

**LOOKED AFTER CHILDREN/YOUNG PEOPLE ANNUAL
REPORT 2018/19**



**Lincolnshire Community
Health Services**
NHS Trust



***Lincolnshire
Clinical Commissioning Group***

Lincolnshire
COUNTY COUNCIL
Working for a better future



Lincolnshire Partnership
NHS Foundation Trust

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EXECUTIVE SUMMARY

This report covers the period 1st April 2018 to 31st March 2019. The Department of Health Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF/DH. 2015) requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care. In addition, the Local Authority (LA) requires an annual report to provide a summary of the core activities relating to Looked after Children/Young People (LAC/YP).

The NHS has a major role to play in supporting the LA as Corporate Parent in ensuring the timely and effective delivery of health services to LAC/YP. As directed by the Children Act 1989, Clinical Commissioning Groups (CCGs) and NHS England have a duty to comply with the requests from the LA to help them to provide support and services to these children. The NHS is also statutorily obligated to support LAC/YP who have been placed by an external LA within the County of Lincolnshire when they have been notified of the placement.

This Annual Report is intended to inform LAC/YP, the general public, elected members, stakeholder partners and staff of the progress and developments of the services to date. It has been jointly produced by Lincolnshire Community Health Services (LCHS) LAC/YP team, the LAC/YP team from Lincolnshire Local Authority (LLA), Lincolnshire Partnership Foundation Trust (LPFT) and Lincolnshire Clinical Commissioning Groups (CCG).

The key messages within this report are:

- The number of LAC/YP placed by Lincolnshire County Council was 614 at year end a fall of 7.5% over the year. This is at variance to the upward trend experienced by many Local authorities. The number of Looked After Children and Young people placed into Lincolnshire by external authorities continues to rise .
- The 16/17 year old age group now makes up almost 24% of the looked after population.
- There remains a continued emphasis on children who become looked after being placed within kinship placements but in 2018/19 there was a reduction in the number of SGO's granted and an increase in the number of adoption orders.
- Initial Health Assessments are not being achieved within the statutory time frame of 20 working days from the child/young person becoming looked after. In 2018/19 an improved health visitor pathway was introduced to ensure oversight of children when they become looked after. Children & Young People's Nurses (CYPN) are informed by LAC Health team when a child becomes looked after. At 15 days if the child or young person does not have a booked IHA, the CYPN is informed via referral and a face to face contact for health assessment is arranged within 5 days. This is not a full medical assessment but ensures that any immediate health needs are identified early.
- The rate of completion of review health assessments is amongst the highest in the country, with regard to completion within the statutory time frame, plus the assessments are continually improving in quality.
- Up-to-date immunization and vaccination of the LAC/YP cohort is higher at year end than that of their peers in the general population and above national average and our statistical neighbours.
- The LAC/YP health data used in this report is only a small proportion of the amount

of reporting against health issues which has continued to be developed over the last year.

- LAC/YP in Lincolnshire are actively encouraged and supported to participate in the shaping of services for them.
- There continues to be increased evidence that voice of the LAC/YP is heard.

1. INTRODUCTION

Our vision

"Putting Children First"

Working Together with Families to Enhance Children's Present and Future Lives

Our purpose

Children and families will be

- Helped to make changes for themselves
- Seen as a positive solution to the challenges they face
- Able to get the right service at the right time
- Understood as a whole family

Supported by a workforce who

- Uses evidence informed practice
- Understands and applies Relationship Based Practice
- Is Restorative in approach
- Is well trained and supported

Enabled and equipped by

Clear governance that puts children and families at the heart of how we plan and deliver support for them

- Using a system called Signs of Safety that builds on families strengths

Our purpose within Regulated Services is to ensure that every child in every part of the county achieves their potential, responding appropriately to the assessed needs of all LAC/YP to ensure that their life chances are maximized by their experience of the service.

This Annual Report details the services and expected health outcomes for LAC/YP who reside either in Lincolnshire or in out-of-county placements, and is aligned to the Children and Young People's Commissioning Plan.

The LAC/YP population represents children and young people who, within the reporting period of April 2018 – March 2019 are:

1. Corporately parented by Lincolnshire County Council / Local Authority, with strategic oversight through the Corporate Parenting Panel
or
2. Are placed by an external LA who maintains corporate parent status, and local strategic oversight and quality assurance is maintained via the Lincolnshire Safeguarding Children Board (LSCB) and is incorporated in their LSCB business plan.

The evidence tells us that LAC/YP are disadvantaged when compared to their peers in the general population, in all the wider determinants of health. Accordingly, they require proactive commitment from the professionals working with them.

The level of commitment is made explicit within the 'Children's Pledge' which was updated in 2016 and was created in conjunction with young people, including looked after children/young people and partner agencies. The Pledge is supported by a stated commitment of 10 things children and young people can expect from their social worker.

The pledge states that all agencies involved with the child or young person will:

- Do our best to keep you safe
- Help you know your rights
- Do what we say we are going to do

Together we will

- Listen and understand each other
- Be honest with one another
- Show each other respect
- Be reliable

Central to this commitment is the aspiration for health needs to be accurately identified with care and support provided that maximizes the health and well-being of LAC/YP. The services around the child must ensure that this care complies with all relevant legislation and the statutory guidance surrounding these children.

This report incorporates specific health data which offers a full year profile of the health of all LAC/YP residing within the county. It identifies issues that impact upon the health and well-being of all LAC/YP and will support future service commissioning and delivery. Such data is crucial to the Joint Strategic Needs Assessment (JSNA) which is now amended on a quarterly basis to incorporate emerging policy relating to LAC/YP.

The LAC/YP population incorporates corporately parented children by Lincolnshire County Council (LCC) and those LAC/YP placed in Lincolnshire by external authorities. The status of the children is identified within the population data included in this report.

Achievements in 2018

A greater proportion of children's reviews are led by the child themselves. All are managed in accordance with the signs of safety model. All IRO's maintain contact with a child in between statutory reviews

A revised 'Leaving Care Health Summary' document was introduced in 2018/19.

An OFSTED Focus Visit undertaken in April 2018 concluded that:

Leaders are ambitious for children in care. They know their services and prioritise resources to support social work to flourish. This results in stable and experienced teams who deliver high-quality social work which improves outcomes for children in Lincolnshire.

A focus on identifying permanent foster placements has enabled 49 children to have their plans for long term care fulfilled

A Looked after Children and Care Leavers Strategy was agreed by all agencies with Corporate Parenting responsibilities.

2. BACKGROUND AND CONTEXT

2.1. Definition of 'looked after' children and young people

Most children become looked after as a result of abuse or neglect.

'*Looked after*' refers to children and young people under 18 years of age, who have been provided with care and accommodation by children's services, as defined in law under the Children Act 1989 (CA 1989).

A child is looked after (by a Local Authority) if they are in Local Authority care, or are being provided with accommodation for more than 24 hours by the authority.

Looked after children fall into five main groups:

- Children who are accommodated under voluntary agreement with their parents Section 20 (S20)
- Children who are subject to a care order Section 31 (S 31)) or interim care orders Section 38 (S38)
- Children who are the subject of emergency orders for their protection Section 44(S44) and Section 46 (46)

And;

- Children who are compulsorily accommodated, including children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement Section 21 (S21).
- 16/17 year olds who are homeless and require accommodation (under section 20 (S20)

A child entering care will be disrupted from his/her familiar relationships and home environment. The Local Authority Children's Services strive to do all that is possible to minimize disruption to the child's education. For all LAC/YP, Lincolnshire County Council is committed to ensuring continuity of educational placements unless a care plan determines that a change in school would be beneficial, such as when a child moves to a permanent placement.

LAC/YP share the same health and social issues, risks and problems, experienced by

their peers, but often to a greater degree. They will often enter care in a poorer state of health, due to the impact of:

- Abuse and neglect
- Poverty
- Poor parenting
- Chaotic lifestyles
- Alcohol and substance misuse

Their experience can be further compounded by being over-exposed to significant challenges, such as:

- Conflict within their own families
- Frequent changes of home or school
- Lack of access to support and consistent advice from trusted adults

National statistics demonstrate that the longer-term outcomes for LAC/YP remain worse than their peers in general. As adults, they are more likely to experience:

- Psychological problems / mental illness,
- Homelessness,
- Imprisonment,
- Unemployment,
- Poorer health outcomes and life limiting conditions and/or
- Poor educational attainment levels.

The NHS and LA officers responsible for LAC/YP services are required to:

- Recognize and give due regard to the greater physical, mental and emotional health needs of looked after children in their planning and practice;
- Give equal importance (parity of esteem) to the mental health of looked after children and follow the principles in the national document, 'Mental Health Crisis Care Concordat, *Improving Outcomes for People Experiencing Mental Health Crisis*' and the work commissioned from SCIE "Improving mental health support for our children and young people".
- Agree multi-agency action to meet the health needs of LAC/YP in the area;
- Ensure that sufficient resources are allocated to meet the identified health needs of the looked after population, including those placed in the area by other local authorities, based on the range of data available about their health characteristics;
- Take into account the views of LAC/YP, their parents and carers, in order to inform, influence and shape service provision, including through Children in Care Councils and local Healthwatch; and
- Arrange the provision of accessible and comprehensive information to LAC/YP and their carers.

Reducing the acknowledged disadvantage for these children is the responsibility of a designated team of elected members, and health and social care practitioners, including the following:

2.2. Corporate Parent

The '*Corporate Parent*' is the collective responsibility of the council, elected members, employees, and partner agencies, to provide best possible care and safeguarding for each looked after child/young person. Every member and employee of the council and partner agencies has a statutory responsibility to act for that child in the same way that a good parent would act for their own child. This includes the children that LCC place outside of the county. Additionally, LCC ensures that all elected members undertake training in their role as a Corporate Parent.

The placing authority maintains the Corporate Parenting responsibility for their children residing in Lincolnshire. However, they may be placed a long distance away from the child and their communities. Each LAC/YP has an allocated social worker responsible for the management of their care plan. Services and aspirations for LAC/YP are enshrined in the 'Looked after Children and Care Leavers Strategy'.

2.3. Designated and Named Health Professionals

In accordance with the Statutory Guidance, '*Promoting the Health and Well-being of Looked after Children*', designated and named health professionals are appointed in Lincolnshire. It is the responsibility of the designated doctor and nurses to ensure that every LAC/YP has timely access to their statutory health assessments, and that a care plan is formulated to address all identified health needs.

The health team provides statutory health services for the whole LAC/YP population, irrespective of the LA corporate parent status. The role of the designated doctor for LAC/YP is to provide strategic leadership and quality assurance of the statutory initial health assessments.

The health service responsible for the completion of health assessments for LAC/YP is provided within Lincolnshire Community Health Services (LCHS), who work closely with the children's social care team, including the independent reviewing officers.

2.4. Independent Reviewing Officers

Independent Reviewing Officers (IROs) are employed locally, in addition to the child's social worker to provide services for looked after children/young people. IRO's undertake statutory reviews as per the statutory guidance on all LAC/YP to ensure that their needs are being met on a multi-agency basis.

For children who are 'looked after' by LA's from other counties who are residing in Lincolnshire, it is the responsibility of the placing authority to ensure that an IRO is accessible to ensure that these children, who are placed far from their support mechanisms, have access to local services according to their needs. LCC promotes the local offer for children/young people placed by external authorities on the website, available

by clicking [here](#).

The above professionals collectively assist the LA and CCGs in fulfilling their statutory responsibilities as commissioners of services to reduce health inequalities, and improve health outcomes, for LAC/YP.

The Children's Commissioner in Lincolnshire is a joint post between Health and the Local Authority, and is situated within Children's Services Directorate Management Team.

3. LOOKED AFTER CHILDREN/YOUNG PEOPLE PROFILE

3.1. Numbers of LAC/YP

At the end of March 2019 614 children were corporately parented by LCC. This represents a decrease of 7.5% over the year.

Over the same period the number of children/young people who became looked after reduced to 273. This is a reduction of 8% over the previous year. The profile of children/young people who become looked after has confirmed the greatest numbers are in the age bands 0 – 4 and 16 +. There has been a marked increase in 16 / 17 year olds in care and they now comprise 24% of the looked after population. We have continued to see an increase in children aged between 8 and 12 who have care plans for permanent fostering and as a result, there continues to be a number of children waiting for a suitable placement. In 2018/19 considerable progress has been made in securing permanence for the majority of these children.

3.2. Placement Profile

Stability of placement for these children is key to improving health outcomes through providing as normal a family arrangement as possible:

- 62% are accommodated with foster carers /parents;
- 15% are placed in kinship arrangements;
- 5.3%, who are subject to care orders, are placed at home with parents;
- 9.1% are in residential homes; and
- 8.6% are in other accommodation, including residential schools, custody etc.

Lincolnshire remains at the forefront of using kinship placements, and, at year end, 15% of all looked after children/young people were in such placements. This contrasts with a national rate of 11.5% and is a reduction on last year's figure which might suggest some stabilisation.

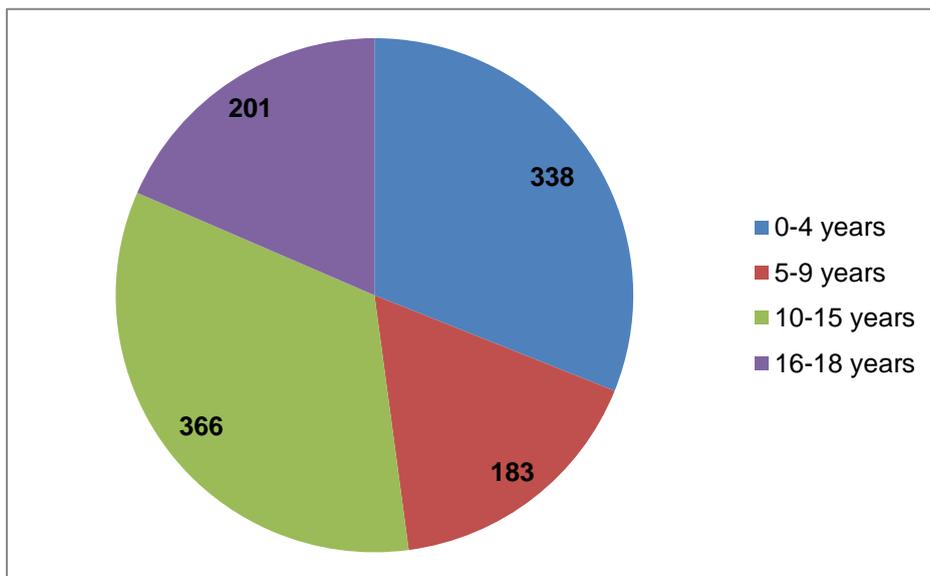
The reporting period has witnessed a continued increase in the number of children with especially complex needs who are corporately parented in Lincolnshire. In 2018/19 this has resulted in an increase in the number of children who find living in foster families difficult and as a result the average age profile of children placed in in house residential care has reduced and there has been an increase in those placed in external residential placements.

- 16 children (5 of whom were unaccompanied asylum-seeking young people) were placed in externally commissioned foster placements, and
- 25 children were placed in external residential homes, which is a decrease on the previous year-end figure.

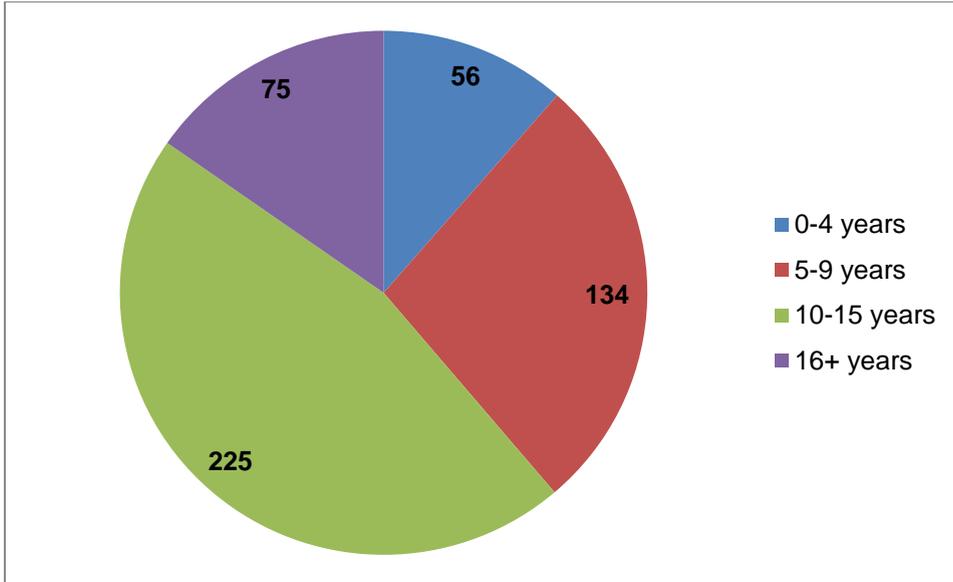
LCC has continued to maintain its achievement in managing to keep the increase in independent sector placements to a minimum, and the use remains significantly lower when compared to other local authorities. However there continues to be a demand for complex young people requiring residential placements often as a result of a suitable foster placements not being available and in 2018/19, this demand has proven more difficult to meet. Lincolnshire continues to have one of the lowest per head costs for a looked after child, being £780.00 in contrast to the average of £981.00 (CIPFA 2018). However it has proven difficult to identify placement options for a few children and these have required very expensive individual costed placements.

3.3. Composition of looked after children/young people

More boys than girls are represented in the total looked after children/young people population, and for those corporately parented by Lincolnshire County Council there are 339 (55%) males and 271 (45%).



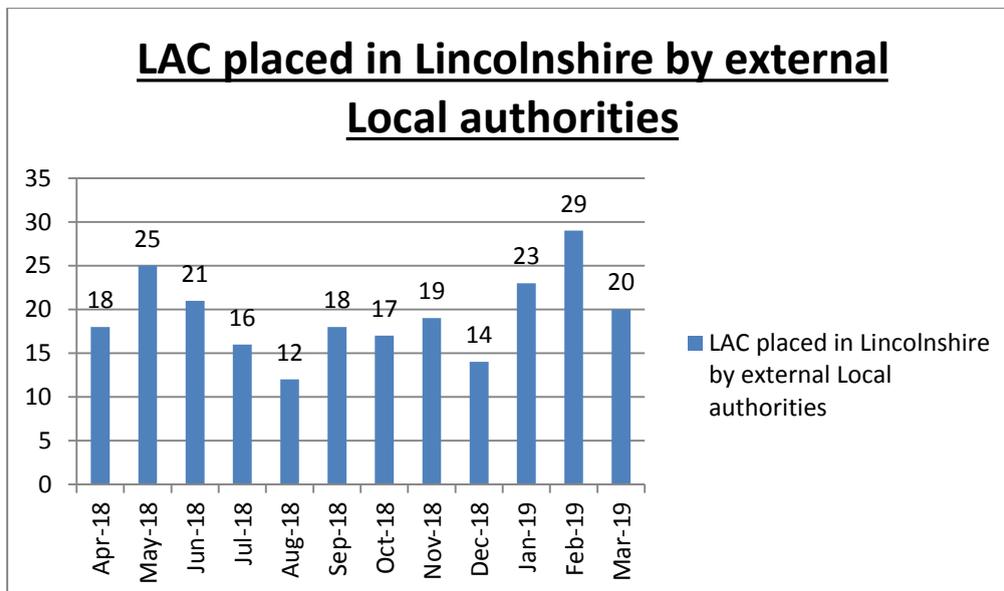
EXTERNAL LA LAC



Looked After Children and Young People placed into Lincolnshire by external Local Authorities

Lincolnshire has consistently had a significant number of LAC/YP placed within the County by external LA's. Currently 490 children and young people-an increase year on year in recent years. (See page 18 to see increase in workload for LCHS LAC team)

The graph below shows the monthly numbers of LAC/YP newly placed in Lincolnshire by external LA's this annual report year (2018/19).



The high numbers of LAC/YP placed by LA's from other areas within Lincolnshire are predominantly residing within residential care homes and with foster carers who work for Independent Fostering Agencies. The placements are often intended to remove LAC/YP away from ongoing, high risk environments within the LA area responsible for their care. As a result of this some of the LAC/YP can present with challenging behaviours such as going

missing, self-harm, substance misuse and the risk of child exploitation (CE). It needs to be recognised that often the risks may continue despite the move out of their LA area as there is often potential for abusers to follow the young person to their new address. The vulnerabilities and needs of these young people also impact on the workload of Lincolnshire Integrated Sexual Health Services, CAMHS, Education and The Police.

Summary:

- The largest numbers of children entering care are aged less than one year;
- The greatest number of looked after children overall are in the 10-15 years age group.
- Almost 24% of the children admitted into care during 2018/19 were aged 4 or under
- 23% of all children admitted to care were aged 16+
- 80% of all looked after children/young people are subject of a statutory interim care order or a care order
- Whilst the number of Children and Young People Looked After by Lincolnshire has decreased over the past year, the number of Children and Young People placed into Lincolnshire by external authorities continues to rise. 2017-2018 376 placed into Lincolnshire. 2018-2019 490 placed into Lincolnshire.

The majority of looked after children/young people will be subject to care proceedings and will have care plans for permanence.

3.4. Ethnicity

The vast majority (86%) of looked after children/young people corporately parented by Lincolnshire County Council are of White-British origin, but the demographics are gradually changing, with a 14% increase in looked after children/young people coming from different ethnic backgrounds. This reflects an increase in the number of unaccompanied asylum-seeking children/young people who become looked after upon arrival in the county.

The table below shows the ethnic background of looked after children/young people corporately parented by Lincolnshire County Council during the period April 2018 to March 2019.

Ethnicity of Looked after Children Cohort 2018/19 (derived from MOSAIC)

Ethnic Origin LCC Corporate Parent	Total
White-British	531
Mixed Race	40
Asian / Asian British	6
Black-African	3

Any Other Ethnic Group	29
Total	

4. LINCOLNSHIRE COUNTY COUNCIL: COURT PROCEEDINGS INITIATED

Within the reporting period, we have seen an increase in the number Care Proceedings issued.

In 2017/2018 132 applications were issued in respect of 135 children.

In 2018/19 156 applications were issued in respect of 184 children.

This equates to an increase of 24 applications and so an increase of 18 %.

This equates to an increase of 49 children/young people and so an increase of 36 %.

In respect of the 184 children, the applications comprised of 156 applications for Care Orders and 28 applications for Supervision Orders.

Care Proceedings were concluded in respect of 154 children.

In 2018/19, the number of children placed under Special Guardianship increased.

In 2017/2018 30 Special Guardianship Orders were granted.

In 2018/2019 41 Special Guardianship Orders were granted.

11 more orders were granted and this equates to an increase in these orders of 36%

The use of Placement Orders has dropped.

In 2017/2018 36 Placement Orders were granted.

In 2018/2019 27 Placement Orders were granted.

9 less orders were granted and this equates to a decrease in these orders of 25 %

The decrease in figures is reflective of the use of alternative orders rather than the number of care cases concluded over the year. In 2018/2019 the number of cases concluded remained static as compared to the number of cases that concluded in 2017/2018 as only a decrease of 1% has occurred.

The table below shows the orders obtained for the 154 children in proceedings that were concluded.

Orders	No	Orders	No
Care Orders and Placement Orders	27	Care Orders	37
Supervision Orders	12	Special Guardianship Orders	41

Special Guardianship & Supervision Orders	3	Child Arrangement Orders	12
Child arrangement and Supervision Orders	11	Special Guardianship, Supervision Order & Child Arrangements Order	0
Child Arrangements Order & Family Assistance Order	0	Supervision Order & Child Arrangement Order	0
Special Guardianship Orders and Child Arrangement Orders	0	Special Guardianship Order & Prohibited Steps Order	0
No Orders	11	Care Order, Placement Order & Parental Responsibility Order [these would be very rare]	0

5. HEALTH OF LOOKED AFTER CHILDREN

5.1. National Context

Most children/young people become looked after as a result of abuse and neglect - past experiences such as this increases vulnerability to disadvantage, including mental health issues, lower educational achievement and social exclusion. The childhood trauma of looked after children/young people is also associated with poorer health outcomes which have life-long consequences.

Nationally, key issues for consideration for the health of looked after children/young people include:

- Poorer health outcomes when compared to peers,
- Difficulty in accessing universal and specialist services,
- Failure of annual health assessments to meet their health needs,
- High prevalence of mental health problems,
 - Poorer educational achievement,
 - Increased likelihood of teenage pregnancy
 - Increased risk of offending behavior and substance misuse.

In view of such increased disadvantage, measurement of the child's health on first coming into care is crucial – Initial Health Assessments are a key element to achieving this.

5.2 The Role of Health Services in Safeguarding Looked After Children/Young People.

Looked after children/young people are particularly vulnerable to safeguarding risks– they are more likely to go missing and are at an increased risk of being trafficked, exploited or of

experiencing domestic abuse.

High numbers of children are placed from other areas within Lincolnshire residential care homes, although these placements enable movement away from the high risk environment, the potential for Child Exploitation (CE) continues as abusers may follow the young person to their new home. LAC/YP service providers need to engage with children and young people, developing relationships that enable identification, and appropriate response, to such risks of Child Exploitation (CE) including child sexual exploitation (CSE).

Child Exploitation (CE)

In Lincolnshire there is an operational multi-agency child exploitation team (MACE) who meet on a weekly basis. These meetings are the forum for discussing, mapping, and analyzing concerns and for identifying solutions for all children/young people who are thought to be at risk of CE, including LAC/YP who may be at risk.

Additionally, a strategic MACE group meets on a six weekly basis. The key purpose of the Strategic MACE is to provide a detailed overview of the profile of Child Exploitation within Lincolnshire including emerging concerns about particular localities, addresses, businesses or professions, particularly those related to the night-time economy. The strategic MACE works towards achieving the following objectives:

- To generate a dynamic analysis and understanding of the profile and picture of child exploitation within Lincolnshire.
- To identify, discuss and deliver a partnership response to any emerging themes, trends and patterns of child exploitation across Lincolnshire.
- To support and enhance operational practice by being responsive to and sharing intelligence around the changing nature and profile of risk and exploitation
- To strategically co-ordinate multi-agency resources and relevant powers to plan and implement timely action against those intent on abusing and exploiting children and young people.
- Through strategic collaboration priorities prevention, disruption and prosecution to ensure the safeguarding and welfare of children and young people who are being, or are at risk of being, sexually or criminally exploited.

Children Reported Missing

Nationally, in the year ending 31st March 2018 there were 11,530 LAC/YP who had a missing incident. The 2018/19 national statistics are not available at the time of writing this annual report. This equates to 11% of the LAC/YP population during the year: most of these missing incidents were of short duration.

Children and young people who are looked-after by the LA and who live with foster carers, or in residential children's homes, are often extremely vulnerable when missing. Even short

stays away from their carers can lead to the child or young person being at risk.

In Lincolnshire LAC/YP who go missing from home are provided with an independent care interview within 72 hours of their return: this service is provided by the LA.

Care Leavers

- Barnardo's is commissioned by the LA to deliver the leaving care service in Lincolnshire.
- Arrangements for RHA for 16-18 year olds, as part of transition, are undertaken by the Community Nurses within the Looked after Children/Young People (LAC/YP) team.
- There is a process in place for the compilation of a health history summary for Lincolnshire looked after young people which is completed, discussed with and given to the young person when they leave care.
- The number of completed leaving care health history summaries is reported quarterly.

5.3 Meeting the Health Needs of the Looked After Children/Young People Population.

Performance indicators for the LAC/YP service are:

Health Assessments:

- i) The number of Initial Health Assessments (IHA) completed within 20 working days of the child/young person coming into care.
 - ii) The number of Review Health Assessments completed every 6 months for children below 5 years of age.
 - iii) The number of Review Health Assessments completed on an annual basis for all children/young people 5 year's up to 18 years of age
1. Registration with a GP
 2. Registration with a dentist
 3. Immunisations up to date in line with local and national programmes; and
 4. Emotional wellbeing: Completion of the Strengths and Difficulties Questionnaire for 4 to 17 year olds.

5.3.1 Health Assessments

Statutory Initial Health Assessments are completed on all children in the care of the LA followed by six-monthly or annual reviews, depending upon the age of the child. The LAC/YP health assessment questionnaire includes the following categories:

- Looked After Children/YP health assessment
- Access to services
- Growth
- Development and disability
- Medical conditions/hospital admissions/emotional and behavioural issues
- Lifestyle indicators

- Education and development
- Onward referrals identified in health plan

Health Assessments 2018 – 2019 (Q1/Q2/Q3/Q4)

231 (278) IHA's were completed – A decrease of 47 compared to 2017-2018

180 (231) Lincolnshire Local Authority LAC + 51(47) External LA (A decrease of 51 IHA's completed for Lincolnshire LA LAC and an increase of 4 for External LAC compared to 2017-2018)

796 (653) RHA's were completed – An increase of 143 compared to 2018-2019

495 (449) Lincolnshire Local Authority LAC + 301(204) External LA (An increase of 46 RHA completed for LA Lincolnshire Local Authority LAC and an increase of 97 for External LAC compared to 2018-2019)

Health Assessments Total = 1027(931) - an increase of 96 compared to 2017-2018

The increase of 96 health assessments from last year reflects the increased number of children/young people becoming looked after and living in Lincolnshire.

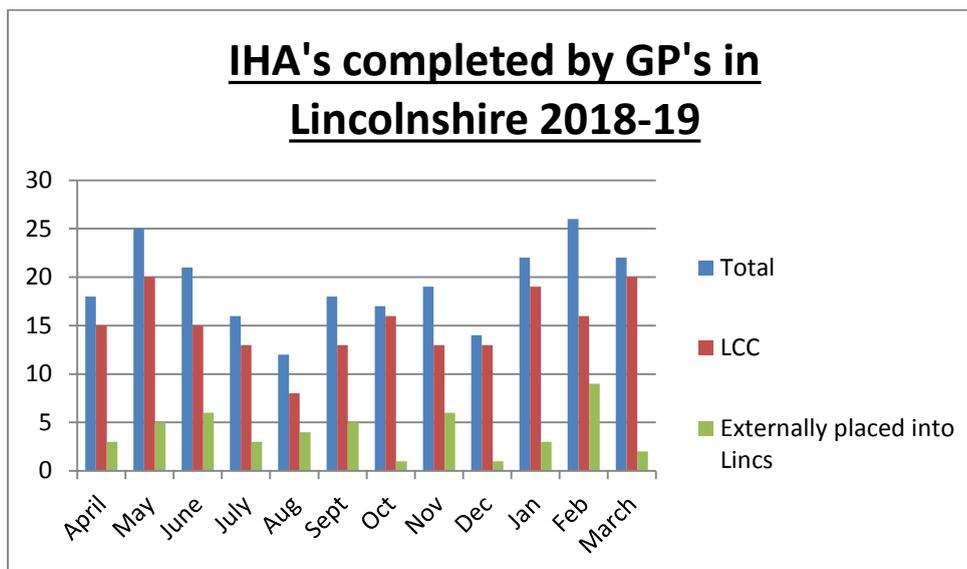
5.3.1.1 Initial Health Assessments (IHA)

Each child entering care has a statutory IHA and health care plan completed. The IHA is undertaken by a registered medical practitioner and should take place within 20 working days (4 weeks) of a child entering the care system. A health plan is formulated from this which is copied to the child's social worker who ensures that the plan is implemented, and then reviewed at least every six months in a meeting chaired by the independent reviewing officer (IRO).

This statutory requirement is not being achieved in Lincolnshire despite a significant amount of work being undertaken throughout the year to address this. A number of solutions have been identified and are being implemented.

Graph 2 shows the activity of initial health assessments that has been completed during 2018-2019 by the contracted GP's.

Graph 2



The total number of IHA's undertaken in Lincolnshire during 2018-2018 was 231 (257) (Lincolnshire LA LAC = 180(203)/ External LA LAC = 51(54).

This is a decrease compared to 2017-2018.

During this time period 45 Lincolnshire LAC/YP were placed outside of Lincolnshire and their IHA will have been completed by the 'host' trust.

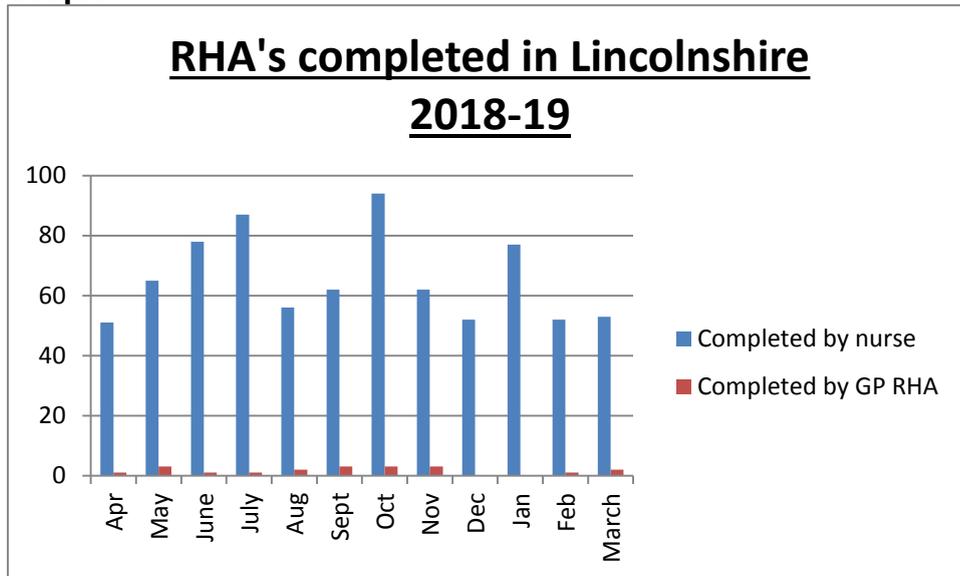
5.3.1.2 Review Health Assessments

Review health assessments may be carried out by an appropriately qualified Registered Nurse/Midwife.

The timeframe for review health assessments are twice yearly for children under 5 years of age, and annually for children 5 years, up until a child is 18 years of age.

Graph 3 shows the number of review health assessments completed in Lincolnshire during 2018 – 2019. The total number completed by the Community Nurses was 796 (Lincolnshire LA LAC = 495 / External LA LAC =301).

Graph 3

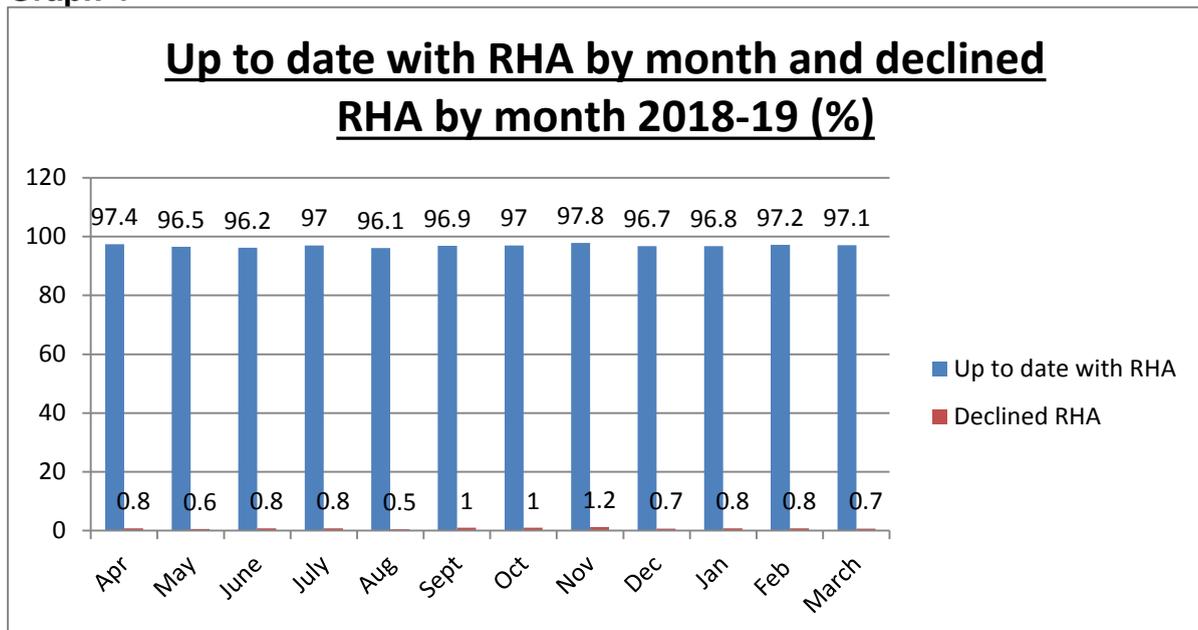


For Lincolnshire LA the percentage of completed RHA's for LAC/YP was 97.1% (97.1%) at year-end 2019 (graph 4).

This is a continued high achievement and demonstrates the robustness of the health assessment process and the commitment and partnership working between health and social care practitioners.

Graph 4 shows the percentage of LAC/YP with an up to date RHA and those children/young people who refused a Health Assessment from 01.04.18 to 31.03.19.

Graph 4



Young people who refuse their RHA are predominantly within the 15 – 18 year age group. They are all offered alternative access by LCHS LAC/YP team which has proved to be very successful.

5.3.2 Registration with a General Practitioner

From 2018-19 LAC/YP health assessment reporting indicated that 99% (99)% of LAC/YP are registered with a GP.

There were 7(7) LAC/YP not registered with a GP: 3(3) of whom were Lincolnshire LAC/YP and 4(4) were LAC/YP placed in Lincolnshire from external local authorities.

Some children will have had their health assessment before being able to register with a GP.

5.3.3 Dental Practice Registration

Looked after children and young people often enter care with poor oral health: usually as a result of their pre-care experience.

Attendance for annual dental checks is a national performance indicator for LAC/YP for LA's to report on.

Lincolnshire Local authority reporting on this performance indicator shows that 97.5% (95.9)% of LAC/YP had dental checks as of 31.03.19.

For LAC/YP who are not registered with a dentist at their health assessment appointments, carers are encouraged to register a child with a dentist as soon as possible.

There is now specific data available for this cohort of LAC/YP on their oral health from the LAC/YP health assessment questionnaire data. (Appendix 1)

5.3.4 Immunization's and vaccination

Children who are not immunised are potentially more susceptible to a range of infectious diseases. In sophisticated industrialised societies such as the UK many diseases have been all but eradicated: however, in areas where immunisation up take is poor the potential for infectious diseases to re-emerge is significant.

There are only a small number of reasons why children should not receive a course of immunizations:

- If the immune system is compromised, certain, e.g. live vaccines are not given, (this could be that a parent or immediate family member has a compromised immune system resulting in a delay until it is safe to vaccinate).
- If a child / sibling has previously had a severe reaction to the same vaccine.
- Young people may refuse to have their vaccinations.

For LAC/YP the vaccination history is recorded by the GP on the CORAMBAAF form at their IHA.

Any outstanding vaccinations must be identified on the health plan section of the CORAMBAAF form.

The Independent Reviewing Officer (IRO) is responsible for performance managing and ensuring that any identified outstanding vaccinations are completed.

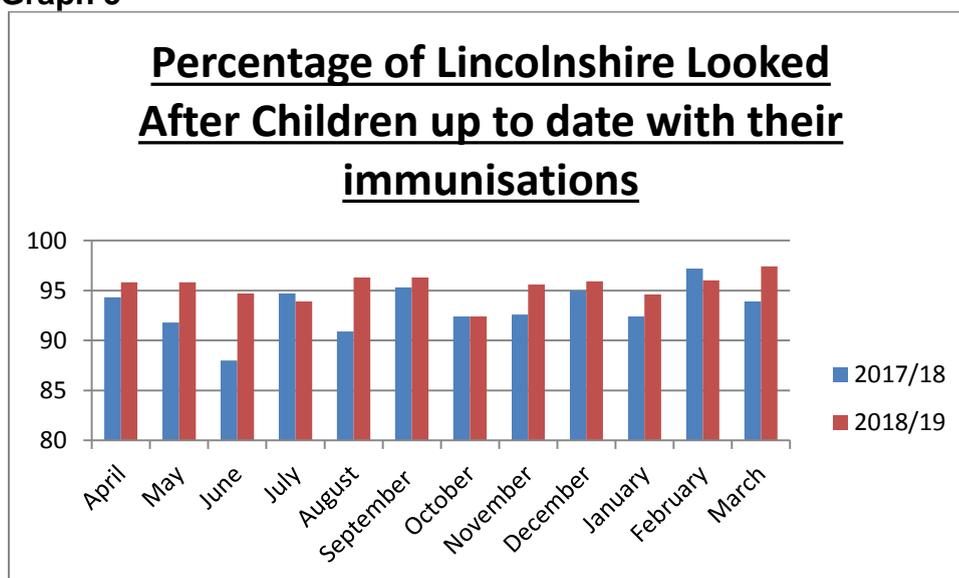
The vaccination and immunisation status submitted by Lincolnshire LA for the final percentage at year end 2018 - 2019 was 97.4% (93.9)%.

The percentage of LAC/YP who are up to date with their immunisations is at a higher rate of coverage compared with those of their peers in the general population.

All outstanding immunisations are checked quarterly by the LAC/YP health team.

Graph 5 (below) shows the monthly percentage of LAC/YP up to date with vaccinations 2018 - 2019 compared to 2017-2018

Graph 5



5.3.3 Mental Health and Emotional Wellbeing (CAMHS)

5.3.3.1 Child and Adolescent Mental Health Services

Child and adolescent mental health services (CAMHS) play a crucial role in assessing and meeting any needs identified as part of the Strengths and Difficulties Questionnaire (SDQ) screening process.

Clinical Commissioning Groups, Local Authorities and NHS England have the responsibility to commission CAMHS and other services to provide targeted support to looked after children, tailored according to individual needs. The legal status of children who are the

subject of a Care Order is not affected by detention either under the Mental Health Act or in custody. It remains the responsibility of the Local Authority to promote the welfare of looked after children who are so detained, and that includes maintaining and reviewing the child's health plan as part of his or her overall care plan.

The table illustrates the CAMHS services provided to looked after children, corporately parented in Lincolnshire. (The data for those placed by external authorities is not available for this reporting period). **Referrals Received**

Gender/Age	Attended two or more contacts	Attended one or more contacts ^(a)	Did not attend any contacts ^(b)	Grand Total (^a + ^b) ^[1]
Female	31	59	34	93
Female aged 4 - 9	2	3	6	9
Female aged 10 - 14	15	28	15	43
Female aged 15 -19	14	27	13	40
Female aged 20 - 22	0	1	0	1
Male	14	37	43	80
Male aged 4 - 9	0	2	7	9
Male aged 10 - 14	8	22	22	44
Male aged 15 -19	6	13	14	27
Male aged 20 - 24	0	0	0	0
Total	45	96	77	173

- **Reason for Referral**

The table below provides breakdown of the reasons looked after children were referred to CAMHS (this is the total referrals including referrals not eligible)

Reason for referral	% out of 154 referrals 2018/19
Behavioural problems	41%
Low mood	13%
Anxiety	9%
Self-harming behaviour	8%
Post-Traumatic Stress Disorder (PTSD)	4%
Suicide Risk	4%
Attachment Difficulties	3%
Others	17%

^[1]Please note that the grand total includes figures from the columns for those attending one or more contacts and those attending no contacts. It does not include figures from the column for those attending two or more contacts.

- **CAMHS Forensic Psychology Service**

Forensic psychology assessments are provided for young people who have offended or who are at risk of offending. The aim is to:

- Identify the level and type of risk presented by a young person towards themselves and others, and
- Give guidance on how a young person, his/her carers and involved professionals might best manage and address the identified risks

In total, 10 new referrals to the CAMHS Forensic Psychology Service were received in the reporting period, and only 1 of the accepted referrals is classified as a Looked After Child; 1 is classified as Special Guardianship.

The service offered includes a forensic or clinical psychology assessment, with follow-on consultation and advice to family and carers, and to other health, social care and educational professionals who are involved with the young person's care. All assessments are undertaken through direct contact with the young person. In addition the service offers monthly forensic group supervision sessions to support professionals working with young people who present on this pathway; this offer includes those professionals working with young people that are also looked after. Representatives from Future 4 Me, Looked After Children's Service and Children's Services have accessed this forensic supervision group.

As well as the 10 new referrals to the CAMHS Forensic Psychology Service, there were 8 ongoing cases that continued being seen, 5 of whom are officially classified as LAC; one of whom lives with grandparents. Therefore of the 18 forensic cases seen within CAMHS Forensic Psychology Service during this reporting period, 6 (33%) are LAC and 2 are special guardianship.

- **CAMHS Harmful Behaviour Service.**

This service provides assessment and intervention to children and young people up to the age of 18 years, who live in Lincolnshire, and who are presenting with sexually concerning behaviours.

Prior to a referral being accepted, any identified safeguarding concerns will have been referred to Children's Services for investigation. A member of Children's Services remains involved, as appropriate, to monitor and address any identified safeguarding concerns, and to work with the specialist therapists from the Harmful Behaviour Service, and AIMS trained CAMHS staff, in offering recommended interventions.

There were 27 new referrals to the Harmful Behaviour Service during the period 2018-2019, 25 of which were accepted. 12 (approx. 50%) of these accepted new referrals are looked after children living in Lincolnshire, either with foster carers or in local children's homes. The input offered has included completion of AIMS2 assessments and follow-on therapeutic interventions.

As well as the 25 new referrals there were 8 ongoing cases, 3 of whom are officially classified as LAC; 1 of whom is adopted.

Consultation and advice has also been offered to carers, children's home staff, education staff and other involved professionals, including social workers, Healthy Minds staff and early help workers.

6. EDUCATION

6.1 Learning and Achievement – Education for Life

Virtual School support for our Children and Young People in Care and Previously in Care

Lincolnshire County Council continues to support the work of the Virtual School and views the improvement of educational outcomes as a key priority going forward. Expansion of the team has enabled a reduction in caseloads in order to support students more effectively through locality based teams in the north and south of the county. It has also meant that the Virtual School can meet its responsibilities under the extended role to provide advice and support to schools, parents and guardians in promoting better educational outcomes for children and young people previously in the care of the Local Authority

Research and Innovation

The Virtual School has continued to work with University College London (UCL) and as a consequence 22 Lincolnshire schools have been involved in the 'Promoting the Achievement of Looked After Children' (PALAC) research programme. Also, the Virtual School Team and the National Citizenship Service continue to provide lots of exciting opportunities for our students aged 16+ over the Summer Holidays. This has included team building, including a residential overnight stay, and community and charity work to support young people across Lincolnshire.

6.2 Caring 2 Learn - Virtual School and Fostering Service

Putting Children First is at the heart of our work in Lincolnshire; Working Together with Families to Enhance Children's Present and Future Lives.

The Department for Education's Partners in Practice programme continues to run alongside the Children's Social Care Innovation Programme. The Partners in Practice programme aims to put genuine partnership between local and national government at the heart of work to improve services, with some of the very best practitioners and leaders in the driving seat of reform for children and young people.

The DfE is working with leading local authorities, including Lincolnshire, as Partners in Practice to understand how local authorities get to good and what it takes to move from good to excellent; to interrogate the most important practice questions facing children's social care; and to drive sector-led peer-to-peer improvement. Over the past year the Caring2Learn has gone from strength to strength with increasing levels of partnership working, participation and engagement across the county from schools, carers, residential homes, the Virtual School and Fostering.

The objectives of this programme are that Children, Young People and Families in Lincolnshire will be:

- Helped to make changes for themselves
- Seen as a positive solution to the challenges they face
- Able to get the right service at the right time
- Understood as a whole family.
- Supported by an integrated children's services workforce that:
 - Uses evidence informed practice
 - Understands and applies Relationship Based Practice
 - Is Restorative in approach
 - Is well trained and supported
- Enabled and equipped by:

- Clear governance that puts children and families at the heart of how we plan and deliver support for them
- Using a system called Signs of Safety that builds on families strengths.

7. SOCIAL CARE

7.1 Permanence

The Family Finding group considers all children with a care plan of permanence/long term foster care and has considered 31 children since April 2018. This number included seven sibling sets of two and one sibling set of three.

Out of the 31 children, permanent foster placements were identified for 18. This included 6 sets of siblings and with 8 remaining with existing task centered carers and the remaining 10 moving to newly identified carers.

A further five out of the 31 children moved to a residential placement; three moved to an IFA and a further three had a change of care plan.

In addition to this there have been 18 children linked at Permanence Panel with their existing foster families– this includes five sets of siblings.

The new Family Finding procedure was launched in July 2018 and from this date all new referrals are received through Mosaic, with the child's social worker attending the initial Family Finding meeting to provide in depth information about the child and his or her background and needs and to consider any potential matches.

Work has been undertaken to update all of the children's profiles, with more relevant and focused information and a brighter, more engaging appearance. These profiles are shared with all Supervising Social Workers across both North and South Fostering Teams and have been shared with existing foster carers.

The Family Finding lead social workers for North and South Fostering Teams are attending the Foster Carers Support Groups to promote permanence and answer any queries.

In October 2018 a new Permanence campaign was launched, aimed at recruiting eight new permanent fostering families. This has included advertising in local press, radio and social media and has generated significant interest- with some posts on Facebook receiving thousands of views.

Over the year four new fostering families have been approved for permanence and a further five are currently undergoing assessment. Alongside this six existing task centred carers have changed their approval to permanence.

A special Permanence Event was held in March 2019 at The Dower House Hotel in Woodhall Spa – the majority of existing foster carers were invited to this event to hear about the role of a permanent foster carer and the support that is provided as well as having the opportunity receive information about children currently on Family Finders and talk with their respective social workers, who were also present.

Support for permanent foster carers has been reviewed and includes a bespoke

preparation course (which includes the sharing of suitably anonymised profiles), an enhanced rate for children waiting for a permanent placement longer than six months, specific and/or tailored training, including access to training provided by post adoption support, support from Placement Support Workers trained in Theraplay and Therapeutic parenting and a minimum of 14 nights respite per year.

The Family Finders Review panel continues to meet regularly to consider children where no options have been identified within a three month period.

Overall it has been a successful year for Family Finders with all but two of the 31 children considered during the year having an appropriate placement identified.

7.2 Placement Stability

Placement stability continues to be a critical factor in offering an effective Fostering Service, and is crucial to ensuring that the Local Authority delivers good outcomes for each Looked After Child. Recruitment activity seeks to improve placement choice at the point of admission to care and the engagement of early help and skilling up of placement support workers seek to offer improved levels of support to sustain placements. Stability is measured by 2 national indicators, NI062 relating to children who experience 3 placement moves within 12 months, and NI063 which relates to children looked after for 2½ years who have been in the same placement for 2 years.

The national indicator NI062 reported 7% at year end. This figure suggests that Children Looked After in Lincolnshire, have a high level of placement stability from the point of coming into care. This is significant in achieving long term positive outcomes. However, the complexity of children requiring placement and reduced placement options have had an impact on the indicator, and is likely to remain a challenge. Over recent years there has been considerable focus on supporting foster carers to maintain placements, and perhaps as a consequence, the NI063 placement stability figure has shown only a small deterioration with a year-end figure reported as 67.8%. We will continue to place an emphasis on supporting foster carers to promote sustained placement stability. However we have seen an increase in the number of children subject to care orders with plans for long term fostering and we continue to experience the occasional unplanned ending of seemingly stable placements. We know that recruitment of permanent foster carers remains a significant challenge and will need to carefully track these individual children to ensure that all possible family finding activity is undertaken.

7.3 Kinship Service

Since 2015 there has been dedicated 6 FTE Supervising Social Workers specifically undertaking Kinship Assessments, which has allowed for a greater scrutiny to review and assess the level of referral within this area of the fostering service. In the early part of the year, there was a decrease in the volume of referrals. However the trend was not sustained and the latter part of the year saw an upturn. At the end of the year the volume of assessments had reduced by 15%.

The placement of a child within their family and friends network offers a positive alternative for many children enabling them to maintain the links with family and friends and a continued sense of their identity and culture but can also bring with it practice issues in terms of supporting family members to fully understand their role as 'connected person carers' and the expectations of this role.

The picture below for the year records the number of referrals and reflects the ongoing national picture in terms of the area of service increase in terms of assessments.

Overview of the Year 1st April 2018 to 31st March 2019

Number of Referrals	SGO	Reg.24 to SGO	Reg.24	Private Fostering
152	62	24	41	25

Of the above figures:

- SGO – 8 applicants withdrew / did not progress due to alternative SGO assessment placement ended for varying reasons
- SGO – 12 are still in process
- SGO – 2 were negative assessments and the children were not placed
- SGO – 1 case, Court granted a Child Arrangement Order
- SGO – 38 were reference and checks completed by Fostering Service as child not LAC
- SGO – 1 positive but remained at home

Where children were placed but with a likely plan to progress to SGO

- SGO/Reg.24 – 8 SGO granted
- SGO/Reg.24 – 7 are still in process
- SGO/Reg.24 – 9 where child was moved or other Order granted
- Reg.24 – 14 Carers Approved at panel
- Reg.24 – 8 children were moved
- Reg.24 – 14 Not yet attended panel
- Reg.24 – 1 carer granted Child Arrangement Order
- Reg.24 – 4 Returned home

The service has continued to offer the specific initial preparation course for both Regulation 24 carers and Special Guardianship applicants, with three having taken place in 2018/19 with consistency in terms of numbers attending. It is a positive initial step to engage families and also connected person carers continue to be invited to the recent county focus groups and foster carer's social events.

7.4 Transition into Adulthood

The transition into adulthood is rarely an easy path for any young person, but for looked after children the path can often be more complex. Many such children have few or no direct family support networks. It is therefore imperative that every opportunity is provided, and all relevant supports are put in place, to enable as smooth a transition as possible. As their Corporate Parent we have a responsibility to support our young people as we would our own family, and on this basis LCC have committed to reducing the age at which Care Leavers accesses their Leaving Care worker from 17.5 to 16 years old. This earlier allocation and offer of additional support will assist our young people into adulthood.

In planning this transition for care leavers, the Pathway Plan should be prepared for each relevant child prior to ceasing to be looked after. In Summer 2016 the revised Pathway Plan was launched; this was revised in consultation with young people and uses the 'signs of safety' methodology. The professional preparing the plan on behalf of the Local Authority

must engage constructively with the young person to help them define priorities and the focus of the plan. Never wanting to stand still, LCC and its partners are continually revisiting the Pathway planning process and the way we engage our young people in it.

The Children Act 1989 Guidance and Regulations (Vol 3: Planning transition to adulthood for care leavers) identifies that, once a young person ceases to be looked after and they are a relevant child, or once they reach legal adulthood at age 18 and are a former relevant child, then the Local Authority will no longer be required to provide them with a social worker to plan and coordinate their care. In Lincolnshire, Barnardo's deliver the Leaving Care Service and appoint personal advisors to support them until the age of 21 and offer the support, guidance and resources to enable the young person to grow into an indent adult.

At present Lincolnshire have two transitional social workers to oversee Pathway Planning for young people aged 16/17 who are transferring into the Leaving Care Team, and as described above, this offer is soon to be expanded to offer more to our young people. Part of their role will continue to be about improving the quality of these Pathway Plans and make them a "live" document with clear actions and timescales to evidence a young person's progress. In addition to the transitional social workers, LCC has also appointed a Corporate Parenting Manager to oversee and develop the services offer to all of our care leavers up to the age of 25. New developments have included additional accommodation resources, council tax relief for care leavers, the growth of the Information Advice and Guidance (IAG) services offered to 21-25 year old care leavers and growing relationships with adult based services to improve transitions across the board.

There is now in place a 4 way housing protocol ensuring that every care leaver is afforded local connection to district housing, they are always allocated priority status on housing lists and can have access to suitable, clean and safe accommodation.

7.5 Staying Put Scheme

The 'Staying Put' initiative in Lincolnshire is in its tenth year. It has, since its inception, enabled a total of 131 young people to remain with their previous foster carers.

Staying Put arrangements provide the young person with stability at a key stage of their life remaining until their 21st birthday. On-going support and training for carers is provided by the Fostering Service, with the young people having their own designated Personal Advisor from Barnardo's Leaving Care Service.

To further support young people in their transition to adulthood if they are ready to move on before their 21st birthday or for those who join the armed forces, each young person is given a three month window in which they are supported by their carer. For those young people who attend university and live away; carers receive a retainer in recognition of the on-going support they provide, and to enable the young person to return during holidays and continue life within their family setting.

Lincolnshire's Staying Put Service has developed and grown over the past two years with the number of Staying Put arrangements increasing from 44 young people at the end of March 2018 to 49 young people living in a Staying Put arrangement at the end of March 2019. Of these, 36 were in full time further education with 4 attending university. The remainder were in Employment, on Work Experience Placements or Apprenticeships; with 2 of these on the Care Leavers Apprenticeship Scheme.

The Staying Put offer in Lincolnshire positively reflects the current guidelines and best practice from Fostering Network. Signs of Safety is embedded in the in the referral forms, license agreement and annual review forms were used across the scheme. By further embedding Signs of Safety and introducing Social Pedagogy into practice the Staying Put Scheme will continue to develop ensuring the best outcomes are achieved for our young people and care leavers.

Voices 4 Choices (V4C)

V4C continues to develop in the 4 quadrant areas of Lincolnshire. The number of young people attending is around three times the number in the old V4C Executive group which met in Lincoln.

In spite of a huge amount of work and creative thinking, engaging young people in East Lindsey continues to be a challenge. To boost engagement in all four groups Participation Officers will be working with the Senior Youth and Community Development Workers (who lead the groups) to develop a communication strategy. Part of this will be aimed at developing engagement with Foster Carers and Supervising Social Workers.

Step Up to Social Work (SUSW)

Six young people co-produced and delivered a day of training to the East Midlands cohort of the Step Up to Social Work programme. The day focused on helping students better understand the experience of Looked After Children and their expectations of social workers. As in previous years the training was very well received:

"Best day of uni so far ...by a mile!"

"Very engaging whilst giving vital messages – well done."

"Inspirational, excellent role models to LAC and other young people."

"Thought provoking"

"You've taught us a lot today"

"It was brilliant to hear your voice and experiences"

FAB! 2019

Fantastic Amazing Brilliant is the annual awards event for LAC and Care leavers. This year 350 nominations were received for LAC (up from 267 in 2018) and 130 for Care Leavers. These were made by staff, foster carers and schools. The event theme was 'eco-FAB!' with activities exploring renewable energy, waste plastic, upcycling and climate change. Award winners were presented with certificates and wooden medals. Around 280 children, young

people and foster carers attended. Children and young people not able to attend FAB! will receive their awards from their Social Worker or Leaving Care Worker.

Big Conversation

Through the well-established 'Big Conversation', groups of Looked After Children and Care Leavers meet with an Assistant Director, Service Managers and Social Workers from Lincolnshire County Council, as well as staff from Barnardo's, the Virtual School Manager and elected members from the Council. The model is one of co-production, with priorities being determined and action plans agreed. This is followed by joint working in order to achieve the desired improvements. The cycle of 'Big Conversation' events takes place 3 times per year, typically in February, May and October. In 2018 the meetings have been scheduled around the county at Youth Centre settings to ensure that there is equal accessibility for all young people.

The following issues have been discussed:

- Caring 2 Learn
- Support for LAC and Care Leavers in education (Virtual School)
- Young people profiles to help ease placement transitions
- Planning for FAB! 2019
- Integrated Children's Services pledge to children and families

Tell Us

'Tell Us' surveys are issued to children across the three age groups in alternate years (under 5-7yrs and 8-11yrs one year and 12yrs and over the next) to provide a sound overview of their experiences of being Looked After.

The 2018 survey was completed by the younger age groups. The survey was incentivised with a prize draw for book tokens and the offer of free activities for the older group which were used to introduce them to V4C.

5-7 years Summary

57 (35%) returns with mainly positive responses:

- 80% like where they live
- 90% have carers who help them
- 75% feel they are doing well at school
- 90% feel their Social Worker listens to them

- 100% feel their IRO listens to them
- 80% feel happy most of the time

Areas for development:

- 50% said having more friends would make school better
- 85% do not go to their review meetings

8-11 years Summary

114 (37%) returns with mainly positive responses:

- 88% are happy with where they live
- 95% say their carers make them feel part of the family
- 100% say their carers support them to make good choices
- 93% say they are getting the help and support they need at school
- 97% say their Social Worker helps them
- 100% say their Social Worker wants them to do well
- 80% usually go to their review meetings
- 83% feel their IRO listens to their views and feelings
- 92% feel that Children's Services listens to them and makes decisions in their best interests

Areas for development:

- 10% are not interested in contributing to their PEP
- 22% don't know what a PEP is
- 23% said their Social Worker is not easy to contact
- 31% do not feel their IRO makes it easy for them to take part in their review meetings
- 62% do not know about Voices 4 Choices

8. ADVOCACY AND COMPLAINTS

As soon as a child starts to be looked after by the local authority they are provided with a "coming into care kit." This provides them with information as to how they can express any feelings of dissatisfaction they may have including making formal complaints. There are however a number of informal dispute resolution options which are available to children and young people who are in the care of the local authority. These include the following:-

Independent Reviewing Officers: The Independent Reviewing Officer has a duty to engage with children and young people to ascertain their views in respect of their care plans and also to advise them of their entitlements including their right to complain. Children are encouraged to attend their reviews in order that they are aware of their plan and are

able to comment on this. Where children's wishes are contrary to the plan, the Independent Reviewing Officer is able to escalate matters on behalf of the child in order to resolve matters in a timely manner. Where children and young people continue to be dissatisfied, the Independent Reviewing Officer is able to support young people in making formal complaints.

Regulation 44 Visits: The Regulation 44 Officer is an Independent Visitor who visits all residential homes within the authority on a monthly basis. An integral part of the role of the Independent Visitor is to talk to children, young people and their families about their experiences of the residential home. The Regulation 44 Visitor is able to engage in discussions with the homes manager in order to resolve any issues which the child may identify. Where this early attempt at resolution is unsuccessful, the Independent Visitor is able to support the young person in making a formal complaint.

Social Workers: Social Workers meet with children on a regular basis. A fundamental part of this visiting is ascertaining the wishes and feelings of children and young people. Where children are unhappy with the level of care which they are receiving, their social worker will in the first instance work with the child to see whether changes are able to be made which would comply with the child's wishes. Social Workers are able to direct children to the advocacy service if they wish to pursue a formal complaint.

Level of complaints for children who are looked after have remained very low. For the year 2018-19 there was only one formal complaint made by a child who was looked after, which was the same level as for the previous year.

This complaint was made on 1 April 2018 by a 17 year old. The complaint was received from a young person (YP) who was a national of Afghanistan and entered the UK in 2015. An age assessment was carried out and at that time he provided his date of birth. However he then requested a second assessment as he was considered to be a 16 year old by Children's Services rather than a 14 year old as he stated. During this period he had a Social Worker who soon left and then another and felt neither took responsibility to resolve the situation. He stated he found this particularly distressing given what had occurred in his country of origin. The young person was dissatisfied with the Stage 1 response and escalated to Stage 2. Neither of his two complaints were upheld and as such he did not receive an offer of financial compensation which was his desired outcome as he also recognised he was at no financial loss. The complainant requested an escalation to Stage 3 however once asked to provide the reasons for the request there was no further communication and subsequently the case was closed.

There were a further 3 complaints however these were not made by children or young people under the care of the authority they were from relations.

One of these complaints was in relation to a mother who was unhappy around the lack of communication she was receiving from her children's new Social Worker. This complaint was found to be unsubstantiated due to a lack of evidence to support the mother's claims of attempts made by her to contact the Social Worker. Although there was nothing to support the mothers claim she was provided with the Social Worker's Line Managers contact details in case of future issues.

Another complaint was received by grandparents about the way Children's Services were treating his son and family. The complaint was partially held, not because of the removal of the overnight support service but because this hadn't been effectively communicated. The grandparents requested a Stage 2 but the Complaints Manager liaised between them and Children's Services and the case was closed. The fourth LAC complaint was made in relation to the same case but came from the child's father who received a Stage 1 response.

9. CONCLUSION

There has been reduction in the numbers of looked after children/young people in 2018/19 which appears to be at variance to national trends. Resources have been allocated to bolster preventive services in order to sustain that trend. In 2018/19 this has included the development of the Futures4me service, a multi disciplinary team focusing on preventive work with older children on the cusp of care. Nevertheless older children comprise a greater percentage of the looked after cohort and meeting their needs remains a significant challenge due to complexity of behaviour and limited placement options.

This report incorporates full year health data, which enables a better understanding of the essential characteristics of looked after children/young people. The partnerships across health and social care within Lincolnshire remain strong, with a determination to continue improving the effectiveness of services in order to reduce the disadvantages that these children and young people are acknowledged to experience. The associated workforce is committed and skilled in supporting looked after children/young people.

The health data indicates that in many areas, we are achieving better than the national average in meeting the health needs of our Looked after Children/young people. The health assessment questionnaire continues to provide a valuable source of data about the health profile of our Looked after Children/young people. The annual data during future years will enable comparative information to inform services and commissioning.

10. RECOMMENDATIONS FOR 2019-2020

- 1) LLA, Lincolnshire CCGs and LCHS to continue to work together to improve the number of Initial Health Assessments completed within the statutory timeframe.
- 2) LCHS to continue employing GP's for the Urgent Care Centre's (UCC's) to complete the IHA's to enable firmer governance regarding timescales for completion and return to the LA in time for the first looked after review.
- 3) LCHS LAC/YP Nurses to continue to meet with LA FAST teams to support and advise regarding the importance of the correct consent forms to enable the IHA to be completed within statutory timescales.
- 4) The annual report will be presented to LSCB with a view to improving multi agency engagement.
- 5) The annual report to be shared with the IRO service to promote improvement in constructive challenge.
- 6) Social care to streamline process for initiating health assessments in order to improve the percentage of those completed within statutory timescales
- 7) A revised multi agency approach to the management of and support provided to children with above average SDQ scores

APPENDIX 1

2018 - 2019 Data from the Looked after Children/Young People (LAC/YP)
health assessment questionnaire

Dental

COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]					
AGE GROUP	0 - 4	5 - 9	10 - 15	16 +	Unrecorded
Brace	0	0	21	11	0
Extraction	3	6	7	4	0
Filling	2	25	26	17	0
Flouride paint	7	9	24	3	0
No treatment	121	78	200	107	0
Other	2	6	17	5	0
TOTAL	135	124	295	147	0

Total looked after children/young people (children corporately parented by Lincolnshire County Council, and children placed by external Local Authorities)

COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]					
AGE GROUP	0 - 4	5 - 9	10 - 15	16 +	Unrecorded
Brace	0	0	14	5	0
Extraction	3	4	5	3	0
Filling	1	17	18	13	0
Flouride paint	6	2	16	2	0
No treatment	80	52	121	67	0
Other	2	3	9	4	0
TOTAL	92	78	183	94	0

Total for Lincolnshire looked after children/young people

COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]					
AGE GROUP	0 - 4	5 - 9	10 - 15	16 +	Unrecorded
Brace	0	0	7	6	0
Extraction	0	2	2	1	0
Filling	1	8	8	4	0
Flouride paint	1	7	8	1	0
No treatment	41	26	79	40	0
Other	0	3	8	1	0
TOTAL	43	46	112	53	0

Total for External Local Authority looked after children/young people

% SEEN BY / % WHO HAVE							IMMUNISATION UP TO DATE				GP INFORMED		
OPTOMET	AUDIOL	DENTIST	GLASSES	REFERRED	AGE RANGE	TOTAL CHILDREN	% YES	% NO	% REFUSED	% Blank	% YES	% NO	% Blank
20%	48%	32%	4%	1%	0 - 4	292	89%	10%	0%	1%	80%	17%	3%
78%	2%	86%	34%	3%	5 - 9	90	91%	6%	2%	1%	100%	0%	40%
81%	2%	87%	43%	12%	10 - 15	204	80%	16%	2%	1%	79%	18%	15%
68%	0%	73%	30%	5%	16 +	130	75%	22%	2%	1%	93%	7%	3%
0%	0%	0%	0%	0%	Unrecorded	0	0%	0%	0%	0%	0%	0%	0%
53%	21%	62%	24%	5%	TOTAL	716	84%	14%	1%	1%	85%	13%	9%

Number of looked after children/young people who have been seen by specialists (Lincolnshire LAC and children placed by external Local Authorities)

Development /Disability

AGE RANGE	TOTAL CHILDREN	% CHILDREN WITH		% RECEIVING SPECIALIST TREATMENT	
		DEV PROBS	DISAB	DEV PROBS	DISAB
0 - 4	362	28%	6%	17%	6%
5 - 9	140	41%	12%	36%	12%
10 - 15	337	29%	21%	22%	19%
16 +	189	29%	32%	25%	27%
Unrecorded	0	0%	0%	0%	0%
TOTAL	1028	30%	16%	23%	15%

Development / Disability issues for all looked after children/young people (Lincolnshire looked after children and external)

AGE RANGE	TOTAL CHILDREN	REFERRED TO SPECIALIST	
		DEV PROBS	DISAB
0 - 4	362	13	0
5 - 9	140	1	0
10 - 15	337	6	2
16 +	189	1	0
Unrecorded	0	0	0
TOTAL	1028	21	2

Development / Disability issues and referrals for Lincolnshire County Council looked after children/young people

AGE RANGE	TOTAL CHILDREN	% CHILDREN WITH		% RECEIVING SPECIALIST TREATMENT	
		DEV PROBS	DISAB	DEV PROBS	DISAB
0 - 4	362	28%	6%	17%	6%
5 - 9	140	41%	12%	36%	12%
10 - 15	337	29%	21%	22%	19%
16 +	189	29%	32%	25%	27%
Unrecorded	0	0%	0%	0%	0%
TOTAL	1028	30%	16%	23%	15%
AGE	TOTAL	% REFERRED TO SPECIALIST			

RANGE	CHILDREN	DEV PROBS	DISAB
0 - 4	362	4%	0%
5 - 9	140	1%	0%
10 - 15	337	2%	1%
16 +	189	1%	0%
Unrecorded	0	0%	0%
TOTAL	1028	2%	0%

Prevalence of Development / Disability issues, percentage receiving specialist treatment and percentage of referrals to a specialist, for Lincolnshire County Council looked after children/young people (Prevalence has increased in all age groups since last year's reporting)

AGE	TOTAL	% CHILDREN WITH		% RECEIVING SPECIALIST TREATMENT	
RANGE	CHILDREN	DEV PROBS	DISAB	DEV PROBS	DISAB
0 - 4	70	41%	3%	17%	3%
5 - 9	50	44%	10%	36%	10%
10 - 15	133	31%	26%	23%	23%
16 +	59	51%	53%	49%	51%
Unrecorded	0	0%	0%	0%	0%
TOTAL	312	39%	23%	29%	21%

AGE	TOTAL	% REFERRED TO SPECIALIST	
RANGE	CHILDREN	DEV PROBS	DISAB
0 - 4	70	9%	0%
5 - 9	50	2%	0%
10 - 15	133	2%	2%
16 +	59	0%	0%
Unrecorded	0	0%	0%
TOTAL	312	3%	1%

Prevalence of Development / Disability issues, percentage receiving specialist treatment and percentage of referrals to a specialist, for externally placed looked after children/young people (Prevalence has increased in the all age groups except the 10-15 age group where there has been a slight decrease since last year's reporting)

NUMBER OF CHILDREN WITH PARTICULAR DISABILITY - BY AGE GROUP					
DISABILITY	0 - 4	5 - 9	10 - 15	16 +	Unrecorded
Autistic	0	7	37	40	0
Learning	15	15	60	54	0
Physical	13	4	7	3	0
Visual	5	2	2	0	0
Other	0	1	2	0	0

TOTAL	33	29	108	97	0

Breakdown of disabilities by age group for Lincolnshire County Council looked after children/young people

Medical

AGE	TOTAL	% NUMBER OF CHILDREN WITH SPECIFIC, LISTED LT CONDITIONS				
RANGE	CHILDREN	ASTHMA	ECZEMA	OTHER	EPILEPSY	BLANK
0 - 4	362	4%	8%	12%	2%	77%
5 - 9	140	4%	5%	12%	1%	80%
10 - 15	337	7%	4%	11%	3%	78%
16 +	189	4%	4%	8%	6%	78%
Unrecorded	0	0%	0%	0%	0%	0%
TOTAL	1028	5%	6%	11%	3%	78%

Total Looked After Children/young people (LLA LAC and External)

AGE	TOTAL	% NUMBER OF CHILDREN WITH SPECIFIC, LISTED LT CONDITIONS				
RANGE	CHILDREN	ASTHMA	ECZEMA	OTHER	EPILEPSY	BLANK
0 - 4	316	4%	7%	14%	3%	69%
5 - 9	85	2%	4%	7%	0%	86%
10 - 15	178	7%	4%	9%	0%	92%
16 +	77	5%	4%	6%	0%	139%
Unrecorded	60	0%	0%	0%	0%	100%
TOTAL	716	4%	5%	10%	1%	87%

Total for Lincolnshire Looked After Children/young people

AGE	TOTAL	% NUMBER OF CHILDREN WITH SPECIFIC, LISTED LT CONDITIONS				
RANGE	CHILDREN	ASTHMA	ECZEMA	OTHER	EPILEPSY	BLANK
0 - 4	70	0%	11%	0%	0%	89%
5 - 9	50	12%	6%	12%	0%	78%
10 - 15	133	12%	5%	12%	0%	75%
16 +	59	8%	5%	8%	0%	69%
Unrecorded	0	0%	0%	0%	0%	0%
TOTAL	312	9%	7%	9%	0%	78%

Total External Local Authority Looked After Children/young people

Lifestyle Indicators

CHILD HAS EXPERIENCED/ SUFFERED / BEEN SUBJECTED TO							SEXUAL HEALTH - CHILD EXPERIENCED/ SUFFERED / BEEN SUBJECTED TO							
SUBSTANCE MISUSE	SELF HARM	HOUSEHOLD SMOKING	FGM	DOMESTIC ABUSE	HEALTH PROBLEMS	MENTAL	AGE RANGE	TOTAL CHILDREN	SEXUALLY ACTIVE	UNDERSTANDS SAFE SEX	CHLAMYDIA SCREENED	WAS TREATED FOR STIs	IS CURRENTLY PREGNANT	TERMINATED PREGNANCY
0	0	42	0	1	2		0 - 4	338	0	0	0	0	0	0
0	0	25	0	0	0		5 - 9	183	0	1	0	0	0	0
15	32	58	0	3	23		10 - 15	367	10	114	6	0	0	0
17	29	66	0	3	37		16 +	201	47	159	26	1	7	2
0	0	1	0	0	0		Unrecorded	5	0	0	0	0	0	0
32	61	192	0	7	62		TOTAL	1094	57	274	32	1	7	2

0%	0%	12%	0%	0%	1%		0 - 4	338	0%	0%	0%	0%	0%	0%
0%	0%	14%	0%	0%	0%		5 - 9	183	0%	1%	0%	0%	0%	0%
4%	9%	16%	0%	1%	6%		10 - 15	367	3%	31%	2%	0%	0%	0%
8%	14%	33%	0%	1%	18%		16 +	201	23%	79%	13%	0%	3%	1%
0%	0%	20%	0%	0%	0%		Unrecorded	5	0%	0%	0%	0%	0%	0%
3%	6%	18%	0%	1%	6%		TOTAL	1094	5%	25%	3%	0%	1%	0%

Total Looked After Children [LLA LAC, External]

Long Term Conditions

AGE	TOTAL	LTC - SPECIALIST TREATMT		AGE	TOTAL	FOR LTC - CHILDREN WHO'VE BEEN IN/ NEED/ REQUIRE				
		GIVEN	REFERRED			RANGE	CHILDREN	EMOT/ BEHAV PROB	MEDICAT	EQUIP
0 - 4	70	5	3	0 - 4	70	11	10	0	1	3
5 - 9	50	8	3	5 - 9	50	29	14	3	1	5
10 - 15	133	20	13	10 - 15	133	78	51	4	7	8
16 +	59	15	2	16 +	59	38	32	4	12	2
Unrecorded	0	0	0	Unrecorded	0	0	0	0	0	0
TOTAL	312	48	21	TOTAL	312	156	107	11	21	18

Lincolnshire County Council looked after children with long-term conditions having specialist care

11. GLOSSARY

Looked After Children = LAC

Local Authority = LA

Clinical Commissioning Groups = CCGs

Lincolnshire Local Authority = LLA

Lincolnshire Community Health Services = LCHS

Lincolnshire Partnership Foundation Trust =LPFT

Joint Strategic Needs Assessment = JSNA

Independent Reviewing Officers = IROs

Child Sexual Exploitation =CSE

Multi Agency Child Exploitation = MACE

Initial Health Assessments = IHA's
Child and Adolescent Mental Health Services =CAMHS

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