

# CHILDREN IN CARE ANNUAL REPORT 2019/20



**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 2019 to 31st March 2020. 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 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, 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 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 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 Children in Care teams from Lincolnshire Local Authority (LLA).

In 2019, following local and national work undertaken by children and young people, regarding professional language and jargon, the decision was made to use the term "children in care" within day to day practice

### **The key messages within this report are:**

- The number of children in the care of Lincolnshire County Council was 626 at year end, an increase of 2.2% over the year. This is slightly less than the upward trend recorded nationally. The number of children and young people placed into Lincolnshire by external authorities continues to rise.
- The 16/17 year old age group now makes up almost 22% of the looked after population.
- The placement of children within kinship placements remains the preferred outcome for the majority of children who enter care.
- There has been an increase in the number of initial health assessments completed within the statutory time frame of 20 working days from the child/young person becoming looked after. In 2019/20 an improved referral pathway was introduced to ensure that relevant consents and paperwork were provided to the Looked After Children's Nurses in a timely manner. This has resulted in an overall improvement in the numbers completed within timescale but that improvement has been tempered by the availability of GP appointments across the County.
- The rate of completion of review health assessments remains amongst the highest in the country, with regard to 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 cohort is higher at year

end than that of their peers in the general population and above national average and our statistical neighbours.

- 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.

## 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 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 2019 – March 2020 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 the 'Children's Promise'. This replaced the "Children's Pledge" having been co-produced with a group of young people in care in 2019. The Promise is scheduled to be launched in 2020.

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 Children in Care residing within the county. 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.

### **Achievements in 2019/20**

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 Independent Reviewing Officers (IROs) maintain contact with a child in between statutory reviews.

An OFSTED full inspection of Children's Services was undertaken in April 2019 and concluded that:

**"Children in care receive an outstanding service".**

Growth in the number of care proceedings has required a continued focus on identifying permanent foster placements. This has produced positive long term outcomes and has enabled 17 children to have their plans for long term care fulfilled

The Authority has continued to invest in services that promote placement stability. Placement support workers are now trained to deliver therapeutic interventions and caring2learn is now embedded in all elements of the fostering service.

An initial "life skills" group targeted at children in foster care was successful and will be expanded in conjunction with the Leaving Care service.

Young people have worked with officers to reframe the language used in day to day practice in the document "Language that Cares".

## **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 (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. 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:

- Recognize 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 from 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;
- Take into account 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
- 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 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 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 child has an allocated social worker responsible for the management of their care plan. Services and aspirations for children in care 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 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 whole 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**

At the end of March 2020 626 children were corporately parented by LCC. This represents an increase of 2.2% over the year.

Over the same period the number of children/young people who entered care increased slightly to 278. 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 22% 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 as a result, there continues to be a number of children waiting for a suitable placement. In 2019/20 there has been continued emphasis on achieving permanent outcomes for them.

#### **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. At year end the composition of the children in care cohort was;

1. 0.5% accommodated with foster carers /parents;
2. 15% placed in kinship arrangements;
3. 4.5% subject to care orders and are placed at home with parents;
4. 10.3% in residential homes; and
5. 1.4% in other accommodation, including residential schools, custody etc.
6. 8.3% in Independent accommodation

This shows that 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 remains at the forefront of using kinship placements, and, at year end, 15% 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 2019/20 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 external residential placements. In addition this year there have been a number of large sibling groups who have been subject to care proceedings. The inability to identify suitable in house foster placements to maintain them together has resulted in them being placed in independent fostering placements. At year end there were:

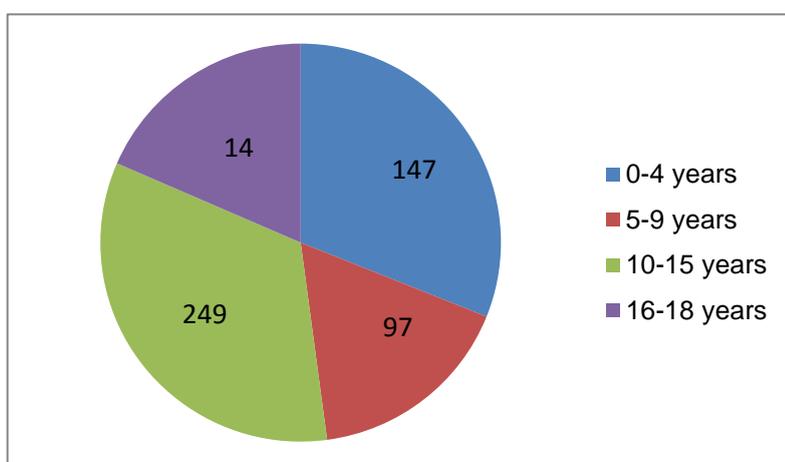
- 27 children (4 of whom were unaccompanied asylum-seeking young people) were placed in externally commissioned foster placements, and

- 25 children were placed in external residential homes, which is a decrease on the previous year-end figure.

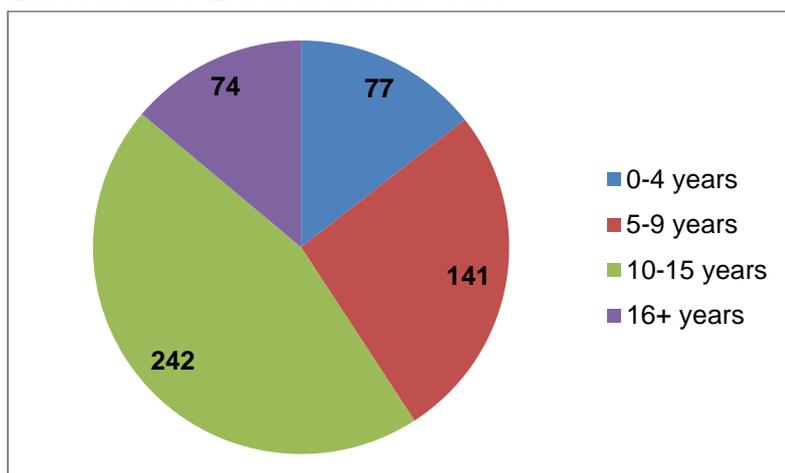
Despite this increase in the use of independent sector placements the ratio of in house to external placements remains significantly lower when compared to other local authorities. Lincolnshire continues to have one of the lowest per head costs for a looked after child, being £787.00 in contrast to the average of £989.00 (CIPFA 2019).

### 3.3. Composition of children in care

More boys than girls are represented in the total children in care population, and for those corporately parented by Lincolnshire County Council there are 377 (60%) males and 249(40%).



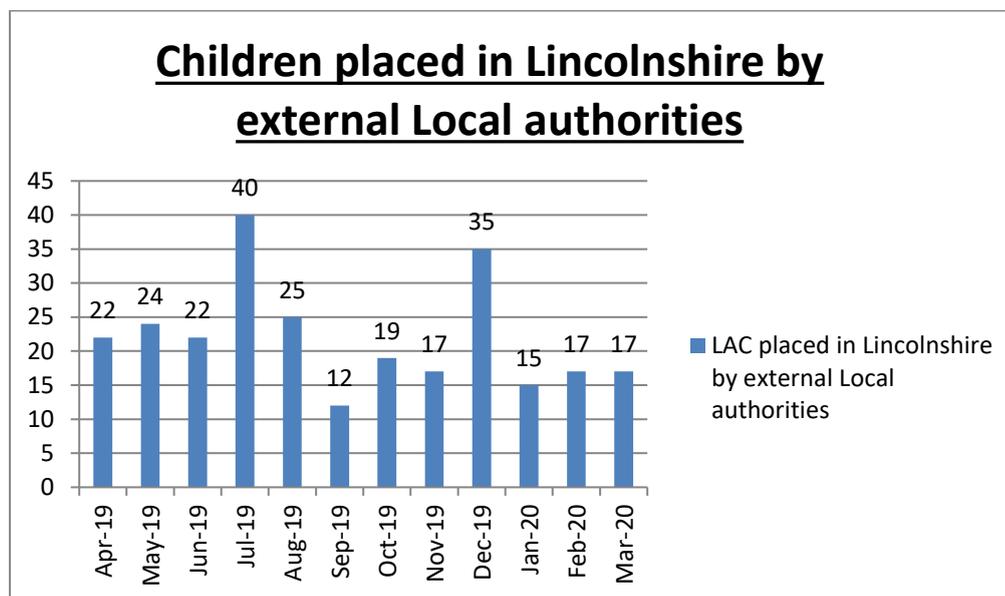
### Lincolnshire LA Children in Care



### Children placed into Lincolnshire by external Local Authorities 2019-2020

Lincolnshire has consistently had a significant number of children in care placed within the County by external LA's. At year end they numbered 534 which is a further year on year increase (See page 18 to see increase in workload for LCHS LAC team)

The graph below shows the monthly numbers of children newly placed in Lincolnshire by external LA's this annual report year (2019/20).



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 ongoing, 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, 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.
- Almost 24% of the children admitted into care during 2019/20 were aged 4 or under
- 22% of all children admitted to care were aged 16+
- 80% of all children are subject of a statutory interim care order or a care order

The majority of children will be subject to care proceedings and will have care plans for permanence.

### **3.4. Ethnicity**

The vast majority (90%) of children corporately parented by Lincolnshire County Council are of White-British origin, but the demographics are gradually changing, with over 10%

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 2019 to March 2020.

#### **Ethnicity of Children in Care Cohort 2019/20 (derived from MOSAIC)**

<b>Ethnic Origin LCC Corporate Parent</b>	<b>Total</b>
White-British	566
Mixed Race	31
Asian / Asian British	6
Black-African	2
Any Other Ethnic Group	21
<b>Total</b>	<b>626</b>

#### **4. Lincolnshire County Council: Court Proceedings Initiated**

##### **2019/2020 - LINCOLNSHIRE COUNTY COUNCIL: COURT PROCEEDINGS INITIATED**

Within the reporting period, we have seen a decrease in the number Care Proceedings issued from last 2018/2019 period.

In 2017/2018 applications were issued in respect of 135 children.  
 In 2018/2019 applications were issued in respect of 184 children.  
 In 2019-2020 applications were issued in respect of 157 children.

In respect of the 157 children, the applications comprised of 142 applications for Care Orders and 15 applications for Supervision Orders.

Care Proceedings were concluded in respect of 119 children.  
 In 2019/2020, the number of children placed under Special Guardianship decreased.  
 In 2017/2018 30 Special Guardianship Orders were granted.  
 In 2018/2019 41 Special Guardianship Orders were granted.  
 In 2019/2020 18 Special Guardianship Orders were granted.

The use of Placement Orders has dropped further and there is a consistent reduction in these Orders being made.

In 2017/2018 36 Placement Orders were granted.  
 In 2018/2019 27 Placement Orders were granted.  
 In 2019/2020 22 Placement Orders were granted.

In 2018/2019 24% of children involved in care proceedings were made the subjects of care orders; this figure is 22% for 2019/2020. Similarly, in 2018/2019 17% of children were made subject to care and placement orders. The figure is 18% for 2019/2020. The percentages therefore have remained relatively consistent.

There has been a rise in the making of supervision orders with 16% of final outcomes in 2018/2019 rising to 36% cases involving a final supervision order on 2019/2020. This rise is likely to be accounted for by the fact that a number of cases in 2019/2020 concluded with children being placed with one of their parents where on-going support from the Local Authority was required. Of the 43 children for whom supervision orders were made in 2019/2020, 31 were placed back with their parent/s.

The table below shows the orders obtained for the 119 children in proceedings that were concluded.

<b>Orders</b>	<b>No</b>	<b>Orders</b>	<b>No</b>
Care Orders and Placement Orders	22	Care Orders	27
Supervision Orders	22	Special Guardianship Orders	18
Special Guardianship & Supervision Orders	6	Child Arrangement Orders	1
Child arrangement and Supervision Orders	16	Special Guardianship, Supervision Order & Child Arrangements Order	0
Child Arrangements Order & Family Assistance Order	1	Supervision Order & Child Arrangement Order	0
Special Guardianship Orders and Child Arrangement Orders	0	Special Guardianship Order & Prohibited Steps Order	0
No Orders	6	Care Order, Placement Order & Parental Responsibility Order	0

In 2019 /20 the number of care proceedings has been comprised of a large number of new born babies often to parents who have had other children removed from their care and an increase in the number of larger sibling groups who span a broad age range.

## **5. Health of Children in Care**

### **5.1. National Context**

Most children/young people enter care 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 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.

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 CE continues as abusers may follow the young person to their new home. Service providers need to engage with children and young people, developing 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 resource within the Future4me team that both responds to and reports on the missing episodes of children in the County. There is also an operational multi-agency child exploitation team (MACE) who meet on a weekly basis. These meetings are the 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.

### 2019/20 Missing Incidents

Lincolnshire Children in Care Missing Incidents	251
No of Children in care Reported Missing	72
Lincolnshire children Placed in Other Authority Missing Incidents	71
No of children in care Reported Missing	14
Return interviews offered	100%
Return interviews completed	94.10% (accounting for 'missing again')

This data shows that there were 275 incidents of children being missing reported to Police for Lincolnshire Children in Care, placed within Lincolnshire between April 2019 and March 2020. These incidents involved 78 individual children, demonstrating that some children have been missing much more than once.

For Lincolnshire children who are placed outside of Lincolnshire, there were 51 incidents where they were reported missing to Police in their host area. These 51 incidents involved 16 individual young people.

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. 94.1% 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 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.

### **5.4 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 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 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 2019 – 2020**

240 (231) **IHA's** were completed – An increase of 9 compared to 2018-2019

This comprised of 188 (180) who were in the care of Lincolnshire County Council and 52(51) from other Local Authorities

946 (796) Review Health Assessments were completed – An increase of 150 compared to 2019-2020

Of these, 647(495) were children in the care of Lincolnshire and 299 (301) were from other Local Authorities (an increase of 152 for Lincolnshire children and a decrease of 2 for External authorities).

**Health Assessments Total = 1186 (1027) - an increase of 159 compared to 2018-2019**

The increase of 159 health assessments from last year reflects the increased number of children in care and living in Lincolnshire.

#### **5.4.1.1 Initial Health Assessments (IHA)**

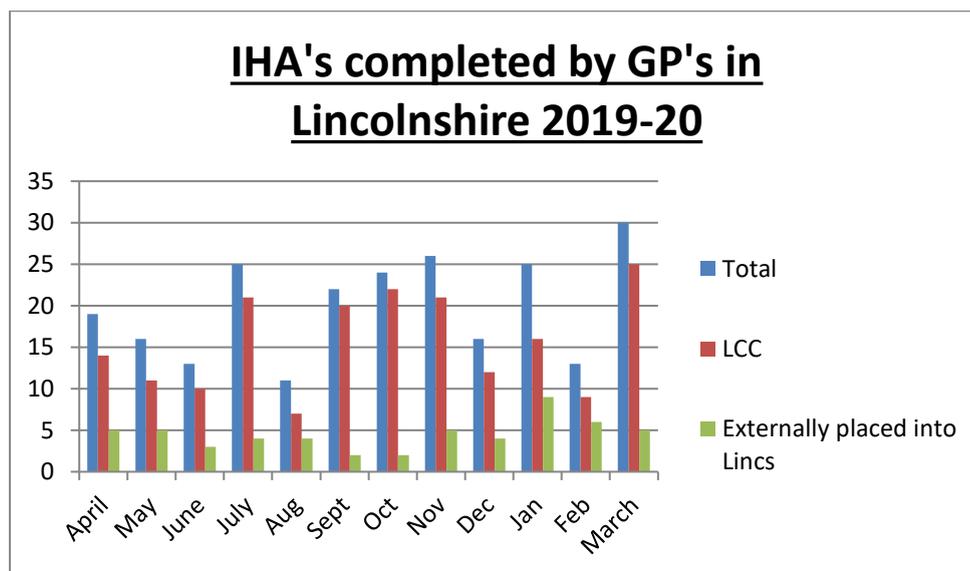
Each child entering care has a statutory IHA and health care plan completed. The IHA is undertaken by a registered medical practitioner and should take place within 20 working days (4 weeks) of a child entering the care system. A health plan is formulated from this which is copied to the child's social 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. Close liaison between the Specialist Nurse LAC and FAST team managers has slightly improved the timescale of notification to the LAC health team of IHA's required. LCHS are proposing

a pilot whereby the LAC nurses complete the IHA's with the agreement of all agencies involved (In April 2020 due to COVID19 restrictions a version of this pilot was implemented, this will be reported in the Annual report 2020-2021.)

Graph 2 shows the activity of initial health assessments that has been completed during 2019-2020 by the contracted GP's.

**Graph 2**



The total number of IHA's undertaken in Lincolnshire during 2019-2020 was 240. This was an increase on the figure for 2018/19.

During this time period 30 children in the care of Lincolnshire County Council were placed outside of Lincolnshire and their IHA was completed by the 'host' trust.

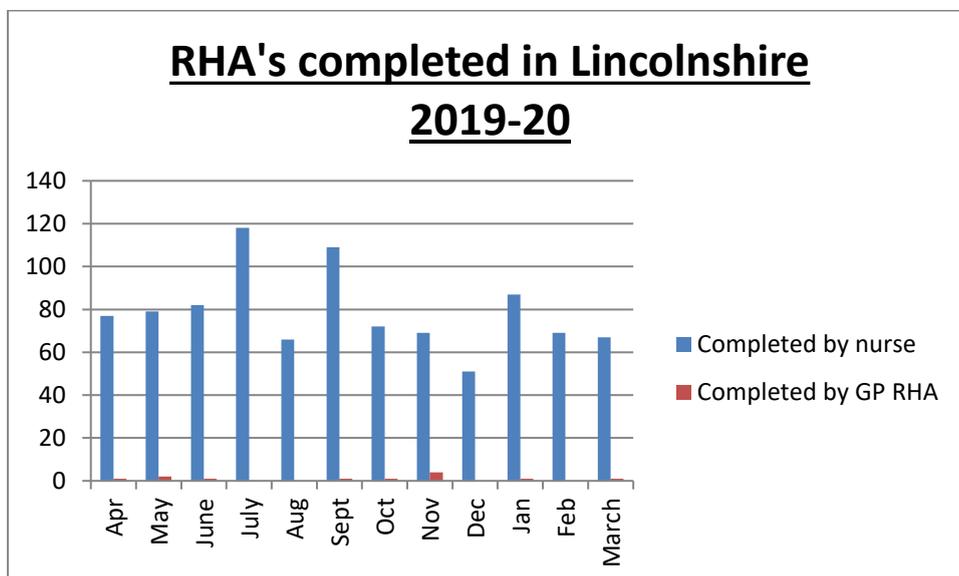
#### 5.4.1.2 Review Health Assessments

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

The timeframe for review health assessments 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 2019 - 2020. The total number completed by the Community Nurses was 647 for Lincolnshire children and 299 for children placed by other Authorities. This is an increase of 150 RHA's completed by the nurses from the year 2018-2019.

**Graph 3**

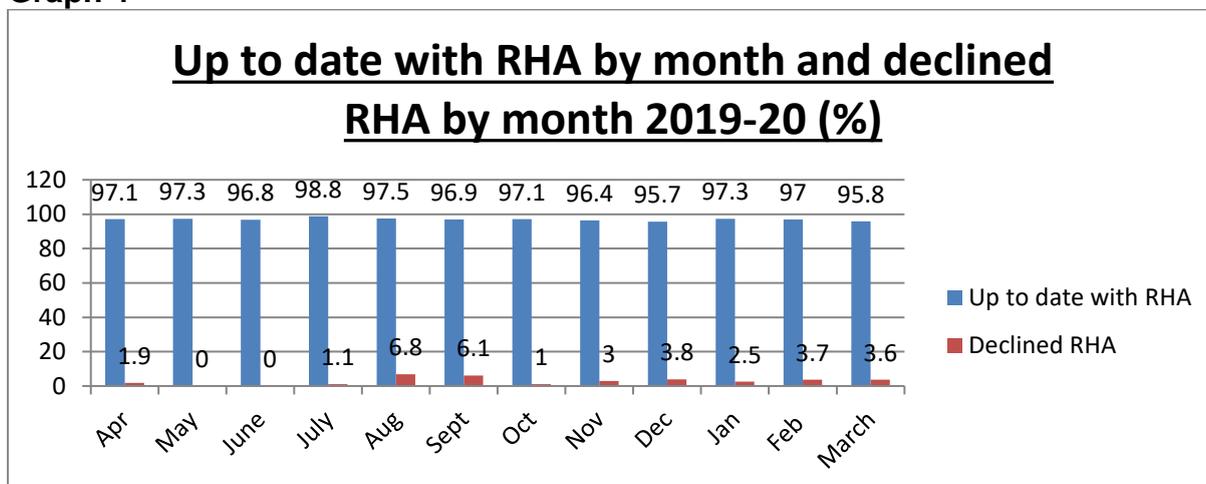


For Lincolnshire LA the percentage of completed RHA's for Lincolnshire children was 95.8% at year-end 2020(graph 4).

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 01.04.19 to 31.03.20. 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 LAC/YP team which has proved to be very successful.

#### **5.4.2 Registration with a General Practitioner**

The 2019-20 health assessment reporting indicates that 98% of Children in Care are registered with a GP.

There were 25 Children in Care not registered with a GP: 18 of whom were Lincolnshire children and 7(4) were placed in Lincolnshire from external local authorities. Some children will have had their health assessment before being able to register with a GP.

#### **5.4.3 Dental Practice Registration**

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.

Lincolnshire Local authority reporting on this performance indicator shows that 93.9% of children in care had dental checks as of 31.03.20. This is lower than last year but has been impacted at year end by the cancellation of appointments due to the coronavirus.

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.

There is now specific data available for this cohort of children in care on their oral health from the health assessment questionnaire data. (Appendix 1)

#### **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 is responsible for performance managing and ensuring that any identified outstanding vaccinations are completed.

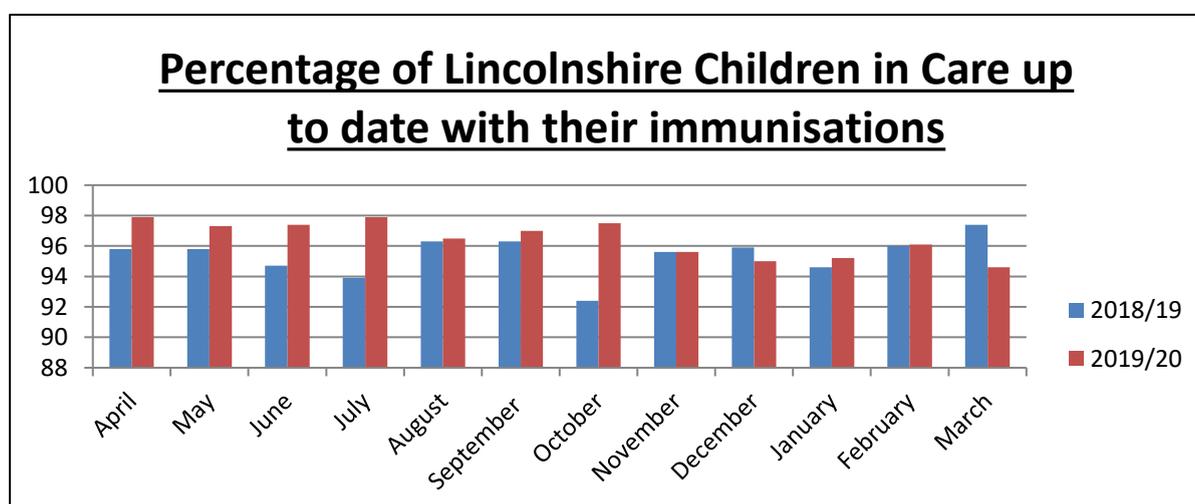
The vaccination and immunisation status submitted by Lincolnshire LA for the final percentage at year end 2019 - 2020 was 96.5%.

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 LAC/YP health team.

Graph 5 (below) shows the monthly percentage of LAC/YP up to date with vaccinations 2019 - 2020 compared to 2018-2019.

**Graph 5**



#### **5.4.5 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 Children in Care 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 Children in Care 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 children in care corporately parented in Lincolnshire. (The data for those placed by external authorities is not available for this reporting period). **Referrals Received**

<b>Gender/Age</b>	<b>Attended two or more contacts</b>	<b>Attended one or more contacts (a)</b>	<b>Did not attend any contacts (b)</b>	<b>Total</b>
<b>Female</b>	<b>28</b>	<b>66</b>	<b>77</b>	<b>143</b>
<b>Female aged 4-9</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>6</b>
<b>Female aged 10 - 14</b>	<b>11</b>	<b>28</b>	<b>33</b>	<b>61</b>
<b>Female aged 15 -19</b>	<b>17</b>	<b>36</b>	<b>40</b>	<b>76</b>
<b>Female aged 20 - 22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Male</b>	<b>14</b>	<b>25</b>	<b>40</b>	<b>65</b>
<b>Male aged 4-9</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>7</b>
<b>Male aged 10 - 14</b>	<b>8</b>	<b>11</b>	<b>20</b>	<b>31</b>
<b>Male aged 15 -19</b>	<b>5</b>	<b>13</b>	<b>14</b>	<b>27</b>
<b>Male aged 20 - 24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>42</b>	<b>91</b>	<b>117</b>	<b>208</b>

### **Reason for Referral**

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

<b>Reason for referral</b>	<b>% out of 208 referrals 2019/20</b>
Behavioural problems	30%
Self-harming behaviour	15%
Low mood	14%

Anxiety	10%
Suicide Risk	8%
Suicidal Ideation	6%
Attachment Difficulties	3%
Depression	2%

### **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

During the past financial year the forensic psychology post has been vacant and so there has been a limited clinical psychology provision provided to try to respond to cases as appropriate.

In total, 3 new referrals to the CAMHS Forensic Psychology Service were received in the reporting period, and none of these would be classified as Children in Care; although 2 of the cases were living with relatives, not with their birth parents. On-going therapeutic input is being offered to one of these cases via a Future4Me clinical psychologist; one was offered a CAMHS Clinical Psychology assessment, with follow-on consultation and advice to young person and parents, and to other health professionals who were involved with the young person's care.

In addition the service offers monthly forensic psychology group supervision sessions to support professionals working with young people who present with high risk and challenging behaviours; this offer includes those professionals working with young people who are in care. Representatives from Future 4 Me, Children in Care Service and Children's Services have accessed this forensic psychology supervision group.

### **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.

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. The Virtual School Team continues to work effectively through locality based teams in the north and south of the county and it has successfully incorporated the statutory responsibilities following the extension of the 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 The Institute of Education, St Mary's University and as a consequence seven Lincolnshire schools have been involved in the 'Promoting the Achievement of Looked After Children' (PALAC) research programme. This has led to the development of an in-depth action research project 'Caring2Read' which has evidenced the importance of school and parents/carers working together to have maximum impact on children's academic progress. Also, the Virtual School Team has worked in partnership with Children's Services colleagues to offer summer activity days and to arrange bespoke open days with local post 16 providers.

### **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 and the evaluation of The Lincolnshire project is planned to be available from autumn 2020. 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 can achieve a good OFSTED rating 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. We are currently working with the DfE to extend the funding for this project through 2021 and beyond.

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**

Between 1<sup>st</sup> April 2019 and the 31<sup>st</sup> March 2020, Family Finders has continued to meet on a monthly basis to consider children with a care plan of permanence and in need of a long term foster placement. Over the year 39 children have been considered, of these 29 were newly referred from 1<sup>st</sup> April 2019 onwards.

This is an increase of eight children from the previous year and included 11 sibling sets of two, and two sibling sets of three - the remainder being single children.

Out of the 39 children considered, long term foster placements were identified for 17, made up of five sibling sets of two, one sibling set of three and two single children. As in previous years, placements identified were a mixture of some children (7) remaining with their existing task-centred carers and the others (10) moving to newly identified carers.

A further 6 out of the 39 children moved to a residential placement and 1 child remained in his existing residential placement. Two children (a sibling group) moved to an independent foster placement and 2 children were removed from Family Finders due to a change in their care plan.

Over the course of the year 6 children have been linked at Permanence Panel, 5 of these children were linked with their existing foster families and 1 child was linked following a match identified from Family Finders.

All children referred to Family Finders continue to have profiles produced by the Marketing Officer in the Fostering Team and these are circulated on a monthly basis with all Supervising Social Workers in both North and South Fostering Teams to share with both existing and newly approved foster carers as appropriate. Anonymised profiles are also shared with prospective Foster Carers during the assessment process.

The Permanence Campaign is on-going and includes a variety of advertising methods such as adverts in local press, on the radio and on social media. This continues to be very well received with Facebook posts generating significant interest. Other fostering recruitment activities have continued throughout the year with the need for permanent foster carers remaining a particular focus at the recruitment evening events.

Since 1<sup>st</sup> April 2019 three new fostering families have been approved for permanence and a further three are currently undergoing assessment.

## **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 7% 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. This is an achievement given the reduction in the number of foster carers and the difficulties in recruitment this year. However, 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 in the NI063 placement stability figure with a year-end figure reported as 70.7%; this is good performance compared nationally.

## **7.3 Transition into Adulthood**

The transition into adulthood is rarely an easy path for any young person, but for children in care 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 access their Leaving Care worker from 17.5 to 16 years old. This earlier allocation and offer of additional support will assist young people into adulthood and ensure that we have explored every important issue for an individual young person before they are 18 whilst also ensure there is a solid relationship with the Leaving Care service.

In planning this transition for care leavers, the Pathway Plan should be prepared for each relevant child prior to them leaving care. In summer 2019, 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 Pathway Plan is now a regular feature of children service auditing and examples of good practice are now routinely shared across the teams

The Children Act 1989 Guidance and Regulations (Vol 3: Planning transition to adulthood for care leavers) identifies that, once a young person leaves care 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 up to the age of 25 if required.

At present Lincolnshire have two transitional social workers to oversee Pathway Planning for young people aged 16/17 transferring into the Leaving Care service, 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, the Corporate Parenting Manager oversees the continual development 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 across all Lincolnshire, 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 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 as a priority group.

#### **7.4. Staying Put Scheme**

The 'Staying Put' initiative in Lincolnshire is in its eleventh year. It has, since its inception, enabled a total of 153 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 military, 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 continued to develop and grow with the number of Staying Put arrangements increasing from 49 young people at the end of March 2019 to 55 young people living in a Staying Put arrangement at the end of March 2020. Of these, 35 were in full time further education with 6 attending university. The others were in employment, on Work Experience Placements or Apprenticeships; with 6 of these on the Care Leavers Apprenticeship Scheme.

## **8. Consultation with Children in Care**

### **8.1 Voices 4 Choices (V4C)**

V4C is Lincolnshire's Children in Care Council with the aim being to share experiences of being a child in care in Lincolnshire and to inform teams who support children in our care what does and does not work for them. V4C meetings are held within the 4 Children's Services locality quadrants and are delivered by Senior Youth and Community Development Workers and supported by Children's Services Participation Officers. This means there are 4 V4C groups operating across the county in different localities on a monthly basis, ensuring opportunities to attend are as widely available as possible.

Over 2019-20 there has been a successful strategic shift to develop the V4C groups to operate them in a range of different venues and linking them with a variety of activities and structuring them so they are less 'committee' based, shifting the emphasis to discussion, social activities and gaining different experiences. Delivery of V4C has as a result been moved out of regular youth centre venues to different external venues following an extensive analysis of potential options across the county.

The results of this move have led to increased attendance and engagement in the V4C meetings while at the same time they have been able to provide the opportunity to gain feedback from the children and young people.

### **8.2 Big Conversation Events**

Through the well-established Big Conversation event groups of Children in care and Care Leavers meet with Assistant Directors, Service Managers and Social Workers from Lincolnshire County Council, as well as staff from Barnardo's, Virtual School Manager and elected members. 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. 2019/20 saw these events taking place in settings that provided an activity for the young people to participate following the main meeting.

- Big Conversation 18 – Feb 2019 @ Trent Valley Youth Centre, Gainsborough with Positive Futures sports activity
- Big Conversation 19 – October 2019 @ The Showroom, Lincoln, with climbing wall activity
- Big Conversation 20 – February 2020 @ Meridian Leisure Centre, Louth, with soundLINCS music activity.

### 8.3 Development work

Pieces of work that have been developed within V4C and Big Conversation events during this period:

- Language that Cares – reframing the language professionals use to describe how we support children in our care and care leavers.
- Care Pledge refresh – now known as Lincolnshire's Caring Promise.
- Planning for FAB! 2020

### Covid 19

As lockdown measures were introduced towards the end of March 2020, steps were made to offer V4C members the opportunity to regularly meet with their group online via Zoom call led by their V4C lead. All members were also offered the opportunity to catch up with their group lead individually via telephone, email or 1:1 Zoom call if preferred to keep updated.

Big Conversation and FAB! events scheduled for May and June 2020 were cancelled with immediate effect with no current rescheduled date available.

## 9. Advocacy and Complaints

Upon coming into care, each child is 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.

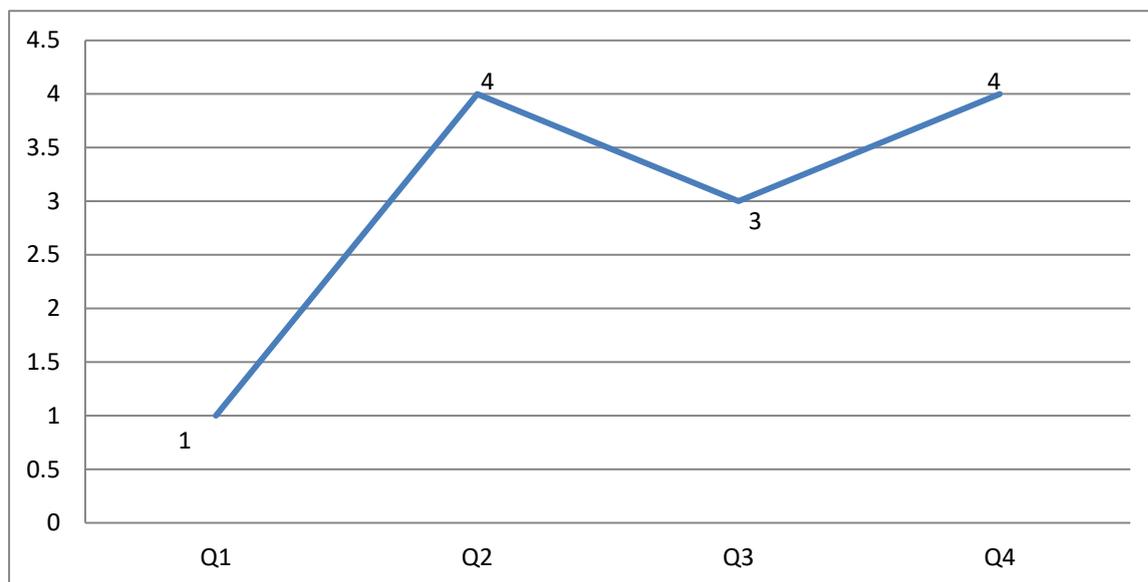
**Regulation 44 Visits:** The Regulation 44 Officer is an Independent Visitor who visits all residential homes within the authority on a monthly basis. An integral part of the role of the Independent Visitor is to talk to children, young people and their families about their experiences of the residential 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.

## 9.1 Complaints

This year has seen no complaints made directly by children in care. However 13 contacts were received from parents or carers. Of these 13 contacts one was resolved informally. This was in relation to an incorrect address being used to send review documents to. The remaining 12 entered the formal complaints process. Each complaint is fully considered and responded to by the relevant service team. Each is considered by the management team and learning from the matters raised is shared with the social work teams in order to promote changes to practice where required.

Complaints;



### Quarter 1

A single complaint was received from a mother who complained that her son's social worker was not sharing information with her. This complaint was not upheld and is the only complaint to have been escalated to the 2<sup>nd</sup> stage of the complaints process.

### Quarter 2

Of the four complaints received in the 2<sup>nd</sup> quarter, 3 were from parents and one from a foster carer, and all for varying reasons:

- One was in relation to a mother who believed that the social worker was unreasonably close with her daughter. This complaint was not upheld.
- One complaint was from a father who expressed his dissatisfaction that there had been a delay in the discharging of the care order and that he had not been updated.

This complaint was partially upheld; there were some delays however the father was kept apprised of these throughout the process.

- One complaint was received from a mother who was unhappy that the father of one of her children was given information about the other two children who are not his, by the social worker. This complaint was not upheld.
- The final complaint received in the 2<sup>nd</sup> quarter was from a foster carer who had advised that they were unable to continue with a placement and felt that there were delays in moving the child to another placement. This complaint was not upheld.

### Quarter 3

3 complaints were received in the 3<sup>rd</sup> quarter and were all from parents of looked after children.

- The first was from a mother who advised that she had witnessed changes in her child since placement in care and did not believe that LCC were sufficiently safeguarding her child. This complaint was not upheld.
- The second complaint received was from the same parent who complained in the 1<sup>st</sup> quarter. This complaint was once again in relation to a lack of communication about changes with her son. This complaint was not upheld.
- A final complaint was received from a mother unhappy with the delays in arrange a visit with her child. This complaint was partially upheld due to staff sickness leading to no updated being provided.

### Quarter 4

The 4<sup>th</sup> quarter saw 4 complaints in regards to looked after children and these were all from parents.

- A parent complained that she felt her son was being mistreated in school and that LCC was allowing this to continue without safeguarding her son. This complaint was not upheld.
- A second complaint was received from a mother who complained that her daughter was in an accident, had a stay in hospital and she was not able to visit her. She also complained that the social worker was inappropriately close with her daughter. This complaint was partially upheld. There had been some comments made by the SW which were not appropriate.
- A father complained that LCC had failed to provide him with fortnightly updates as had been agree in court. This complaint was upheld.
- The final complaint received in regards to a looked after child was from a mother who advised that no discussion had been held with her about a change of school for her child. This complaint was not upheld.

## **10. Conclusion**

There has been a slight increase in the number of Children in Care in 2019/20. This increase is slightly less than that recorded nationally. Lincolnshire continues to invest in a range of preventative services and interventions which promote the birth family and their network as the preferred place for children to grow up.

This report incorporates full year health data, which enables a better understanding of the essential characteristics of Children in Care. 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 Children in Care.

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

## **11. Recommendations for 2020-2021**

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 work with LCC and the CCG to submit a proposal to NHS England to conduct a pilot whereby nurses complete Initial Health Assessments. This would enable more holistic and timely assessments to be completed. During the COVID19 pandemic the nurses in the LCHS Looked After Children team have completed telephone IHA's. The numbers completed within the statutory time frame have increased and the quality of the assessments has improved. *(This variation from usual practice was agreed by LCHS, LCC, LSCP and the CCG senior managers. NHS England are also aware.)*
3. The annual report to be shared with the IRO service to promote improvement in constructive challenge.
4. A revised multi agency approach to the management of and support provided to children with above average SDQ scores
5. The Children in Care teams to work with the Corporate Parenting Manager to identify a pathway for children to engage with Personal advisors in leaving care at 16.
6. The pilot of "care skills" to be expanded and jointly delivered with the Leaving care service

**APPENDIX 1**

**2019 - 2020 Data from the Children in Care health assessment questionnaire**

**Dental**

<b>COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]</b>					
<b>AGE GROUP</b>	<b>0 - 4</b>	<b>5 - 9</b>	<b>10 - 15</b>	<b>16 +</b>	<b>Unrecorded</b>
<b>Brace</b>	0	0	33	11	0
<b>Extraction</b>	2	5	18	5	0
<b>Filling</b>	4	21	42	17	0
<b>Fluoride paint</b>	5	10	20	6	0
<b>No treatment</b>	123	97	209	92	0
<b>Other</b>	0	5	13	11	0
<b>TOTAL</b>	<b>134</b>	<b>138</b>	<b>335</b>	<b>142</b>	<b>0</b>

***Total Children in Care (children corporately parented by Lincolnshire County Council, and children placed by external Local Authorities)***

<b>COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]</b>					
<b>AGE GROUP</b>	<b>0 - 4</b>	<b>5 - 9</b>	<b>10 - 15</b>	<b>16 +</b>	<b>Unrecorded</b>
<b>Brace</b>	0	0	21	5	0
<b>Extraction</b>	1	1	9	2	0
<b>Filling</b>	2	11	15	15	0
<b>Fluoride paint</b>	3	5	9	5	0
<b>No treatment</b>	89	57	133	56	0
<b>Other</b>	0	3	8	8	0
<b>TOTAL</b>	<b>95</b>	<b>77</b>	<b>195</b>	<b>91</b>	<b>0</b>

***Total for Lincolnshire Children in Care***

<b>COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]</b>					
<b>AGE GROUP</b>	<b>0 - 4</b>	<b>5 - 9</b>	<b>10 - 15</b>	<b>16 +</b>	<b>Unrecorded</b>
<b>Brace</b>	0	0	12	6	0
<b>Extraction</b>	1	4	9	3	0
<b>Filling</b>	2	10	27	2	0
<b>Fluoride paint</b>	2	5	11	1	0
<b>No treatment</b>	34	40	76	36	0
<b>Other</b>	0	2	5	3	0
<b>TOTAL</b>	<b>39</b>	<b>61</b>	<b>140</b>	<b>51</b>	<b>0</b>

***Total for External Local Authority Children in Care***

**Number of Children in care who have been seen by specialists (Lincolnshire LAC and children placed by external Local Authorities)**

% SEEN BY / % WHO HAVE					AGE RANGE	TOTAL CHILDREN	IMMUNISATION UP TO DATE				GP INFORMED		
OPTOMETRIST	AUDIOLOGIST	DENTIST	GLASSES	REFERRED			% YES	% NO	% REFUSED	% Blank	% YES	% NO	% Blank
27%	41%	39%	4%	0%	0 - 4	347	93%	6%	0%	1%	50%	50%	0%
74%	9%	79%	32%	3%	5 - 9	173	92%	6%	2%	1%	100%	0%	0%
80%	3%	88%	39%	12%	10 - 15	371	84%	13%	2%	1%	92%	8%	0%
71%	1%	79%	40%	10%	16 +	177	77%	20%	1%	2%	94%	6%	0%
0%	0%	0%	0%	0%	Unrecorded	0	0%	0%	0%	0%	0%	0%	0%
60%	16%	69%	27%	6%	TOTAL	1068	87%	11%	1%	1%	85%	15%	0%

**During the reporting year 2019-2020 LCHS amended the questionnaire used to record data about the health of children in care to include more qualitative data. Unfortunately, due to how the questionnaire had been built, it is not now possible to report on the remaining data accurately. This is being addressed.**

## AUTHORS

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