



*Corby Clinical Commissioning Group and Nene Clinical Commissioning Group*

# **Promoting the Health and Wellbeing of Children in Care in Northamptonshire**

## **Annual Report 2015-2016**

**June 2016**

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## **Executive summary**

This report describes how health commissioners and providers have worked together; in partnership with Northamptonshire County Council to meet the needs of Northamptonshire's looked after children (LAC) between 1 April 2015 to 31 March 2016.

Northamptonshire continues to see a year on year increase in the number of children coming into care in comparison to its statistically similar neighbour. However, there has been a significant improvement in all activity related to improving the health of LAC and care leavers both accommodated within and outside the county.

This report highlights the achievements, progress and challenges encountered during the reporting period and sets out priorities for the coming year.

### **1. Introduction**

Looked after children (LAC) and young people share many of the health risks and challenges of their peers, but often to a greater degree. There are issues of discord within birth families, frequent changes of home and school with higher risk of access to the support and advice of a consistent trusted adult. Children often enter the care system with a worse level of health than their peers, in part due to the combined effects of the impact of poverty, poor parenting, chaotic lifestyles, abuse and neglect. The impact of this on the child's emotional health and psychological wellbeing cannot be overstated. Longer term outcomes for LAC have been consistently reported to fall behind that of their peers.

Regardless of the legal status and placement, all LAC should have access to the same universal, targeted and specialist health services and receive the same quality of services as do children living with their parents

### **2. Statutory framework, legislation and guidance**

There has been no change to the statutory framework, legislation or guidance during the reporting period.

### **3. Local partnerships and forums to support looked after children in Northamptonshire and promote their health needs**

There are a number of local partnerships and forums to support LAC in Northamptonshire and these include:

- **Corporate Parenting Board**

The role of the Corporate Parenting Board is to oversee the corporate parenting function of the local authority and to ensure that the Director of Children's Services and the Lead

Member for Children, Families and education are meeting their statutory responsibilities for providing professional and political leadership respectively to all children within the county, but particularly the most vulnerable including LAC. The Board meets on a bi-monthly basis.

- **Executive Support Group to the Corporate Parenting Board**

The Executive Support group (ESG) is the main governance hub which drives and provides challenge to the reporting sub groups which in turn report to the Corporate Parenting Board. The four sub-groups:- 'Your Safety,' 'Your Future,' 'Your Education and Training' and 'Your Health and Well Being' attend and report progress to the ESG to make the necessary service links and improvement. The ESG is chaired by the Independent Chair of the Northamptonshire Safeguarding Children's Board and the group meets on a bi-monthly basis.

- **Your Health and Wellbeing Sub Group**

The sub group is the main vehicle for driving and monitoring improvement in the activities related to promoting the health of Northamptonshire's LAC who are placed both within and outside the county. The Assistant Director of Safeguarding is chair of the sub group to ensure strategic oversight and is strongly supported by the Designated Doctor for LAC.

Membership includes key representatives from the local authority and the integrated LAC team, CCG children's commissioner, Named Nurse and Designated Nurse for LAC, a foster carer and Educational psychologist. The sub group meets on a monthly basis.

The sub group aims to improve the outcomes for LAC across nationally agreed standards which together influence the health of children. The group monitors the performance of initial and review health assessments for LAC both in terms of their timeliness and quality. Strengths and difficulties questionnaires (SDQ's) and dental checks are also monitored. The sub group undertakes 'deep dives' into any issues raised, undertakes audits and considers newly published national or local guidance to ensure that service improvement is at the forefront by members.

- **Child Sexual Exploitation Sub Group**

The Assistant Director of Safeguarding attends the Child Sexual Exploitation (CSE) of the Northamptonshire Safeguarding Children's Board. There is a specialist CSE nurse in place across the health economy who works as a member of the Reducing Incidence of Sexual Exploitation (RISE) multi-agency team. The relationship between CSE, LAC and missing children is well known and work streams associated with this are agreed at this sub group meeting.

- **Adoption Improvement Board**

The aim of this Board is to provide an overview of how quickly services are responding to and acting for children and prospective adopters provide an indication of whether demand and supply are matched and identification of any gaps. There is health representation from the CCG Designated Nurse for LAC and Northamptonshire Healthcare NHS Trust (NHfT).

#### **4. National profile of looked after children**

The number of LAC has increased steadily over the past seven years. The most current statistics available from the Department of Education (please note these are a year behind local data) state there were 69,540 LAC at 31<sup>st</sup> March 2015, an increase of one per cent compared to 31<sup>st</sup> March 2014 and six per cent compared to 31<sup>st</sup> March 2011. Whilst the reasons why children start to be looked after have remained relatively stable since 2011, the percentage starting to be looked after due to family dysfunction has increased slightly (16% of children in 2015 compared with 14% in 2011). The majority of LAC are looked after by the state due to abuse and neglect (61% in 2015).

Of the 69,540 children looked after at 31<sup>st</sup> March 2015, 2,630 (4%) were unaccompanied asylum seeking children. This number increased by 5% between 2013 and 2014 and has increased by 29% between 2014 and 2015.

The majority of LAC are placed with foster carers. In 2015 the number of children in foster care continued to rise. Out of the 69,540 LAC at 31<sup>st</sup> March 2015, 52,050 (75%) were cared for in a foster placement. Some children continue to live, or return to care of their parents, while subject to a care order. Nationally, around 70% of LAC are in foster care (placed with local authority or independent agency foster carers), or in a connected person (family or friends) placements. These are all vetted. Some young people live in supported accommodation or move to independent living. Other arrangements are put in place for children with more complex needs. A small number of children live in secure settings

The number of children who ceased to be looked after has increased steadily over the past five years. Over the reporting period, there has been a rise in the number of children who have ceased to be looked after due to adoption or the granting of a special guardianship order, residence order or child arrangements order. There were 31,100 children who ceased to be looked after during the year ending 31 March 2015, an increase of 2% from the previous year's figures of 30,600 and an increase of 15% from 2011. In terms of adoption there were 5,330 LAC adopted during the reporting period and the average time between entry into care and adoption order was 2 years 3 months, a reduction of a month since 2014 and four months since 2011.

## 5. Local profile of looked after children in Northamptonshire

Nationally there has been a year on year increase in the population of LAC. Northamptonshire has followed that trend.

Northamptonshire has a population of 161,000 children under the age of 18 years. This comprises of 22.5% of the population.

By the end of the March 2016, Northamptonshire had a LAC population of 1142. This shows an increase of 207 children from the last reporting period. Of this number:

- 228 (23%) live outside the local authority reporting area.
- 125 live in residential homes, of whom 56% live outside the local authority area.
- 655 live with foster families, of whom 17% live outside of the local authority area.
- 124 children are unaccompanied asylum-seeking children.

The origin of LAC within Northamptonshire as of 1<sup>st</sup> January 2016 comprises of:

Northampton	50%
Wellingborough	13%
Kettering	11%
Corby	8%
Daventry	7%
East Northamptonshire	5%
South Northamptonshire	4%

In terms of where LAC are placed within Northamptonshire as of 1<sup>st</sup> January 2016 is:

Northampton	29% - 280 out of 980 LAC
Wellingborough	7% - 70 out of 980 LAC
Kettering	9% - 89 out of 980 LAC
Corby	6% - 58 out of 980 LAC
Daventry	6% - 58 out of 980 LAC
East Northamptonshire	9% - 88 out of 980 LAC
Out of County	23%
Placement Location Unknown	2%

There are fluctuations in the numbers of children coming into care. In line with the national trend, boys are more likely to become looked after than girls, with 60% of LAC being male. Nationally, the proportion of LAC from black and other ethnic minority groups (including

mixed backgrounds) is higher than that of the Northamptonshire under 18 population as a whole.

Northamptonshire has a high proportion of unaccompanied asylum seeking children and these numbers continue to increase from 97 in the last reporting period to 124 in 2015-16.

## **6. Organisation of health services for looked after children in Northamptonshire**

### **6.1 Strategic Roles**

Strategic support and advice is provided by the Designated Doctor and Designated Nurse for LAC, who in turn work closely with the CCGs children's commissioners in fulfilling their responsibilities to improve the health of LAC. The holders of these roles are accountable to the CCGs Assistant Director of Safeguarding, who chairs the 'Your Health and Well Being' sub group and attends both the ESG and the Corporate Parenting Board.

The Designated Doctor has two additional programmed sessions (1PA=4 hours) per week to deliver the role. Within the job plan of the Designated Doctor, there are clinical sessions allocated to undertake an operational aspect of the role and undertake initial assessments.

The Designated Nurse for LAC also holds the role of Designated Nurse for safeguarding. In conjunction with the health providers, both designated professionals participate in the quality assurance of the initial and review health assessments.

### **6.2 Integrated LAC Health Team**

The CCG's commission a specialist health service for LAC and children leaving care from Northamptonshire Healthcare NHS Foundation Trust (NHFT), in order to fulfil its statutory duties and responsibilities. The Integrated LAC teams are co-located to facilitate timely information sharing and requests for initial health assessments when children come into care. The Named Nurse for LAC was appointed during the reporting period and supports and facilitates clinical practice relating to LAC which is consistent with current professional standards and promotes best practice.

Other key members of the team include paediatricians from health providers, an advanced nurse practitioner and a team of nurse assessors.

## **7. Activity and performance information**

### **7.1 Initial and Review Health Assessments**

Local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where

that child lives. Children coming into care should receive an Initial Health Assessment within twenty eight days of becoming looked after and should result in a health plan which is available for the first statutory review by the Independent Reviewing Officer (IRO).

Initial Health Assessments (IHA's) are carried out by Community Paediatricians from NHfT and Northampton General Hospital NHS Trust (NGH) and should be completed by twenty five days from notification by NCC. The local CCG performance target for completion of IHA's is set as 85%

In the reporting year:

- 431 IHA's were undertaken.
- Of these 228 were for children within placements in Northamptonshire.
- 177 out of 228 (77%) were undertaken within the required timescales.
- 203 were undertaken on children placed outside of the local authority area.
- 121 out of 203 (55%) were undertaken within the required timescales.

The local authority that looks after the child must make arrangements for a review of a LAC health needs and produce a written report for each review. The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every twelve months after the child's fifth birthday. In Northamptonshire health visitors complete the bi-annual assessments for the under five's and the Specialist Health Assessors within the Integrated LAC Health Team carry out the other assessments. The local CCGs performance target for completion of Review Health Assessments (RHAs) is 85%.

In the reporting year:

- 859 RHA's were undertaken.
- Of these 655 were for children within placements at Northamptonshire.
- 599 out of 655 (91%) were undertaken within the required timescales.
- 204 were on children placed outside of the local authority area.
- 189 out of 204 (92%) were undertaken within the required timescales.

Steady progress is being made with the attainment of these performance targets. Data has improved so that exception reporting is in place to look for trends and concerns. This is then discussed at 'Your Health and Well Being' sub group and escalated to the ESG if required. The contributing factors for the delays in carrying out IHA's and RHA's were identified as:

- Issues relating to delays in the receipt of consent.
- Young people refusing to attend.
- Difficulties in obtaining health assessments within timescales in children placed out of the local authority area.

## **7.2 Health findings in our looked after children population**

The areas of concern for health that have been found following initial and review assessments during the report period include:

- Immunisation schedules not completed especially with unaccompanied asylum seeking children.
- GP registrations to be updated to be closer to children's current placement with foster families.
- Establishment of 6 monthly dental reviews.
- Dental caries/ abscesses.
- Establishment of yearly opticians reviews.
- Referrals to the CAMHS LAC due to emotional and mental health issues.
- Hearing loss.
- Delayed speech and language progress.
- Delayed overall developmental progress.
- Need for signposting for smoking cessation services.
- Need for provision of support for alcohol and substance misuse.
- Signposting for contraceptive advice.
- Serious previously unidentified issues such as heart defects, tuberculosis.
- Healed or partially healed gunshot/ knife injuries and burns in unaccompanied asylum seeking children.
- Infestation with scabies, lice in our unaccompanied asylum seeking children.
- Sub optimally managed skin conditions like eczema, fungal skin and nail infections.
- Unusual features and finding such as facial patterns which has led to referrals for genetic counselling.
- Identification of babies born to substance misusing mothers who require blood screening to exclude blood borne viruses like Hepatitis B, C and HIV.

To meet these identified health needs, work has been undertaken with relevant health services and highlighted to the relevant lead social worker, personal assistant or carer

## **8. Children Leaving Care**

Care leavers are offered health reviews by the LAC assessors with a copy of the health summary, which includes key information such as immunisation details. This was a key requirement of the 2011 joint inspection and the 2013 Ofsted inspection, which has now been achieved.

It has been recognised both nationally and locally that the information gathered from a final review health assessment is critically important in the transition of health care needs for young people leaving care. The higher prevalence (NICE – 60% of LAC will have emotional

well-being and mental health needs) of both physical and mental health needs are indicative for a more positive transition into adult health services. Final review health assessments are completed within the 17th year of a young person in care. The local authority leads on facilitating pathway planning meetings, all health information should be embedded in a report following this meeting.

Health providers have successfully completed the provision of health passports for all the identified children leaving care. This was a huge effort and robust arrangements are now in place to ensure that health passports are provided by the time a young person is coming up to the age of 18. 407 health passports were provided in the reporting period

The review and improvements of the health offer to our care leavers is a key aspect of the action plan of the 'Your Health and wellbeing group' sub group which is reviewed against objectives on a regular basis.

## **9. Mental Health and Well Being**

It is estimated that half of LAC have clinical-level mental health problems, which is a rate that is four to five times higher than in children in the general population. This presents challenges for both carers and professionals to ensure that they provide the consistent support and services children and young people need to overcome these difficulties.

In the current reporting year, 349 referrals were made to the LAC mental health team, and 272 appointments were made to social workers and foster carers either as part of the IHA or a social work consultation. Under 'no wrong door' referrals not accepted by the LAC mental health team, were signposted to the appropriate service as part of the Associated Teams for Looked After Services (ATLAS) meeting. This is a multi-agency group with representatives from health, education and social care. A range of interventions are offered to support the management of behaviours underpinned by attachment issues in our looked after children.

The CCGs Safeguarding Team and Children's Commissioners have met with mental health leads within NHfT to develop clear mental health pathways for care leavers. Training needs have been identified to ensure that adult mental health services are aware of the impact of being a LAC. This work will progress during the next reporting year.

## **10. Voice of the Child**

One of way of promoting and respecting the rights of children is to ensure that they are listened to and their views responded to. It is important therefore that as far as possible, the child's voice should be heard as directly as possible and care should be taken to ensure assumptions are not made about their ability to communicate.

Where possible, children's views should be expressed in their own words and/or communicated in the way which is most comfortable for them and recorded using their own words. Where it is not possible because the child is not able to verbalise, the practitioner should use the mentalisation approach and record in their own words, and not speak for the child in the first person.

The voice of the child is a specific element of each mental and physical health assessment and is explicitly recorded at each interface. The LAC team carries out case file audits to ensure that these standards are achieved.

Compliments and complaints are also encouraged from children, young people and their carers about the LAC team to ensure that feedback is taken into consideration to provide a high quality service. No complaints were made against the Integrated LAC Health team during the reporting period. NHFT gain feedback via 'I want Great Care' and receive a number of compliments through this route. Compliments have been received about the standard of health assessments and the group training programmes for both carers and professionals and have included, *'helpful and informative for my young person. Gave him the opportunity to talk about any concerns in relation to his health,'* and *'nice experience with knowledgeable LAC nurses'* and *'the doctor was very professional and took her time to explain to the young person each stage of the assessment.'*

## **11. Key Achievements 2015-2016**

The key achievements for 2015-2016 include:

- Clear and robust business support to the Corporate Parenting Board and associated sub groups from the Northamptonshire Safeguarding Children's Board (NSCB).
- The co-location of Northamptonshire County Council and the Integrated LAC team at Newland House, Northampton.
- Backlog of health passports completed for young people.
- Development of robust activity data which includes exception reports so that concerns can be addressed as soon as themes are recognised.
- Identification of a lead health professional for a LAC.
- Commencement of work with mental health managers of Northamptonshire Healthcare NHS Foundation Trust to scope access points to services for LAC.
- Updated the consent processes in place for initial and review health assessments.

## **12. Priorities for 2016-2017**

The priorities for 2016-2017 will include:

- Respond to the recommendations of the Ofsted Report once finalised (Ofsted inspection was carried out in Northamptonshire at the end of the reporting period).

- Continue to work with Northamptonshire Healthcare NHS Foundation Trust to develop recognised mental health pathways for LAC and care leavers.
- Ensure the health needs of unaccompanied asylum seeking children are met within local services.
- Ensure that initial and review assessments, SDQ's and dental checks are completed as per target times.
- Develop mechanisms to mobilise robust support to LAC who become parents .
- CCG to facilitate safeguarding week across Northamptonshire and to include a conference on neglect for professionals and the voluntary sector, to launch the NSCB neglect tool-kit.
- Develop clinical information systems for GP's to contribute to initial and review assessments.
- Ensure that the health findings in our LAC population are addressed and reported within the next LAC annual report.

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