CHILDREN IN CARE ANNUAL REPORT 2020/21

Lincolnshire Community
Health Services
NHS Trust

Lincolnshire
Clinical Commissioning Group

Working for a better future

Lincolnshire Partnership
NHS Foundation Trust

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EXECUTIVE SUMMARY

This report covers the period 1st April 2020 to 31st March 2021. 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 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 680 at year end, an increase of 9.3% over the year. 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 almost 22% of the looked after population.
- The placement of children within kinship placements remains the preferred outcome for most children who enter care.
- There was an increase in the number of initial health assessments completed within the statutory time frame of 20 working day when Nurses were able to complete these during the pandemic.
- 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 has been impacted by the COVID19 pandemic.
- 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 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 2020 – March 2021 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 was scheduled to be launched in 2020, however has been delayed by the COVID-19 pandemic.

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 2020/21

The COVID-19 pandemic has thrown up many challenges over the past year; however, we have continued to strive for the best outcomes for children in care.

Children in care reviews continued virtually throughout the lockdown period. Some young people attended their reviews for the first-time during lockdown as they found engaging by phone or through Zoom/Teams more accessible and inclusive than attending in person.

Going forward, young people will be offered the choice of how they would like to participate in their reviews. Performance has remained consistently high with 100% in timescale. The participation team reported that 86% of young people were happy with the way reviews are managed, although some young people were unclear about the review process and the role of the IRO. These findings have been fed into the IRO action plan to ensure these issues are addressed.

In November 2020 the Department for Education and Department for Health and Social Care launched the Wellbeing for Education Return programme, which is a package of training and resources developed by the Anna Freud Centre at Leeds Beckett University focused on a whole school approach to mental health and wellbeing, staff wellbeing and targeted support for children and families. We worked closely with Healthy Minds Lincolnshire and several other Lincolnshire education partners to co-deliver this training package to all schools and education settings. Overall, 46 Wellbeing for Education Return training sessions (Webinars 1 and 2) delivered to approximately 95% of Lincolnshire schools and academies, with an average of 513 education setting staff attending both webinars. 95.3% said the training had helped them to understand how to further support children's emotional wellbeing and 97.8% rated the training as good or better.

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:

- 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.
- 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
- 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 the '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

At the end of March 2021 680 children were corporately parented by LCC. This represents an increase of 9.3% over the year.

Over the same period the number of children/young people who entered care increased slightly to 287. 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% 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 as a result, there continues to be several children waiting for a suitable placement. In 2020/21 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. 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

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 has recently embarked on an ambitious transformation programme which 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 2020/2021 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:

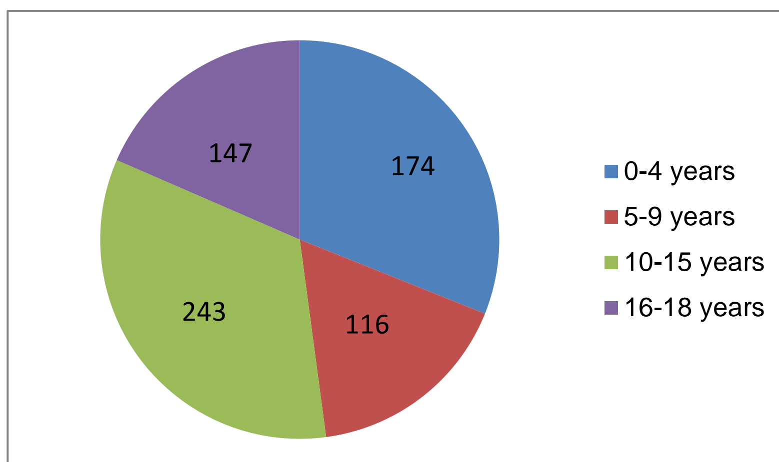
- 27 children (5 of whom were unaccompanied asylum-seeking young people) were placed in externally commissioned foster placements, and
- 54 children were placed in external residential homes, which is a decrease on the previous year-end figure.

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 2020).

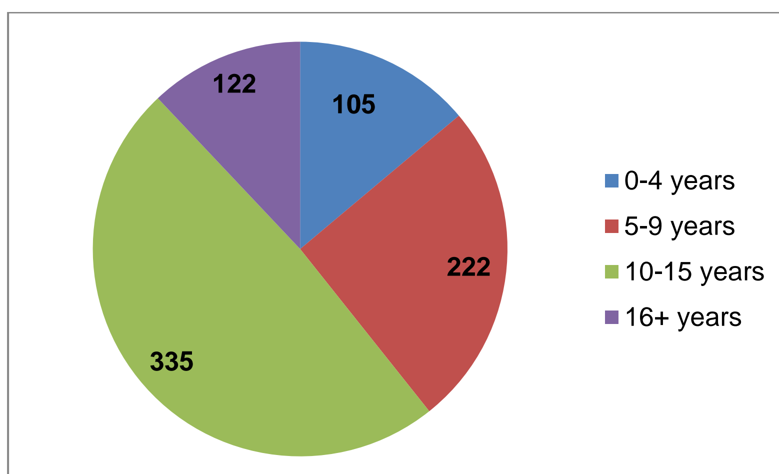
3.3. Composition of children in care

More boys than girls are represented in the total children in care population, and for those corporately parented by Lincolnshire County Council there are 367 (54%) males and 313 (46%).

Lincolnshire LA Children in Care

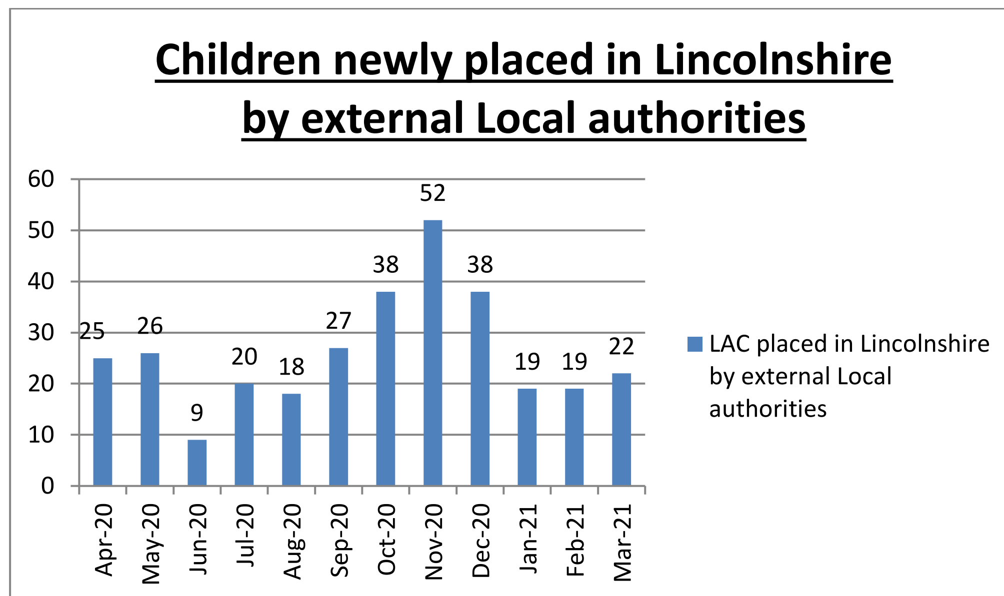


Children placed into Lincolnshire by external Local Authorities 2020-2021



Lincolnshire has consistently had a significant number of children in care placed within the County by external LA's. At year end they numbered 784 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 (2020/21).



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, 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 47% of the children admitted into care during 2020/21 were aged 4 or under.
- 13% of all children admitted to care were aged 16+.

- 79% of all children are subject of a statutory interim care order or a care order.

Most 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)

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

4. Lincolnshire County Council: Court Proceedings Initiated

2020/2021 - LINCOLNSHIRE COUNTY COUNCIL: COURT PROCEEDINGS INITIATED

Within the reporting period, we have seen an increase in the number Care Proceedings issued from last 2019/2020 period.

In 2018/2019 applications were issued in respect of 184 children.
In 2019/2020 applications were issued in respect of 157 children.
In 2020/2021 applications were issued in respect of 197 children.

In respect of the 197 children, the applications comprised of 171 applications for Care Orders and 26 applications for Supervision Orders.

Care Proceedings were concluded in respect of 78 children. The decrease in conclusion of proceedings will be linked to the delays caused by Covid 19 enabling cases to be heard in a fair manner.

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.
In 2020/2021 14 Special Guardianship Orders were granted

The use of Placement Orders in 2020/21 has decreased:

In 2018/2019 27 Placement Orders were granted.
In 2019/2020 22 Placement Orders were granted.
In 2020/2021 12 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; in 2020/2021 – 12 children were made subject to Care and Placement Orders (14%) and 31 children were made subject to Care Orders. 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 several 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. This has now reduced significantly for the period 2020/2021 with 10 Supervision Orders being made at the conclusion of proceedings: with 8 of those cases involving children remaining at home with their parents.

The table below shows the orders obtained for the 78 children in proceedings that were concluded.

Order	**Number of Orders 2020/21**	**Number of Orders 2019/20**
Care Order	31	27
Care Order & Placement Order	12	22

Order	Number of Orders 2020/21	Number of Orders 2019/20
Supervision Order	7	22
No Order	3	6
Child Arrangements Order	2	1
Child Arrangements Order & Supervision Order	2	16
Special Guardianship Order	20	18
Special Guardianship Order & Supervision Order	1	6
Family Assistance Order	0	1

In 2019 /20 the number of care proceedings has been comprised of many 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. This has continued into 2020/21 with a large rise in new-born babies and those being born where proceedings are recurrent; the increase in large sibling groups has also continued.

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.

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 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.

2020/21 Missing Incidents

Lincolnshire Children in Care Missing Incidents	271
No of Children in care Reported Missing	62
Lincolnshire children Placed in Other Authority Missing Incidents	65
No of children in care Reported Missing	20
Return interviews offered	99.3%
Return interviews completed	97.5%

This data shows that there were 271 incidents of children being missing reported to Police for Lincolnshire Children in Care, placed within Lincolnshire between April 2020 and March 2021. These incidents involved 62 individual children, demonstrating that some children have been missing much more than once.

A return interview has been offered in 99.3 % 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. 97.5% 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 in 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 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:

- Children in Care/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

295(240) **IHA's** were completed – An increase of 55 compared to 2019-2020

This comprised of 226 (188) who were in the care of Lincolnshire County Council and 69 (52) from other Local Authorities

874(946) Review Health Assessments were completed – A decrease of 72 compared to 2019-2020

Of these, 539 (647) were children in the care of Lincolnshire and 335(299) were from other Local Authorities (a decrease of 108 for Lincolnshire children and an increase of 36 for external authorities).

Health Assessments Total = 1169 (1186) – a decrease of 17 compared to 2019-2020

5.4.1.1 Initial Health Assessments (IHA)

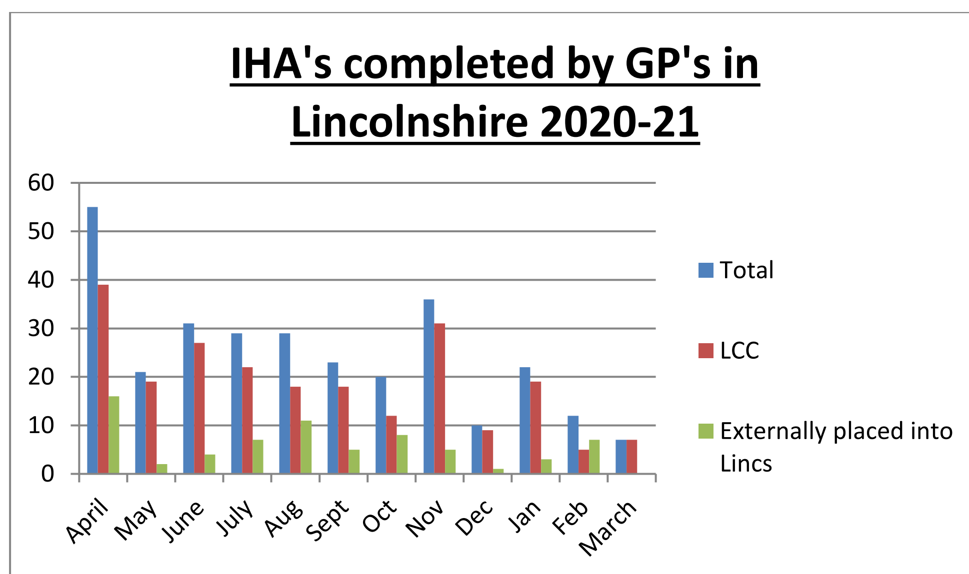
Each child entering care has a statutory IHA and health care plan completed. The IHA is undertaken by a registered medical practitioner and should take place within 20 working days (4 weeks) of a child entering the care system. A health plan is formulated from this which is copied to the child's social 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. 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 FAST team managers has had a varying improvement

in the timescale of notification to the CiC health team of IHA's required. From April 2020 to November 2020 due to COVID19 restrictions the CiC nurses completed IHAs by phone and some face to face. This did result in an improvement in the number IHAs being completed within the statutory timescale. Due to a decision taken by the Royal College of Paediatrics and Child Health from December 2020 the nurses are no longer able to complete IHAs. LCHS has employed one GP to complete IHA's and plans to employ more so that the availability of appointments and quality of assessment is improved.

Graph 2 shows the activity of initial health assessments that has been completed during 2020-2021 by the contracted GP's.

Graph 2



The total number of IHAs undertaken in Lincolnshire during 2020-2021 was 295. This was an increase on the figure for 2019/20.

During this period 36 children in the care of Lincolnshire County Council were placed outside of Lincolnshire and their IHA was completed by the 'host' trust.

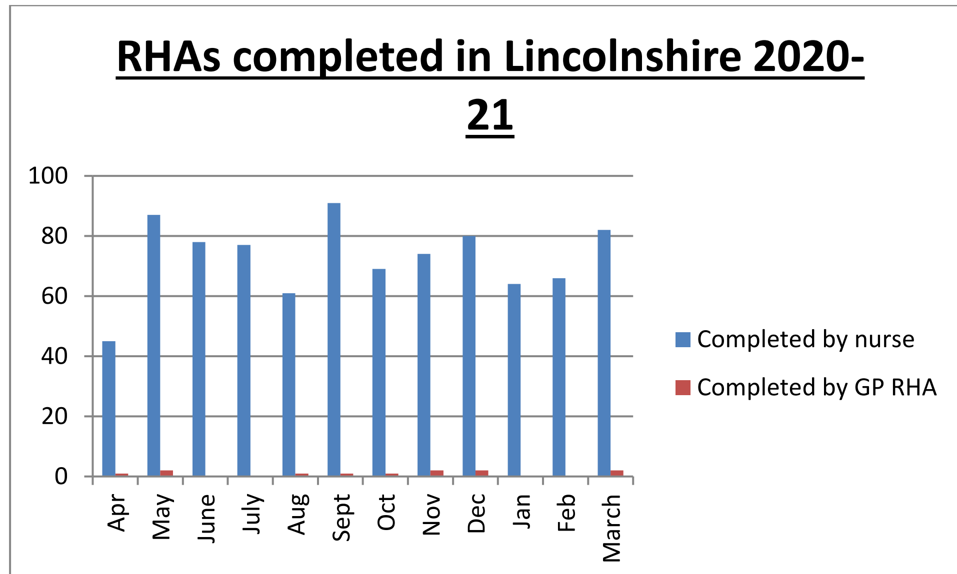
5.4.1.2 Review Health Assessments

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 5 years, up until a child is 18 years of age.

Graph 3 shows the number of review health assessments completed in Lincolnshire during 2020-2021. The total number completed by the Community Nurses was 539 for Lincolnshire children and 395 for children placed by other Authorities. This is a decrease of 72 RHAs completed by the nurses from the year 2019-2020.

Graph 3

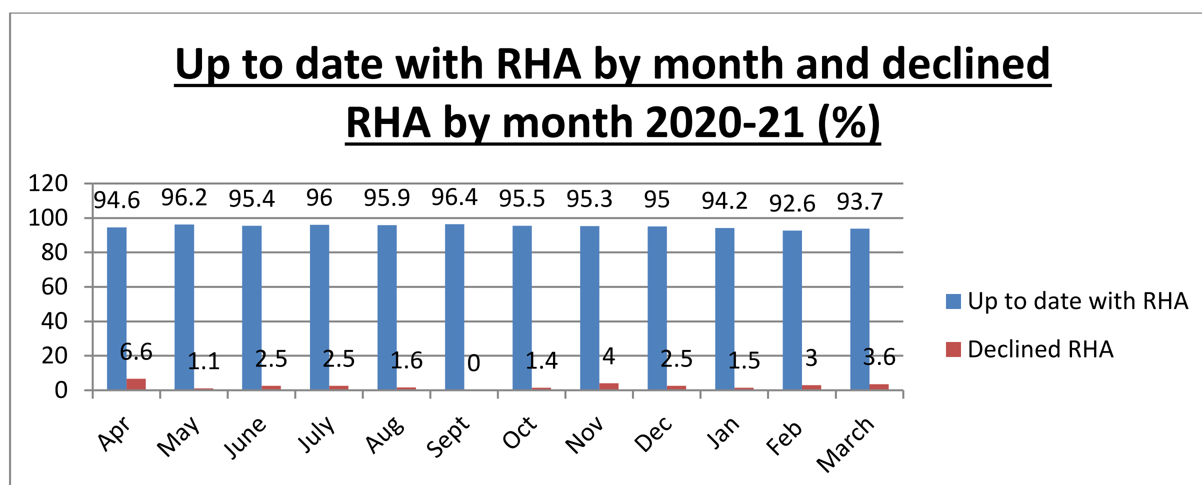


For Lincolnshire LA the percentage of completed RHAs for Lincolnshire children was 93.2%at year-end 2021 COVID 19 has impacted on the practicality of completing assessments within timescale (graph 4).

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 01.04.20 to 31.03.21. There is a slight decrease 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 2020-21 health assessment reporting indicates that 98% of Children in Care are permanently registered with a GP.

There were 23 Children in Care not registered with a GP: 20 of whom were Lincolnshire children and 3 were placed in Lincolnshire from external local authorities. Some children will have had their health assessment before being able to register with a GP; 10 had a temporary registration 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 51.9% of children in care had dental checks as of 31.03.21. This is considerably lower than last year due to the impact of 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 also has a responsibility for performance managing and identifying outstanding vaccinations and agreeing plans for them to be completed.

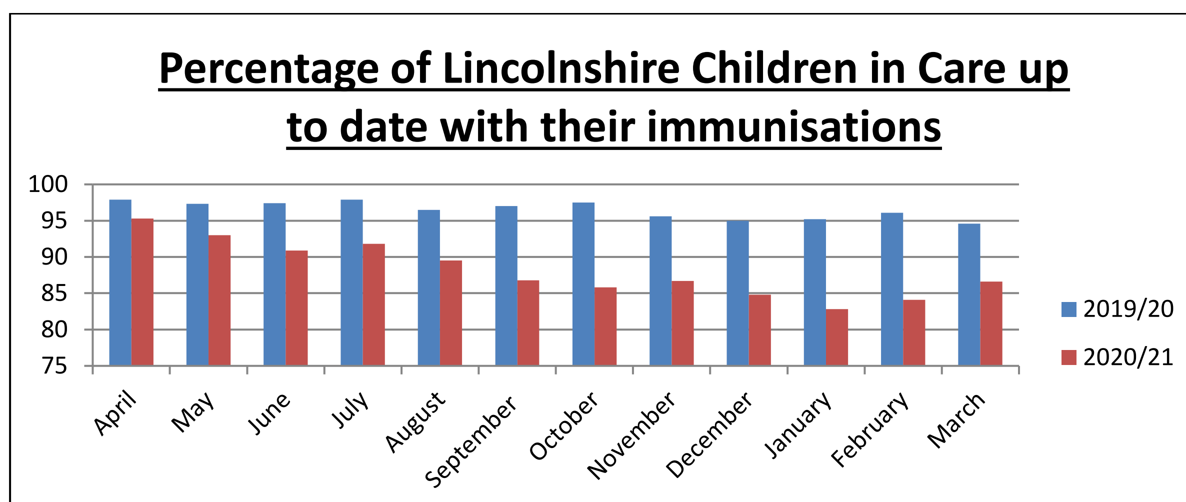
The vaccination and immunisation status submitted by Lincolnshire LA for the final percentage at year end 2020 - 2021 was 79.9%. The immunisation programme, particularly the schools programme, has been impacted by the COVID19 pandemic. There is a catch-up programme in progress which should ensure all children will be up to date within 18 months.

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/YP health team.

Graph 5 (next page) shows the monthly percentage of CiC/YP up to date with vaccinations 2020 - 2021 compared to 2019-2021.

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**			
Gender/Age	**Attended one or more contacts (a)**	**Did not attend any contacts (b)**	**Total**
Female	**78**	**46**	**124**

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**			
Gender/Age	**Attended one or more contacts (a)**	**Did not attend any contacts (b)**	**Total**
Female aged 4-9	**7**	**6**	**13**
Female aged 10 - 14	**42**	**20**	**62**
Female aged 15 -19	**29**	**20**	**49**
Female aged 20 - 22	**0**	**0**	**0**
Male	**69**	**38**	**107**
Male aged 4-9	**11**	**6**	**17**
Male aged 10 - 14	**36**	**20**	**56**
Male aged 15 -19	**22**	**12**	**34**
Male aged 20 - 24	**0**	**0**	**0**
Total	**147**	**84**	**231**

Reason for referral	**% out of 208 referrals 2020/21**
Behavioural Problems	45%
Anxiety	19%
Self-Harm	13%
Low Mood	9%
Post-Traumatic Stress Disorder (PTSD)	5%
Depression	3%

Reason for referral	% out of 208 referrals 2020/21
Suicidal Ideation	2%
Other referral reasons, including attachment difficulties, eating disorders, ADHD and ASD	4%

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 have 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

Supporting the Education of Our Children and Young People in Care throughout the Covid -19 National Emergency 2020.

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.

The team is currently working to implement non statutory DfE guidance for the extension of the Virtual School Head's role to include the provision of advice and guidance to schools and Social Care Teams in promoting the improvement of educational outcomes for children with a Social Worker up to March 2022.

7. Social Care

7.1 Permanence

Between 1st April 2020 and the 31st of March 2021 Family Finders has continued to meet monthly to consider children with a care plan of permanence and in need of a long-term foster placement. Owing to the COVID19 pandemic these meetings have been undertaken virtually over Microsoft Teams.

Over the year 22 children have been considered, of these 6 children were newly referred from 1st April 2020 onwards. This is a significant decrease on last year's figures of 39 children.

Out of the 22 children considered, long term foster care in house foster placements was identified for five children, all single children, with three of these children moving to newly identified placements and two children remaining in their current placements. Of the remaining 17 children, 7 moved to IFA foster carers, made up of three sibling groups of two and one single child and it was agreed that one further child would remain in her current IFA placement. Three children moved to residential children's homes, a sibling group of two and a single child; and one child was removed from Family Finders due to a change in his care plan.

Six children have been linked for Permanence at Fostering Panel over the year, however all of these were with the existing task centred foster carers and the children had not been referred to Family Finders. Currently five children remain on Family Finders, made up of a sibling group of three and two single children. In respect of the sibling group of three

agreement has been given for an IFA search however this is currently on hold pending the outcome of a re-assessment of a family member.

For years recruitment of permanent foster carers has been difficult with most permanent matches being made with existing task centred foster carers. In 2020 only one new fostering family was approved for permanence.

Although this year there has continued to be a high level of support in place for both prospective and current permanent foster carers; we have clearly had to be more creative in how we deliver this with, until very recently, limited face to face contact. A virtual permanence preparation course and Family Finders event took place in November with 10 children on Family Finders featured and a further event is planned for June 2021.

The Family Finders Review panel continues to meet regularly 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. Over the course of the past year a total of 11 children were referred to the Family Finders Review meeting. For those children who have waited too long, this meeting considers referrals to independent fostering providers.

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 8% 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 72% 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 accesses their Leaving Care worker from 17.5 to 16 years old. This earlier allocation and offer of additional support are assisting young people into adulthood and is ensuring 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 once they reach adulthood.

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.

The Corporate Parenting Manager oversees the continual development the services offer to all 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.

The Leaving Care service has grown once again to now include 2 additional Aspiration champions whose sole focus is to support our young people into education, training, or employment. Following the pandemic Lincolnshire County Council chose to invest in these additional posts to ensure that our young people are given the very best opportunity to re sure employment after the pandemic or get back into education and reach their full potential. Further to the two Aspiration Champions, Lincolnshire County Council and the Clinical Commissioning Group are now jointly funding a mental health worker to be seconded to the leaving care service. The aim of the mental health support worker post is to offer direct input and support to care leavers, to assist the team with advocating for young people to access the right services and to navigate complex systems to ensure they get the very best mental health support.

7.4. Staying Put Scheme

The 'Staying Put' scheme in Lincolnshire is in its twelfth year. It has, since its inception, enabled a total of 168 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. During the last 12 months additional support has been provided to those carers who have continued to support young people in the home if they have been unable to return to university and have remained at home to complete their studies. This has provided stability for those young people in a difficult year with them being able to remain with their families and continue to study.

Lincolnshire's Staying Put Service has continued to support young people and their carers with 44 young people living in a Staying Put arrangement at the end of March 2021. Of these, 24 were in full time further education with 5 attending university. The others were in employment, on Work Experience Placements or Apprenticeships; with 5 of these on the Care Leavers Apprenticeship Scheme. There has been a dip in the number of Staying Put arrangements which has been owing to the cohort of young people being of a slightly younger age and therefore have not transitioned to Staying Put.

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 keeping in contact with carers by telephone and virtually. Microsoft Teams has been used to complete virtual meetings ensuring young people and carers fully understand Staying Put and to complete the relevant paperwork relating to the arrangement. Microsoft Teams has enabled greater participation in meetings with the support network for the young person being able to meet up in a virtual environment. Looking forward to the next 12 months Staying Put, there are currently 20 referrals, and the scheme will be reviewing documentation and processes following on from the support of the Legal Department and Commissioning in reviewing the License Agreement.

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 are held every month in each of the 4 localities and are delivered by Senior Youth and Community Development Workers, with support from Participation Officers.

Due to Covid-19 restrictions implemented in March 2020 V4C groups met online using Zoom. The priority and challenge were to maintain engagement with CiC which was achieved through a range of activities. One group leader sent out craft kits which were used during online sessions. Others responded to requests and ran a mix of one-to-one and group 'catch-up' sessions including visiting residential children's homes. Online music sessions were also delivered in partnership with soundLINCS. And the groups cooperated collaboratively in an online quiz called 'Let's Get Quizzical. Covid-19 guidance was monitored closely to see if groups would be able to meet physically. As of July 2021, and in line with Covid guidance, face to face V4C meetings have begun to be introduced alongside virtual meetings. Meetings have been held within LCC buildings at present with future plans to offer more external activities going forward.

8.2. Big Conversation Events

Due to Covid-19 restrictions Big Conversations have not taken place since March 2020. Big Conversation 21 is planned to take place in October 2021.

8.3. Development work

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

- Language that Cares – implementation across Children's Services

- Caring Promise – launched in May 2021.

9. Advocacy and Complaints

The "Coming into Care kit" is currently being reviewed and redeveloped by the Participation Team with views and input from young people attending V4C. 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 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. Voiceabilty also provide an issues resolution service which CIC can access as and when required.

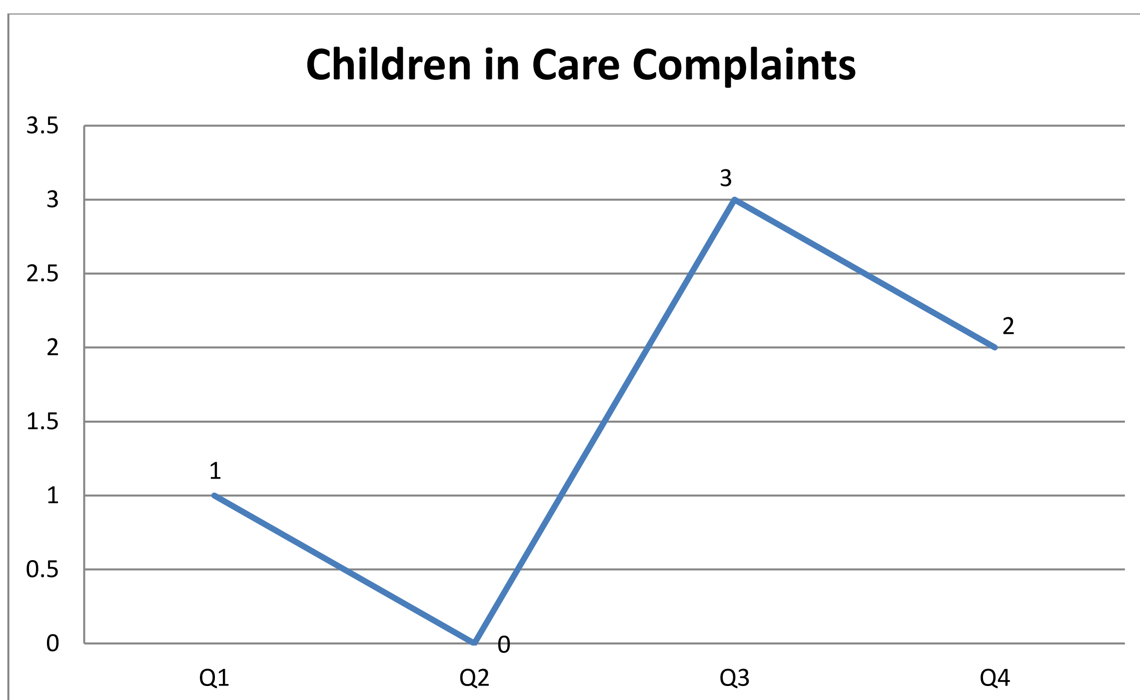
Independent Reviewing Officers: The Independent Reviewing Officer has a duty to engage with children and young people to ascertain their views in respect of their care plans and to advise them of their entitlements including their right to complain. Children are encouraged to attend their reviews in 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, 13 contacts were received from parents or carers of children in care. 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.



Quarter 1

A single complaint was received from a mother who complained that her child's social worker was not sharing information with her and how the authority intended to keep the child safe during the pandemic. This complaint was not upheld and was not escalated to the next stage of the complaints process.

Quarter 2

No complaints in relation to Children in Care were received in this quarter. The national lockdown, because of the Coronavirus Pandemic, remained in place at this time.

Quarter 3

3 complaints were received in the 3rd quarter and were all from parents of children in care.

- Family complained that assessments were taking too long to be sent through. This complaint was not upheld as all relevant documents were sent through in a timely fashion and this was evidenced.
- Parent complained that appropriate safeguarding measures were no taken in the home that their child was resident in and did not believe

their child should remain their– This is directly linked to Covid-19 as the precautions in question were PPE. This complaint was not upheld as the PEE used were in line with central government guidance.
- A final complaint was received from a mother unhappy with the information that had been detailed about her in an assessment. This complaint was not upheld as it was evidenced where the information had been gathered from.

Quarter 4

The 4th quarter saw 2 complaints in regard to children in care and the details of these are as follows:

- A parent complained that she felt the information about her included within a report was misleading and felt discriminated against. This complaint was not upheld as the statements that parent advised were made were not found in any report.
- A Parent complained that she was purposefully being excluded from updates about her son. Parent was unhappy that updates were provided to the SW and not to her and following this the SW was also not keeping parent up to date. This complaint was partially upheld. The parent had specifically stated in a previous correspondence that they wanted no more than a weekly update and SW thought they were acting in line with this. However, parent had also stated specific individuals to assist with contact and this was not actioned.

10. Conclusion

There has been a slight increase in the number of Children in Care in 2020/21. 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 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 COVID-19 pandemic has impacted on the numbers of immunisations and dental checks being completed for children in care. Due to the backlog of appointments, it has been estimated that it will take up to two years to catch up with the scheduled immunisation programme for children. The shortage of Dentists in Lincolnshire continues to pose challenges in accessing dental care for looked after children. During the lockdowns the CIC

Nurses were able to complete the Initial Health Assessments and this greatly improved performance in this area. The annual data during future years will enable comparative information to inform services and commissioning.

11. Recommendations for 2021-2022

1. LLA, Lincolnshire CCGs and LCHS to continue to work together to improve the number of Initial Health Assessments completed within the statutory timeframe.
2. LCHS to continue to recruit GPs to complete IHA's and to work with ULHT to agree an arrangement whereby Community Paediatricians complete IHA's as part of their job role.
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 pilot of "care skills" to be expanded and jointly delivered with the Leaving care service
6. Official launch of the Children's promise and refresh of the children in care and care leaver's strategy.
7. Roll out 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.

APPENDIX 1

2020 - 2021 Data from the Children in Care health assessment questionnaire

Dental

COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]					
AGE GROUP	**0 - 4**	**5 - 9**	**10 - 15**	**16 +**	**Unrecorded**
Brace	0	1	17	10	0
Extraction	4	5	10	4	0
Filling	4	17	28	8	1
Flouride paint	1	11	8	3	0
No treatment	83	82	192	56	2
Other	2	1	24	8	0
TOTAL	**94**	**117**	**279**	**89**	**3**

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

COUNT OF DENTAL PROCEDURES PERFORMED [LAST 12 MONTHS]					
AGE GROUP	**0 - 4**	**5 - 9**	**10 - 15**	**16 +**	**Unrecorded**
Brace	0	1	12	6	0
Extraction	1	4	6	3	0
Filling	2	9	13	4	0
Flouride paint	1	7	6	3	0
No treatment	55	43	116	33	1
Other	0	1	12	6	0
TOTAL	**59**	**65**	**165**	**55**	**1**

Total for Lincolnshire Children in Care

COUNT OF DENTAL PROCEDURES PERFORMED [LAS 12 MONTHS]					
AGE GROUP	**0 - 4**	**5 - 9**	**10 - 15**	**16 +**	**Unrecorded**
Brace	0	0	5	4	0
Extraction	3	1	4	1	0
Filling	2	8	15	4	0
Flouride paint	0	4	2	0	0
No treatment	28	38	76	23	1
Other	2	0	12	2	0
TOTAL	**35**	**51**	**114**	**34**	**1**

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 A			WEAR	Referred By	AGE	TOTAL	IMMUNISATION UP TO DATE				GP INFORMED		
OPTOMETRIST	AUDIOLOGIST	DENTIST	GLASSES	Dental/Othod	RANGE	CHILDREN	YES	NO	REFUSED	Blank	YES	NO	Blank
79	160	94	11	4	**0 - 4**	**415**	385	**25**	1	4	22	1	2
121	14	116	55	3	**5 - 9**	**194**	184	**7**	1	2	7	0	0
277	17	273	170	34	**10 - 15**	**417**	338	**71**	5	3	66	3	2
92	3	87	72	13	**16 +**	**169**	128	**36**	3	2	34	2	0
2	0	3	2	0	**Unrecorded**	**5**	2	**3**	0	0	3	0	0
571	**194**	**573**	**310**	**54**	**TOTAL**	**1200**	**1037**	**142**	**10**	**11**	**132**	**6**	**4**

% SEEN BY / % WHO HAVE					AGE	TOTAL	IMMUNISATION UP TO DATE				GP INFORMED		
OPTOMETRIST	AUDIOLOGIST	DENTIST	GLASSES	REFERRED	RANGE	CHILDREN	% YES	% NO	% REFUSED	% Blank	% YES	% NO	% Blank
19%	39%	23%	3%	1%	**0 - 4**	**415**	93%	6%	0%	1%	88%	4%	8%
62%	7%	60%	28%	2%	**5 - 9**	**194**	95%	4%	1%	1%	100%	0%	0%
66%	4%	65%	41%	8%	**10 - 15**	**417**	81%	17%	1%	1%	93%	4%	3%
54%	2%	51%	43%	8%	**16 +**	**169**	76%	21%	2%	1%	94%	6%	0%
40%	0%	60%	40%	0%	**Unrecorded**	**5**	40%	60%	0%	0%	100%	0%	0%
48%	**16%**	**48%**	**26%**	**5%**	**TOTAL**	**1200**	**86%**	**12%**	**1%**	**1%**	**93%**	**4%**	**3%**

During the reporting year 2020-2021 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

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