

CHILDREN IN CARE ANNUAL REPORT 2022/2023



NHS
Lincolnshire
Integrated Care Board

Lincolnshire
COUNTY COUNCIL
Working for a better future

NHS
Lincolnshire Community
Health Services
NHS Trust

NHS
Lincolnshire Partnership
NHS Foundation Trust

CONTENTS

Executive Summary	4
1. Introduction	5
2. Background and Context	6
2.1 Definition of Children in Care	6
2.2 Corporate Parent	8
2.3 Designated and Named Health Professionals	8
2.4 Independent Reviewing Officers	9
3. Profile of Children in Care	9
3.1 Number of Children in Care	9
3.2 Placement Profile	10
3.3 Ethnicity of Children in Care	12
4. Lincolnshire County Council: Court Proceedings Initiated	14
5. Health of Children in Care	15
5.1 National Context	15
5.2 Children Reported Missing and Child Exploitation	16
5.3 Care Leavers	17
5.4 Meeting the Health Needs of Children in Care	17
5.4.1 Health Assessments	18
5.4.1.1 Initial Health Assessments	18
5.4.1.2 Review Health Assessments	20
5.4.2 Registration with a General Practitioner	21
5.4.3 Dental Care	21
5.4.4 Immunisations and Vaccinations	21
5.4.5 Child and Adolescent Mental Health Service	22
6. Education	25
6.1 Learning and Achievement – Education for Life	25
7. Social Care	26
7.1 Permanence	26
7.2 Placement Stability	27
7.3. Staying Put Scheme	28
8. Consultation with Children in Care	29

8.1 Voices 4 choices	29
8.2 Big Conversation	29
9. Advocacy & Complaints	30
9.1 Complaints	31
10. Conclusion	31
11. Recommendations	32

EXECUTIVE SUMMARY

This report covers the period 1st April 2022 to 31st March 2023. 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 (CIC). In addition, the Local Authority (LA) requires an annual report to provide a summary of the core activities relating to Children in Care.

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 Children in Care. As directed by the Children Act 1989, Integrated Care Board 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 Children in Care 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 Children in Care, the public, elected members, stakeholder partners and staff of the progress and developments of the services to date.

The key messages within this report are:

- The number of children in the care of Lincolnshire County Council was 728 at year end an increase from 680 the previous year. Some of this increase can be attributed to the introduction of the National Transfer Scheme in November 2021 which has triggered a rise in Unaccompanied Asylum Seeking Children receiving our support. The number of children and young people placed into Lincolnshire by external authorities also continues to rise.
- The 16/17-year-old age group now makes up 25% of our Children in Care population.
- The placement of children within kinship placements remains the preferred outcome for most children who enter care.
- Initial Health Assessments completed in timescales continues to improve.
- The rate of completion of review health assessments remains amongst the highest in the country, regarding completion within the statutory time frame. Nurse led provision has provided continuity and supported more children to engage in the process.
- Up-to-date immunisation and vaccination of the Children in Care was impacted by the COVID19 pandemic and there remains a small number of children still requiring their immunisations
- The 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.

Introduction

Our vision

"Putting Children First"

It is the ambition of Lincolnshire County Council for our children and young people in or leaving care to be safe, happy, and healthy, to enjoy life and realise their potential.

Supported by a workforce which

- 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 family's 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 Children in Care 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 Children in Care who reside either in Lincolnshire or in out-of-county placements and is aligned to the Children and Young People's Commissioning Plan.

This report relates to children and young people who, within the reporting period of April 2022 – March 2023 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 Partnership (LSCP) and is incorporated in the LSCP business plan.

The evidence tells us that Children in Care 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 Lincolnshire's 'Children's Promise', which was co-produced with a group of young people in care in 2019 and was launched in 2021.

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 Children in Care. 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 Lincolnshire's Children in Care. It identifies issues that impact upon the health and well-being of all Children in Care 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 developments.

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

2. Background and Context

2.1. Definition of "Children in Care"

Most children enter care as a result of abuse or neglect.

'In care' 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).

Children in Care 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 (S31) or interim care orders Section 38 (S38)
- Children who are the subject of emergency orders for their protection Section 44(S44) and Section 46 (S46)

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. 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.

Children in Care 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 Children in Care 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 Children in Care services are required to:

- Recognise and give due regard to the greater physical, mental and emotional health needs of Children in Care in their planning and practice.

- Give equal importance (parity of esteem) to the mental health of Children in Care 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 by the Social Care Institute for Excellence (SCIE) "Improving mental health support for our children and young people".
- Agree multi-agency action to meet the health needs in their area.
- Ensure that sufficient resources are allocated to meet the identified health needs of the Children in Care population, including those placed in the area by other local authorities, based on the range of data available about their health characteristics.
- Consider the views of children, their parents, and carers, in order to inform, influence and shape service provision, including through Children in Care Councils and local Healthwatch; and voices for choices.
- Arrange the provision of accessible and comprehensive information to Children in Care 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 the best possible care and safeguarding for each child in care. Every member and employee of the council and partner agencies has a statutory responsibility to act for the 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 child has an allocated social worker responsible for the management of their care plan. Services and aspirations for Children in Care are enshrined in Lincolnshire's 'Children in Care 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 child 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 Children in Care population, irrespective of the LA corporate parent status. The role of the designated doctor for Children in Care 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 Children in Care is provided within Lincolnshire Community Health Services (LCHS), who work closely with the children's social care teams, including the independent reviewing officers.

2.4. Independent Reviewing Officers

Independent Reviewing Officers (IROs) are employed locally, in addition to the child's social workers to provide services to Children in Care. IRO's undertake statutory reviews as per the statutory guidance for all Children in Care to ensure that their needs are being met on a multi-agency basis.

For children who are "in the care" of other Local Authorities but who reside 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.

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

3. Profile of Children in Care

3.1. Numbers of Children in Care

The number of children in the care of Lincolnshire County Council was 728 at year end, an increase from 680 the previous year. This rise can partly be attributed to the introduction of the National Transfer Scheme in November 2021 which has triggered a rise in Unaccompanied Asylum Seeking Children receiving our support. The number of children and young people placed into Lincolnshire by external authorities also continues to rise.

Over the same period the number of children/young people who entered care reduced slightly to 303. Within this figure, the greatest numbers are in the age bands 0 – 4 and 16 +. Over recent years there has been a marked increase in 16 / 17-year-olds in care and they now comprise 25% of all Children in Care. We have continued to see an increase in children aged between 8 and 12 who have care plans for permanent fostering, and therefore demand for long term foster carers has increased. In 2022-2023 there has been continued emphasis on achieving permanent outcomes for all Children in Care.

3.2. Placement Profile

Stability of placement for children is key to improving health outcomes through providing as normal a family arrangement as possible. At year end the composition of the Children in Care cohort was:

1. 54.5% accommodated with foster carers /parents.
2. 17.5% placed in kinship arrangements.
3. 5.7% subject to care orders and are placed at home with parents.
4. 11.6% in residential homes; and
5. 2.4% in other accommodation, including residential schools, custody etc.
6. 8.2% in Independent accommodation

There is a continuing trend in the greater use of residential care for children and a growing number of young people aged 16+ placed in independent accommodation.

Lincolnshire transformation program remains ongoing and includes the rollout of the Valuing Care toolkit and expansion of our residential estate. This will enable us to place more children requiring residential care within Lincolnshire, maintaining family links and identity, and enabling them to continue to access local services.

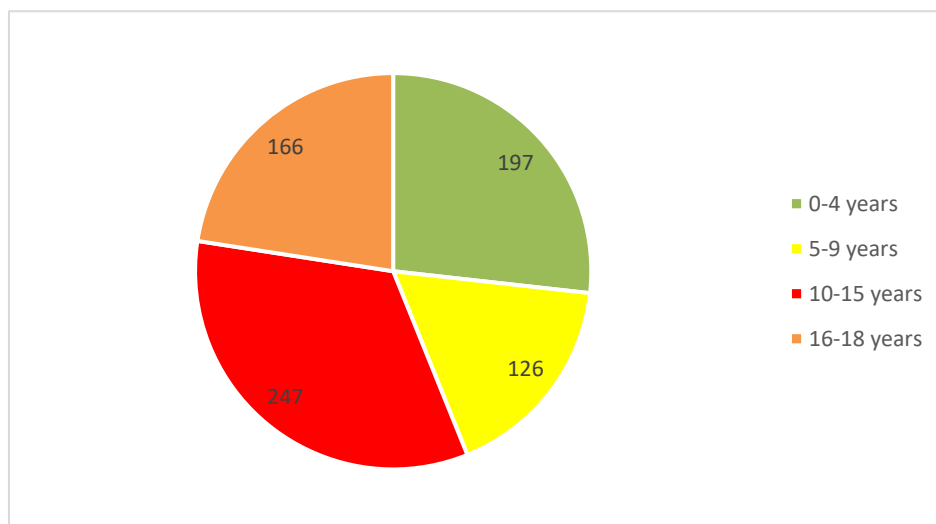
Lincolnshire remains at the forefront of using kinship placements, and, at year end, 17.5% of all Children in Care were in such placements.

The reporting period has witnessed a continued increase in the number of children with especially complex needs who are corporately parented in Lincolnshire. In 2022-2023 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. This has in turn, resulted in a further increase in the number placed in external residential placements. In addition, this year there have been several large sibling groups who have been subject to care proceedings. The lack of suitable in-house foster placements to maintain them together has resulted in them being placed in independent fostering placements. At year end there were:

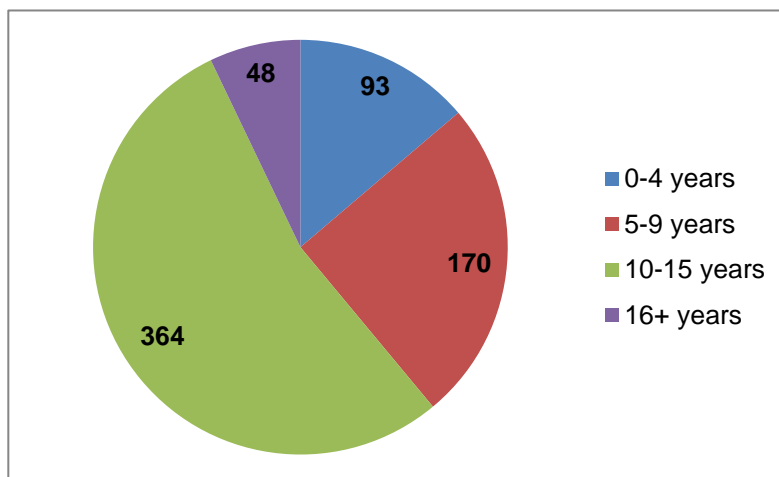
- 27 children (5 of whom were unaccompanied asylum-seeking young people) were placed in externally commissioned foster placements, and
- 54 children were placed in external residential homes, which is the same as the previous year-end figure.

Despite this increase in the use of independent sector placements the ratio of in house to external placements remains significantly lower when compared to other local authorities. Lincolnshire continues to have one of the lowest per head costs for a looked after child, being £787.00 in contrast to the average of £989.00 (CIPFA 2020).

Lincolnshire LA Children in Care 2022/ 2023



Children placed into Lincolnshire by external Local Authorities 2022-2023



Lincolnshire has consistently had a significant number of Children in Care placed within the County by external LA's. At year end they numbered 687 which is an increase of 7 from the previous year.

The high numbers of Children in Care placed by other Local Authorities 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 children away from on-going, high risk environments within the LA area responsible for their care. As a result

of this some 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, Child and Adolescent Mental Health Service (CAMHS), Education and The Police.

Summary:

- The largest numbers of children entering care are aged less than one year.
- The greatest number of Children in Care overall are in the 10-15 years age group (35.3% of the total as at the 2022/23 year end).
- 54% of the children admitted into care during 2022/23 were aged 4 or under.
- 24% of all children admitted to care were aged 16+.

Most children will be subject to care proceedings and will have care plans for permanence.

3.3. Ethnicity

The vast majority (77%) of children corporately parented by Lincolnshire County Council are of White-British origin, but the demographics are gradually changing, with 23% of Children in Care of a non-white British ethnic background. 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 children who are corporately parented by Lincolnshire County Council during the period April 2022 to March 2023

Ethnicity of Children in Care Cohort 2022/23 (derived from MOSAIC)

Ethnic Origin LCC	Total
White-British	611
Mixed Race	34
Asian / Asian British	4
Black-African	2
Any Other Ethnic Group	29
Total	680

Ethnicity_STAT008	Ct of Child	% of Total
White British	798	76.9%
Any other ethnic group	88	8.5%
Any other White background	71	6.8%
Any other Mixed background	23	2.2%
Information not yet obtained	16	1.5%
African	11	1.1%
White and Black African	9	0.9%
White and Black Caribbean	8	0.8%
Any other Asian background	6	0.6%
Gypsy/Roma	5	0.5%
White and Asian	3	0.3%
Grand Total	1,038	100.0%

Nationality_STAT008b	Ct of Child	% of Total
British	619	85.0%
United Kingdom	4	0.5%
Afghan	20	2.7%
Albanian	3	0.4%
Bulgarian	1	0.1%
Caribbean	1	0.1%
Chad	1	0.1%
Egyptian	3	0.4%
Eritrean	3	0.4%
Ethiopian	1	0.1%
Iranian	6	0.8%
Iraqi	5	0.7%
Kurdish	1	0.1%
Latvian	9	1.2%
Lithuanian	9	1.2%
Polish	4	0.5%
Portuguese	1	0.1%
Romanian	1	0.1%
Russian	2	0.3%

Slovakian	2	0.3%
South African	1	0.1%
Sudanese	15	2.1%
Syrian	1	0.1%
Turkish	2	0.3%
Unknown	10	1.4%
Vietnamese	3	0.4%
Grand Total	728	100.0%

4.0 Care Proceedings Initiated

Cases Issued in 2022-2023

Number of s31's	Number of Children
132	234

Cases Concluded in 2022-2023 – outcomes (some of these relate to proceedings issued pre April 2022):

Type of Order	2022-2023
Care Order	130
Placement Order	36
Supervision Order	69
No Order	11
Child Arrangements Order	31
Special Guardianship Order	88
Family Assistance Order	1

Of the cases concluded in 2022-2023, timescales as follows:

Cases Concluded in ** weeks:	
Up to or below 26 weeks	40
Between 27-40 weeks	41
Between 41-80 weeks	75
Over 81 weeks	14

Number of proceedings concluded in 2022-2023:

171 (these relate to 296 x children) (Some of these relate to cases issued pre-April 2022)

Number of proceedings Issued/on-going from 2022-2023 year:

36 (these relate to 70 x children)

Case impact:

Within the 2022-2023 timeframe, the Court was continuing to conclude the back log of cases which were impacted/delayed due to covid. This, along with Lincolnshire being without a Designated Family Judge from the end of December 2022 – the end of the 2022-2023 financial year, also impacted cases being able to conclude due to lack of judicial availability. It is very clear that the impact of the pandemic continued into this financial year and was then compounded by a lack of judicial availability.

From the cases within this period, there has continued to be repeat families due to new babies being born to parents who have previously had their children removed from their care. Large sibling groups appear to have reduced, with the average number of children per proceedings being 2 siblings or less. Whilst the large sibling groups are still known, these are less frequent than previous years.

Hearings within Lincolnshire are now all taking place in person with a few exceptions. The Pre-Proceedings Process in Lincolnshire continues to be robust with a high rate of diversion from pre-proceedings preventing the need for proceedings.

5. Health of Children in Care

5.1. National Context

Most children/young people enter care because 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 Children in Care is also associated with poorer health outcomes which have life-long consequences.

Nationally, key issues for consideration for the health of Children in Care 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 behaviour 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. Children Reported Missing and Child Exploitation

Children and young people in care 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. A number of children are also placed in Lincolnshire from other areas within privately owned residential care homes, although these placements enable movement away from the high-risk environment, there is also a potential risk for continued exploitation as perpetrators may follow the young person to their new home.

Practitioners are actively engaging with children and young people and developing key relationships that enable identification, and appropriate response, to such risks, including Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE). In Lincolnshire, there is a dedicated Missing/CE Co-Ordinator resource within the Future4me team that co-ordinates a response towards missing children in conjunction with Lincolnshire Police and reports on the missing episodes of children in the County. There is also weekly oversight of any outstanding missing return interviews shared amongst senior managers to provide assurance around this key area. Through the LSCP, Lincolnshire has an operational multi-agency child exploitation forum who meet on a weekly basis to consider those children deemed at risk of exploitation and to provide support, interventions, disruption, and enforcement. These meetings are a dedicated forum for discussing, mapping, and analysing concerns and for identifying solutions for all children/young people who are thought to be at risk of CE, including those in care.

2022-2023 Missing Incidents

Lincolnshire Children in Care Missing Incidents	168
No of Children in Care Reported Missing	63
Lincolnshire children Placed in Other Authority Missing Incidents	106
No of Children in Care Reported Missing	34
Return interviews offered	100%
Return interviews completed	97.8%

This data shows that there were 274 incidents of children being missing reported to Police for Lincolnshire Children in Care between April 2022 and March 2023. These incidents involved 97 individual children, demonstrating that some children have experienced a number of missing episodes. A return interview has been offered in 100% of incidents when a young

person has gone missing. In Lincolnshire, if a young person is missing again before the return interview can be completed, this request is 'withdrawn' and a new return interview requested when the young person is found, ensuring the return interview captures both missing incidents. 97.8% of return interviews were completed for Children in Care, some of which will have encompassed more than one missing episode.

5.3 Care Leavers

- Barnardo's is commissioned by the LA to deliver the leaving care service in Lincolnshire. The contract was renewed in 2020 and will enable more timely transitional planning for those aged 16 +.
- Arrangements for Review Health Assessments for 16–18-year-olds, as part of transition, are undertaken by the Community Nurses within the Children in Care/Young People team.
- There is a process in place for the compilation of a health history summary for Lincolnshire children which is completed, discussed with and given to the young person when they leave care.
- The number of completed Children in Care health history summaries is reported quarterly.

5.4 Meeting the Health Needs.

Performance indicators for the Children in Care 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 (RHAs) 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 (SDQ) for 4 to 17-year-olds.

5.4.1 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 CIC

health assessment questionnaire includes the following categories:

- Children in Care 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

299 **IHA's** were completed – An increase of 71 compared to 2021-2022

This comprised of 228 *who were in the care of Lincolnshire County Council and 71 from other Local Authorities.*

A further 63 Lincolnshire Children in Care had their IHA completed out of county. The significant increase in numbers is due to young people placed into the care of Lincolnshire County Council by the National Transfer Scheme for Unaccompanied Asylum Seeking Children, (UASC)

998 **Review Health Assessments** were completed – An increase of 67 compared to 2021-2022

Of these, 558 were children in the care of Lincolnshire and 440 were from other Local Authorities (an increase of 31 for Lincolnshire children and an increase of 36 for external authorities).

A further 91 Review Health Assessments were completed for Children in the Care of Lincolnshire placed out of county. An increase on 75 in 2021-2022-again mainly due to the number of UASC placed out of county.

Health Assessments Total = 1451 – an increase of 119 compared to 2021-2022

5.4.1.1 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).

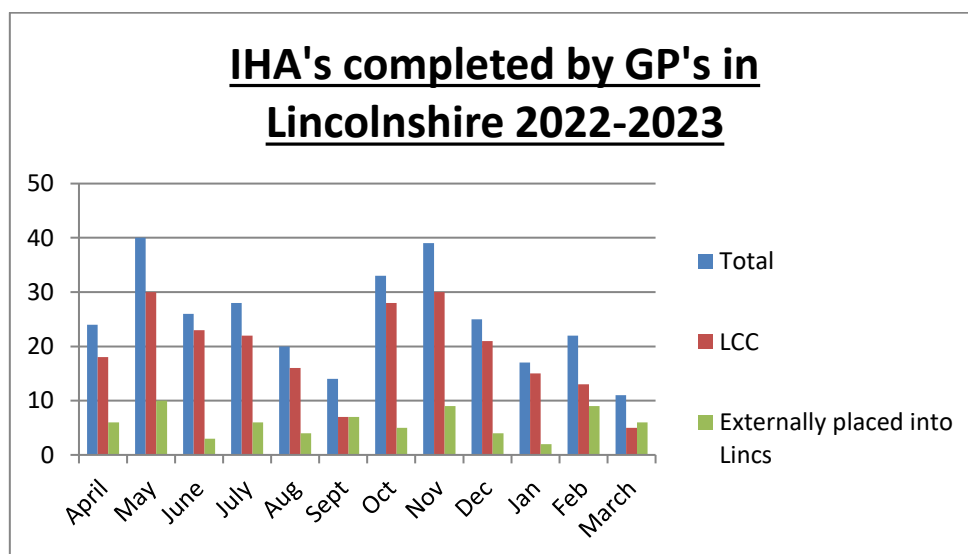
Despite this being a statutory requirement, it is not being achieved in Lincolnshire or

nationally. The availability of medical practitioners and challenges in obtaining the relevant paperwork including signed consent from parents has significantly impacted on this target. Close liaison between the Specialist Nurse CiC and the Family Assessment and Support Team (FAST) managers over the past year has resulted in an improvement in the numbers being completed within timescale.

From April 2021 LCHS has employed a General Practitioner who provided 8 appointments a month and a further General Practitioner was employed in November 2021 providing a total of 16 appointments per month. In November 2021 a Community Paediatrician from ULHT also joined the team offering between 12 and 36 appointments per month. This has enabled the backlog of appointments to be addressed and the number of assessments completed in timescale to improve. During the reporting year April 2022-March 2023 the percentage of Initial Health Assessment completed with the 20 working day target increased from 20% (April 2022) to 81% March 2023. Several factors are an ongoing challenge to meeting the target-these include placement changes, large sibling groups, children remaining in hospital and conflicting responsibilities for foster carers

Graph 2 shows the activity of initial health assessments that has been completed during 2022-2023 by the contracted GP's.

Graph 2



The total number of IHAs undertaken in Lincolnshire during 2022-2023 was 299. This was an increase on the figure for 2021-2022.

During this period 63 children in the care of Lincolnshire County Council were placed outside of Lincolnshire and their IHA was completed by the 'host' trust.

5.4.1.2 Review Health Assessments

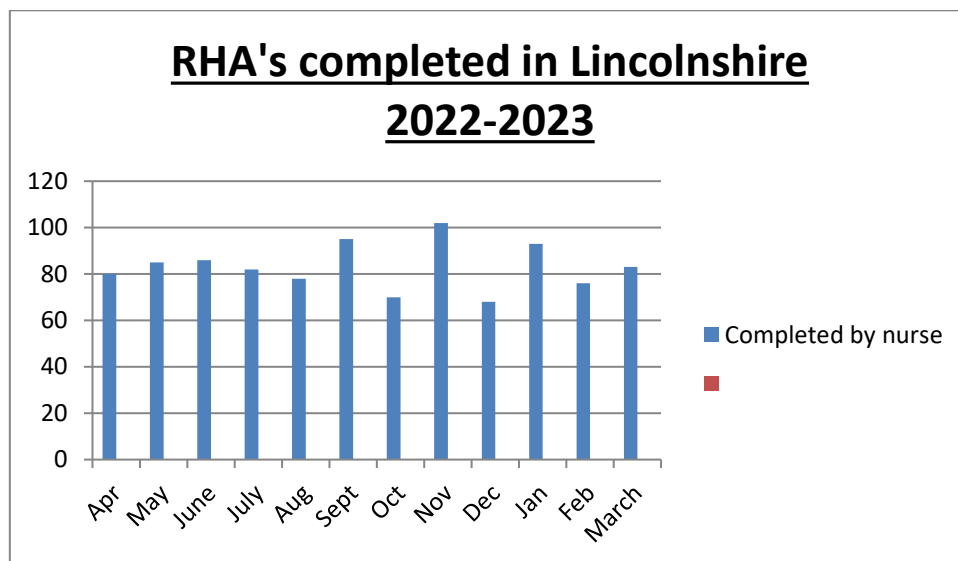
Review health assessments may be carried out by an appropriately qualified Registered

Nurse/Midwife.

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

Graph 3 shows the number of review health assessments completed in Lincolnshire during 2022-2023. The total number completed by the Community Nurses was 558 for Lincolnshire children and 440 for children placed by other Authorities. This is an increase of 67 RHAs completed by the nurses from the year 2021-2022.

Graph 3

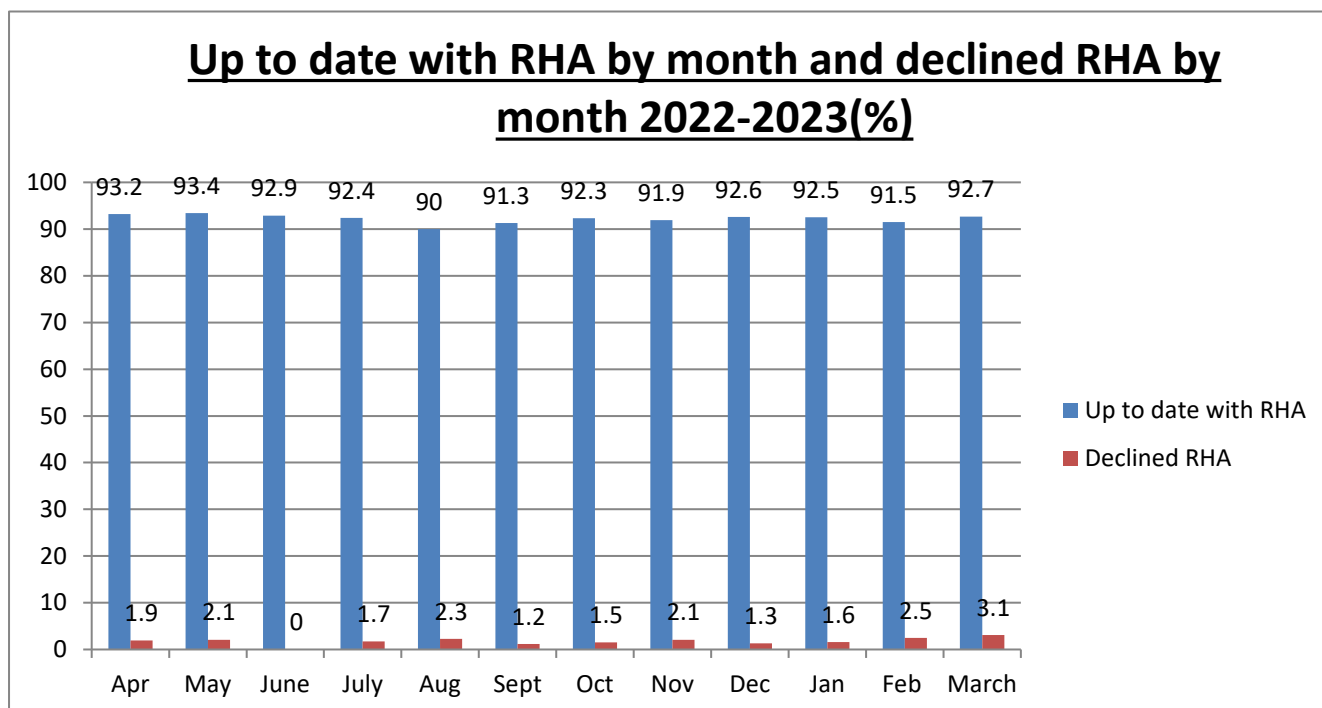


For Lincolnshire LA the percentage of completed RHAs for Lincolnshire children was 92.9% at year-end March 2023. The increase in workload has impacted on the ability of the team to complete RHA's within timescale. COVID continues to result in cancelled appointments.(see graph 4).

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 children with an up-to-date review health assessment and identifies the number who declined a Health Assessment from 01.04.2022-31.03.2023. There is an increase in RHA declined by young people on the previous year.

Graph 4



Young people who decline their RHA are predominantly within the 15 – 18-year age group. They are all offered alternative access by LCHS Looked After Children’s team which has proved to be very successful.

5.4.2 Registration with a General Practitioner

The 2022-2023 health assessment reporting indicates that 99.4 of Children in Care are permanently registered with a GP.

5.4.3 Dental Practice Registration

Children and young people often enter care with poor oral health: usually because of their pre-care experience.

Attendance for annual dental checks is a national performance indicator.

Lincolnshire Local Authority reporting on this performance indicator shows that 84% of Children in Care had dental checks as of 31.03.2023. This is a small improvement on the previous year (availability continues to be impacted by the coronavirus pandemic, with Dental Practices closing and many restricting their practice to private patients only.) In recent months LCC has worked jointly with health and social care and colleagues in the dental services across the county to agree a pathway for Children in Care to improve their access to dental services.

For children 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.

The Lincolnshire Dental Strategy has a priority on 'improving access to dental services'. In the Strategy Children in Care are specifically identified as a population group, where improved access will be focused. Work is also underway with the Local Dental Committee to encourage practices to prioritise access to routine services for Children in Care.

5.4.4 Immunisation'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 immunisations:

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 Children in Care 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.

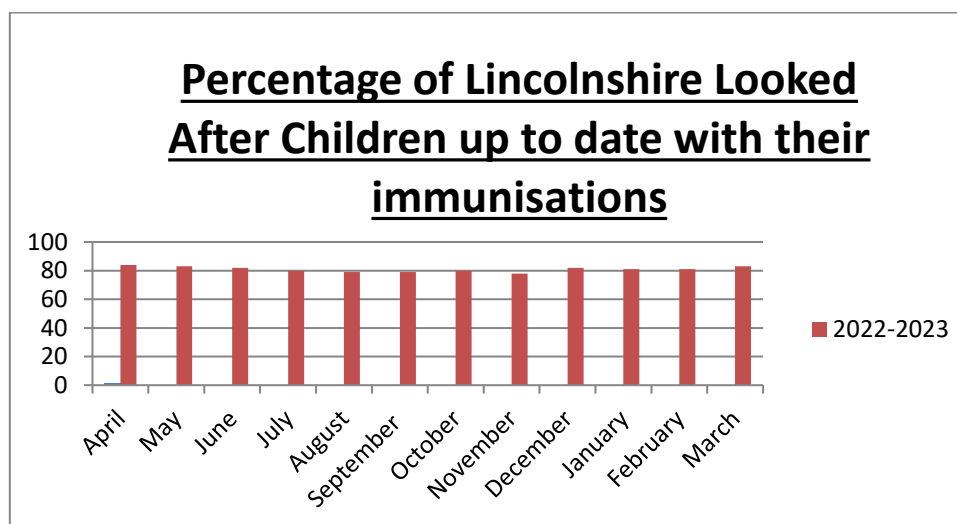
The IRO also has a responsibility for performance managing and identifying outstanding vaccinations and agreeing plans for them to be completed.

The vaccination and immunisation status submitted by Lincolnshire LA for the final percentage at year end 2022-2023 was 84.6%. The immunisation programme, particularly the schools programme, has been impacted by the COVID19 pandemic. There was a catch-up programme to ensure all children were up to date by the end of 2022. This has been completed however some children remain outstanding and they are being followed up individually.

The percentage of children 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 CiC health team. Health and Social care colleagues are working together to improve the timely recording of immunisations.

Graph 5 (below) shows the monthly percentage of children up to date with vaccinations **2022-2023**

Graph 5



5.4.5 Children and Young People Mental Health and Emotional Wellbeing Services

Lincolnshire has a number of services designed to provide support to children and young people (CYP) with emotional wellbeing and mental health concerns, from prevention and early intervention through to crisis, mostly provided by Lincolnshire Partnership NHS Foundation Trust (LPFT).

It is widely recognised that care experienced CYP are more likely to have poorer mental health than their peers. Most CYP enter care as a result of abuse and neglect and the trauma they experience can have far reaching effects on all aspects of their lives. Promoting the Health and Wellbeing of Looked After Children (statutory guidance) identified that c.50% of Children in Care (CiC) have a diagnosable mental health disorder.

In Lincolnshire, CiC and care leavers can access a range of CYP mental health services including targeted support such as:

- Fast-track referral for CiC into CAMHS (4 week target from referral to assessment).

- Specialist staff within Children’s services, for example trained Early Help staff to deliver NHS Talking Therapies for Anxiety and Depression.
- A Leaving Care Mental Health Practitioner, employed by LPFT, who is co-located in the Barnardo’s Leaving Care Service (soon to be expanded with another practitioner working with NACRO Supported Accommodation, as part of the Staying Close pilot).
- A Complex Needs Service focused on supporting CiC and care leavers, which also includes CiC Link Workers co-located within the new residential children’s homes in Lincolnshire, to provide a strong therapeutic, trauma informed offer.
- Mental health support for CiC in our existing in-house residential care homes.

The tables below show the referrals received by LPFT CYP services in respect of CiC for 2022/23 and reason for referral.

Table 1

The table illustrates the CAMHS services provided to Children in Care corporately parented in Lincolnshire. (The data for those placed by external authorities is not available for this reporting period). Referrals Received 2022/23			
Gender/Age	Attended one or more contacts (a)	Did not attend any contacts (b)	Total
Female	182	3	188
Female aged 4-9	10	1	11
Female aged 10 - 14	78	1	79
Female aged 15 -19	90	1	91
Female aged 20 - 22	4	0	4
Male	97	4	101
Male aged 4-9	10	1	11
Male aged 10 - 14	42	1	43
Male aged 15 -19	45	2	47
Male aged 20 - 24	0	0	0
Total	279	7	286

Reason for referral	% out of 291 referrals 2022/23
Suicide Risk With Harm	19.59%
Behavioural Problems	17.53%
Anxiety	18.56%
Suicide Risk Without Harm	16.49%
Low Mood	8.93%
Advice Line	4.12%
Post Traumatic Stress Disorder (PTSD)	3.09%
Attachment Difficulties	2.75%
Emotional Wellbeing Difficulties	2.06%
Autistic Spectrum Disorder	1.72%
Depression	1.03%
Other - Including: Autism Diagnostic Pathway, Behaviours that Challenge due to a Learning Disability, Court Report Requested, Dysphagia, Eating Disorders, Reasonable Adjustments, Risk of Hospital Admission, Self-Harm	4.12%

Age On Referral	Attended one or more contacts	Referral Reason/Description	Reason for non-attendance
4	No	Anxiety	Moved out of area - referred to new locality (sibling 1/3)
9	No	Anxiety	Moved out of area - referred to new

			locality (sibling 2/3)
14	No	Anxiety	Referral was end of March therefore consultation held in FY 23/24
10	No	Anxiety	Moved out of area - referred to new locality (sibling 3/3)
17	No	Suicide Risk Without Harm	DNA crisis intervention (was seen for assessment by Core CAMHS)
16	No	Suicide Risk Without Harm	CYP/SW/Carers DNA Core CAMHS apt. and CYP declined Crisis input.
15	No	Anxiety	Referral was end of March therefore consultation held in FY 23/24

Future Developments around Mental Support for CiC and Care Leavers

- There is currently a **CYP Mental Health Transformation Programme** underway. The Council and LPFT are jointly undertaking a wholesale review of children’s mental health support in Lincolnshire in order that “together with CYP in Lincolnshire, we will understand how we can best support their emotional wellbeing and mental health and transform and improve services, enabling CYP to live independent safe, well and fulfilled lives in their local communities”. This will be delivered across five workstreams:
 - Prevention and community assets – ensuring CYP stay healthy through mental health promotion and prevention by creating mentally health communities.
 - Early intervention – ensuring CYP access timely and effective support at the right level in their community or at school.
 - Mental health support for learning disabled or autistic CYP – ensuring CYP receive specialist care in the community, tailored to meet their specific needs.
 - Community specialist mental health – ensuring CYP who need it are able to access specialist assessment and evidence-based treatment.
 - Urgent and emergency mental health – ensuring CYP have access to 24/7 assessment and support at times of mental health crisis.

○

Across all of these areas, CiC and care leavers are a key group being considered in terms of their unique experiences and emotional wellbeing and mental health needs.

- There are plans to continue and **expand support for care leavers following Lincolnshire’s successful ‘Staying Close and Connected’ bid** to the Department for Education. Two LPFT MHPs will be co-located; the existing Barnardo’s Leaving Care Service MHP and an additional MHP within the supported accommodation service – Nacro Education, Support and Transition (NEST). They will upskill staff to better support young people’s mental

health and wellbeing, providing additional trauma-informed resources to help stabilise challenging behaviours and support to remain connected as they move on.

- The **key priorities for the Complex Needs Service for the next year** are to further build up the support to the Council's residential care homes and increase the support it offers to Lincolnshire's care leavers. Other priorities include embedding the Positive Futures offer within the Complex Needs Service, recruiting to a 'Lived Experience' post and expanding co-production of support, expanding the team's training offer and evaluating the various elements of the service.

6.1. Learning and Achievement – Education for Life

The Virtual School Team showed great flexibility throughout the pandemic and worked alongside the Caring 2 Learn Team, foster carers, social care teams, children, and school-based colleagues to provide practical support for the educational needs of our children and young people in care throughout the year. The examples below provide a flavour of how the team responded.

- Ensuring that most of our children and young people attended school throughout the pandemic where appropriate
- Delivering laptops to enable children to continue lessons online if required
- Ensuring Out of County placed children, carers and schools were supported through regular weekly contact
- Supporting carers to access **online learning portals** and other resources set up by schools.
- The team continued to complete all Personal Education Plans
- Continued to support Children in Care Reviews as required
- Ensured catch up tuition was provided as required
- The team also distributed resources such as **books** and stationery where appropriate
- Supported our **Residential Homes** with learning resources, school transport issues etc.
- Through partnership working ensured our more vulnerable carers could better support their children's **transitions back into school** when appropriate

- Caring2Learn continued to provide networking opportunities for our carers alongside support and advice from our Carer Champions network.
- Three Virtual School Staff also provided cover to support our residential colleagues throughout the first Lockdown.

7. Social Care

7.1 Permanence

During the reporting year 1st April 2022 and the 31st March 2023 (2022-23) Family Finders has continued to meet monthly in order to consider children whose care plan is one of permanence through long-term fostering. These meetings are in person, although MS Teams can be utilised if necessary.

Over the reporting year, twenty-nine children have been considered, which is a 31.8% increase on the previous reporting year which saw twenty-two children considered. Of the twenty-nine children considered, sixteen children were newly referred from 1st April 2022 onwards. This is a 23% increase on last year's figure (13 children).

Out of the twenty-nine children considered, in house foster families were identified for four children, two singletons and a sibling group of two children, with the singleton children remaining with their existing carers with long-term permanent placement being agreed. The sibling group moved to a new placement which was identified as a direct result of one of the permanence events held during the year. Of the remaining twenty-five children, eight remain in residential settings, one is with an Independent Fostering Agency and the remaining sixteen are with in-house foster carers.

This year seven fostering families have been linked for Permanence at Fostering Panel creating permanency for eleven children in total. However, all of these were with the existing task centred foster carers and the children had not been referred to Family Finders.

For several years there have been difficulties in recruiting permanent foster carers. However, during 2022-2023, eleven fostering households were approved as permanent carers, compared to 2021-2022 where there were no permanent approvals made. The eleven households include six newly approved fostering families and five changes of approvals for existing foster carers. Whilst the six sets of carers have not yet been linked with children on Family Finders it is hoped in the next few months this will take place. The majority have attended the permanence event and appropriate matching is taking place.

Within Family Finders this year we have also focused on the level of support offered to young people during the transition period. Placement Support Workers are being allocated earlier to ensure the young people and carers receive the most appropriate support and that families can continue to work with a placement support worker before, during and after their transition to a permanent carer.

For several years recruitment of permanent foster carers has been difficult with most permanent matches being made with their Task Centred carers and this year demonstrated that continued trend.

The Family Finders Review panel continues to meet when necessary to consider children where no potential placement matches have been identified within a three-month period, enabling senior management to have oversight of actions already taken and discussions around any further options to be considered or explored. During this year thirteen children have been reviewed by this process, one of whom has been removed from Family Finders as permanence has been achieved.

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 Child in Care. The service has been developed and structured to promote stability and support to foster carers. 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 who have been in care for 2½ years who have been in the same placement for 2 years.

The national indicator NI062 reported 9.3% at year end. This figure suggests that Children in Care in Lincolnshire have a high level of placement stability from the point of coming into care. The figure is higher than the Council would prefer but does take into the account and reflects some of the challenges and the intricacies of meeting the needs of children and matching them within our existing resources. The complexity of children requiring placement and reduced placement options have had an impact on the indicator, and this is likely to remain a challenge. Over recent years there has been considerable focus on supporting foster carers to maintain placements. Placement support workers have been trained to offer therapeutic interventions and caring2learn has developed champions and hub supports to all carers. Together they have supported an improvement.

The NI063 placement stability figure which measures the percentage of Children in Care under 16 year who have been cared for continuously for at least 2.5 years who were living in the same placement for at least 2 years ended with a year-end figure reported as 64.2%. The Valuing Care tool has now been embedded within the Fostering service. The tool continues to be used alongside the Children in Care Valuing Care tool to support and inform matching with a view to improving placement stability by identifying carer's strengths in accordance with a child, young person's needs.

7.3. Staying Put Scheme

The 'Staying Put' scheme in Lincolnshire has, since its inception, enabled a total of 254 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 for carers is provided by the Fostering Service, with the young people having their own designated Personal Adviser 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 military, each young person is given a window of up to three months 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 continued to support young people and their carers with a total of 45 young people living in a Staying Put arrangement at the end of March 2023. Of these, 24 were in either full or part-time further education, 6 attending university, 5 young

people are in employment, 4 young people are on Apprenticeship Schemes including 2 young person are on the Care Leavers Apprenticeship Scheme and 6 young people were NEET. It is a core requirement of Staying Put for young people to be in education, employment or training. For the 6 young people who are NEET there are clear plans in place to support them in to education, employment or training.

The Staying Put offer in Lincolnshire positively reflects the current guidelines and best practice from the Government and Fostering Network. Signs of Safety is used and embedded in all the documents relating to Staying Put with Social Pedagogy being used to support the transition and understanding around moving to adulthood.

During the past 12 months connections with carers have remained in place; with Supervising Social Workers and the Staying-Put Co-ordinator keeping in contact with carers by telephone, virtually or face to face meetings. Meetings are now primarily face to face, and this has enabled better working relationships, and provided a higher level of support to young people and their Staying Put providers.

Looking forward to the next 12 months, there are currently 19 referrals waiting to join the Staying Put scheme. There may well be additional young people move into this provision (if this is the preferred option for them and their carers) this scheme continues to be an option for those leaving care at the point of attaining adulthood.

8. Consultation with Children in Care

8.1. Voices 4 Choices (V4C)

V4C is Lincolnshire's Children in Care Council. It shares experiences of being in care, informing Children's Services about what does and does not work for them, and what needs to change. V4C meetings have been held month in each of the 4 localities and are delivered by Senior Youth and Community Development Workers, with support from Participation Officers over the past 12 months. During this time the Quality and Standards Service has led a review into the model of how are V4C meetings operate and following consultation with Children in Care and professionals a move to a county wide group is being implemented which will be held within the day time during school holidays with senior managers and elected members invited along to specific dates. It is anticipated that this will further encourage attendance and contributions from our Children in Care. Over the past 12 months V4C groups have been involved in feeding back about their experiences and views on a range of subjects including views on school experiences, living in residential care and the support they receive from their workers.

8.2. Big Conversation Events

Big Conversation events have taken place over the past 12 months. Meetings have been well attended by Children in Care, senior managers and elected members and a range of

discussions and views have been shared by children and young people relating to their education, home life and leisure activities.

8.3. Development work

Pieces of work done by V4C in Big Conversation have continued to be developed:

- *Updating and relaunching the Coming Into Care Kit as the 'Living in Care Guide'*
- *Proving feedback to help inform the planning and delivery of the annual Children in Care FAB! Awards that were held in June 2023 for the first time since 2019.*
- *Contributing to the update of the Participation Strategy*
- *Developing the model of how future V4C meetings will operate*

9. Advocacy and Complaints

The Living in Care Guide has been reviewed and redeveloped by the Participation Team with views and input from young people attending V4C. This provides children with information as to how they can express any feelings of dissatisfaction they may have including making formal complaints. There are however several 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: -

Voiceability: *All children and young people coming into care are offered an Independent advocate from our commissioned provider Voiceability who can attend their 28-day review and/or represent their views in a report. Voiceability also provide an issues resolution service which CIC can access as and when required.*

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 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 can comment on this. Where children's wishes are contrary to the plan, the Independent Reviewing Officer can 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 can 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 monthly. 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 can engage in discussions with

the homes manager to resolve any issues which the child may identify. Where this early attempt at resolution is unsuccessful, the Independent Visitor can 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 can direct children to the advocacy service if they wish to pursue a formal complaint.

9.1 Complaints

This year has seen no complaints made directly by children who are in care. However 3 complaints were received from parents, carers or other family of Children in Care. The following is a brief summary of those complaints received in relation to this area.

Quarter 1

Parent complained that sibling of his child was not being kept with his child despite the courts order that this is maintained. Parent advised that they were not contacted around taking in both children and that there had been a lack of communication from the allocated Social Worker.

In response to this the complainant was advised that a viability assessment for the child's placement with the complainant was still on-going. It was also relayed to the complainant that the court findings referred to were 4.5 years ago and as such the siblings were more independent of each other with individual needs that needed to be met. There was no request for an escalation of this case.

Quarter 2

Complainant advised that they were unhappy around their siblings social worker discussing their personal history with other family members. It was explained to the complainant that the matters were raised were around the care provided to them by a grandmother and assessments were being undertaken to assess her ability to provide care for the complainants siblings. It was agreed that this would remain the sole area discussed in regards to the complainants history and remain in the context of suitable care for the child in question. This complaint was not escalated any further by the complainant.

Complaint raised by a foster carer around the lack of support offered to them and a child in their care following allegations made against them by another young person which had led them to wish to transfer to a private Fostering Agency.

In response to these concerns the complainant was advised that their transfer has been processed in accordance with the Fostering network protocol arrangements. It was explained that with all allegations appropriate procedures need to be completed to ensure the safety

of all involved. These procedures were followed appropriately and there were no further matters to investigate. No request for an escalation of this complaint was made.

No complaints were raised in relation to this area during the 3rd or 4th quarters.

10. Conclusion

Children in Care in Lincolnshire continue to have their health needs met and processes are in place to ensure that they can be safe, happy and healthy, enjoy life and realise their potential. There is a robust workforce in place and clear governance arrangements placing children and families at the heart of how we plan and deliver support for them, building on the family's strengths.

11. Recommendations for 2023-2024

1. LLA, Integrated Care Board and LCHS to continue to work together to improve the number of Initial Health Assessments completed within the statutory timeframe.
2. LCHS to continue to maintain the current GP workforce to complete IHA's.
3. The annual report to be shared with the IRO service to promote improvement in constructive challenge.
4. A review of the management of and support provided to children with above average SDQ scores to be completed.
5. Continued utilisation of the valuing care toolkit and expansion of our residential estates as part of our transformation programme in response to the shortage of local placements for Children in Care.
6. Work with the Oral Health Alliance Group to continue to support access to Dentistry for Children in Care.
7. Work on ensuring transition into Adulthood and Transitional safeguarding for Children in Care and Care Leavers is improved.

AUTHORS

Elizabeth Bunney

Specialist Nurse, Children in Care, Lincolnshire Community Health Services

Rebecca Pinder

Head of Safeguarding Children, NHS Lincolnshire ICB

Rachel Freeman

Head of Service, Children in Care and Residential Estates, Lincolnshire County Council



This page is intentionally left blank