualitative deep dive. speaking with, CLA (YAS), foster carers, foster carer supervisors/service managers and Social workers (CLA/YAS teams) to understand awareness, barriers/hesitancies to immunisations in this cohort.	Conduct qualitative deep dive. speaking with, CLA (YAS), foster carers, foster carer supervisors/service managers and Social workers (CLA/YAS teams) to understand awareness, barriers/hesitancies to immunisations in this cohort.				Closed- completed and summary written up of findings. Feedback from teams and foster carers has been reflected in this updated action plan.
Deliver call/recall & a catch-up vaccination campaign for all Looked After Children missing vaccinations with a Haringey GP	Deliver call/recall & a catch-up vaccination campaign for all Looked After Children missing vaccinations with a Haringey GP				Closed- not considered feasible due to small numbers in Haringey itself where GP Federation could support.