

LCHS Annual Report for **Looked After Children** **2018/2019**



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Foreword

Every child should grow up safe, happy and be able to reach their full potential. However, for some children this means they need to be taken into the care of the Local Authority (LA).

Children and young people enter care for a variety of reasons, some for only short periods. The most common reason is due to neglect or abuse of the child or young person and may reflect the impact of poor early life experiences, family influences and environmental risk factors. As a result the health needs of LAC/YP are likely to be greater than their peers with an increased likelihood of suffering problems with their mental health and/or substance misuse as well as other health conditions. For these reasons there is a need for consistency in health messages and constant health promotion for LAC/YP.

Lincolnshire Community Health Services NHS Trust (LCHS), its Executive team, the Head of Safeguarding and the LAC/YP Team members are committed to ensuring that the undertaking of Initial and Review Health assessments for LAC/YP are given the highest priority.

Within LCHS all LAC/YP work across the Trust is underpinned by the Trust values and is embedded throughout the LCHS Way.

- **We listen:** we engage with everyone we work with, we are united, we are always positive
- **We care:** everyone is valued, respected and developed, knowledge and skills are nurtured, success is celebrated
- **We act:** clear goals and the right resources, freedom coupled with accountability, emphasis on simplicity
- **We improve:** we are creative, resourceful and innovative, integration & collaboration is the way forward, we're always striving to do better

This annual report gives an account of the LAC/YP activity across LCHS and covers the period April 2018 to March 2019. It demonstrates the organization's commitment to ensuring that the health needs of some of the most vulnerable in our communities are identified, prioritized and met.

Introduction

In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child/young person is looked after by a LA if he/she is in their care or is provided with accommodation for more than 24 hours by the authority.

LAC/YP fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (section 20)
- Children who are the subject of a care order (section 31) or interim care order (section 38)
- Children who are the subject of emergency orders for their protection (section 44 and 46)
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21)

The term 'Looked after Children/Young People' also includes unaccompanied asylum seeking children, children in friends and family placements, and those children awaiting adoption, however it does not include those who have already been permanently adopted or who are on a special guardianship order.

Corporate Parenting

The term 'Corporate Parent' means the collective responsibility of the council, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by us. The Lincolnshire LA Corporate Parenting Strategy 2018/19 can be found here <https://lincolnshire.moderngov.co.uk/documents/s22627/5.0%20Corporate%20Parenting%20Strategy%20Report.pdf>

Accountability and scrutiny for the services provided to LAC/YP from multi- agency partners is directed through the Corporate Parenting Board. The Specialist Nurse for LAC/YP represents LCHS at this board which is held quarterly.

Statutory Health Assessments

'Promoting the health and well-being of looked after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England' (March 2015) which can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf together with the 'Children Act' 1989, sets out the statutory requirements for health assessments for LAC/YP.

The National requirement for initial health assessments is that they should be completed within 20 working days of a child/young person coming into care. Following this initial review all LAC/YP less than 5 years old require 6 monthly review health assessments and for LAC/YP over 5 years of age the review should be yearly.

Statutory Framework, Legislation and Guidance

There are a number of pieces of legislation and guidance which inform responsibilities and requirements with regard to working with looked after children and the key documents are summarised below.

- **Promoting the Health and Wellbeing of Looked After Children (Department of Education and Department of Health, 2015)** stipulates that all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of looked after children. CCGs must be able to access the expertise of a designated doctor and nurse for looked after children; the CCG must retain responsibility for looked after children who are placed out of area and ensure that their care continues uninterrupted and they must ensure that arrangements are in place for smooth transitions into adult care.
- **Children's Act (2004)** requires local authorities; CCG and NHS England to cooperate to promote the health and welfare of looked after children (section 10).
- **Looked After Children: knowledge, skills and competence of healthcare staff (Intercollegiate Role Framework, 2015):** this sets out the specific knowledge, skills and competencies which health staff require in order to work with looked after children.
- **Special educational needs and disability code of practice: 0-25 years (Department of Education and Department of Health 2015)** is a statutory code of practice which outlines the duties of local authorities, health bodies, schools and colleges to provide for those with a special educational need (SEN) under part 3 of the Children and Families Act 2014. Approximately 70% of looked after children have some form of special educational need.
- **NICE Guideline PH28: Looked after Children and Young People (2010 updated 2015)** aims to enable children's health and social care services to meet their obligations to improve the health and well-being of looked after children. The recommendations cover local

commissioning, multiagency working, care planning, placements and timely access to appropriate health and mental health services.

- **Who Pays? Determining Responsibility for payments to providers (NHS England, 2013)** provides guidance on how to determine who pays for health services for looked after children who are placed out of area.
- **NICE Quality Standard QS31: Looked after children & young people (2013)** gives specific measureable statements around the health and wellbeing of looked after children and young people and care leavers for all services.
- **The Care Planning, Placement and Case Review (England) Regulations (2010)** This guidance sets out the functions and responsibilities of local authorities and partner agencies under Part 3 of the Children Act 1989 ('the 1989 Act'), which concerns the provision of local authority support for children and families. In particular it describes how local authorities should carry out their responsibilities in relation to care planning, placement and case review for looked after children.
- **Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (2015)**

National Profile Of Looked After Children Cohort

Nationally, there has been an increase in the number of children and young people coming into care over the last few years as shown below:

- At 31st March 2016 = 70,450
- At 31st March 2017 = 72,670
- At 31st March 2018 = 75,420
- At 31st March 2019 = National statistics not available until June 2019

The number of LAC/YP who were unaccompanied asylum seeking children (UASC) is shown below:

- At 31st March 2016 = 4,300
- At 31st March 2017 = 4,560
- At 31st March 2018 = 4,480
- At 31st March 2019 = National Statistics not available until June 2019

LAC/YP can be accommodated in various placements: some children remain with, or return to the care of their parents, whilst being subject to a care order, many LAC/YP live in foster care (placed with LA or independent agency foster carers), or in a connected person placement (family or friend), while some young people live in supported accommodation or move to independent living.

In Lincolnshire a number of children are placed in LA or independent residential children homes and a small number of children are placed in secure units (there is one secure unit in Lincolnshire)

Looked After Children in Lincolnshire

In accordance with this Statutory Guidance "NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework" (2015) Designated and Named/Specialist LAC/YP health professionals are established within Lincolnshire and LCHS.

The Designated Nurse is hosted within the Clinical Commissioning Group (CCG) but is accountable to NHS England and the Nursing and Midwifery Council. The Designated Doctor LAC/YP is also employed by the CCG. The role of the Designated Doctor for LAC/YP is to provide strategic leadership and quality assurance of the statutory initial health assessments that must be completed by a Registered Medical Practitioner, ideally a Paediatrician.

It is the responsibility of the LA that looks after the child/young person to arrange for them to have their health assessments as required by The Care Planning, Placement and Case Review (England) Regulations 2010. For every LAC/YP they must ensure that they have an up-to-date individual health plan, the development of which should be based on the written report of the health assessment. The health plan forms part of the child's overall care plan.

LCHS are commissioned by the CCG to arrange and deliver the Initial Health Assessments (IHA's) and the Review Health Assessments (RHA's) as well as to provide the reporting data to the CCG and the LA.

The LCHS Looked after Children/Young People team has the responsibility to ensure that every LAC/YP has timely access to their statutory health assessments and that a care plan is formulated to address any identified health needs. The team provides this service for the whole of the LAC/YP population irrespective of the LA corporate parent status.

Whilst the IHA must be undertaken by a registered medical practitioner RHA's may be carried out by a Registered Nurse or Registered Midwife.

The IHA model of delivery during this annual report year is from a designated number of GP's in Lincolnshire who have signed a service level agreement/contract with LCHS to undertake these reviews. The contracted GP's receive additional training from the LAC/YP Specialist Nurse to undertake health assessments and to contribute to the LAC/YP future health care planning.

At the time of writing this report (April 2019) there are currently 17 practices (22 GP's) who have signed the required contract to undertake LAC/YP health assessments however the number of GP's can fluctuate for various reasons including sick leave, vacancy at practices and the need to cover workload and holidays within their individual practices.

Throughout this annual report year there have been 7 GP's employed directly by LCHS to work in the Urgent Care Centres (UCC) who have attended the required LAC/YP health assessment training. Going forward, capacity allowing, the intention is that the IHA's will be carried out by LCHS employed GP's.

When a child/young person starts to be looked after, changes placement or ceases to be looked after, the responsible LA should notify, amongst others, the CCG, or in the case of a placement out of authority, both the originating and the receiving CCG (or local health board in the case of a child looked after by a LA in England but living in Wales) – and the child's GP.

If the child is moved in an emergency, these notifications should happen within five working days. Prompt notifications are essential if IHA's are to be completed in good time.

LAC/YP should never be refused a service, including mental health services, on the grounds of their placement being short-term or unplanned.

CCGs and NHS England (NHSE) have a duty to cooperate with requests from LA's to undertake health assessments and help them ensure support and services to LAC/YP are provided without undue delay.

The compliance of achieving the 20 day working deadline for IHA's has improved over this annual report year due to improved working relationships with the LA however the issues of delayed or incomplete consent forms being from the LA in a timely manner remains a significant issue. This has been the case for

a number of years. It should also be noted that the reasons for not meeting the 20 day deadline can also be due to other issues for example, a young person being placed out of county.

Looked After Children Health Team

The team which consists of:

- 1 Specialist Nurse for LAC/YP team leader
- 7 Community Nurses LAC/YP
- 1 Health service coordinators for LAC/YP
- 1 Administration assistant to the health service coordinators for LAC/YP

The team remains committed to improving and developing the health and well-being and improving the potential/future life chances and opportunities for our most vulnerable children and young people in Lincolnshire. They offer a flexible approach to health assessments, undertaking them in locations that best suit each child/young person. The quality of the RHA's completed by our LAC/YP Nurses are of a very high standard and are frequently commended by external health teams and LA's.

The health service coordinator supported by the team's administrative assistant plays a vital part within the LAC/YP team. They are responsible for collating health information and coordinating the health assessments for all Lincolnshire LAC/YP immediately upon receiving the request from the responsible LA. This is the case for both Lincolnshire LA and external local authorities for those children placed in Lincolnshire by external LA's.

It is the health service coordinators and the administrative assistant's responsibility to liaise with social care business support staff, social workers, specific individuals in designated GP practices, administrators in child health and the carers of the LAC/YP to ensure health assessments are arranged to be carried out within statutory timescales.

Provision is made by the team to ensure that each child/young person is registered with a GP and a local dentist as soon as he/she becomes looked after.

The Community Nurses for LAC/YP access regular clinical and safeguarding supervision as per LCHS policy. The individual training needs of all team members is formally reviewed annually at their appraisal and intermittently throughout the year to ensure their skills are of the highest standard.

In relation to children/young people who are adopted the current adoption legislation requires that they are given a new NHS number and that previous medical information relating to the child is put into a newly created health record. The new NHS number is allocated by the National Back office following confirmation by the General Register Office that adoption order has been granted. The health service coordinators within the team are involved in this management process of health records when a child/young person is legally adopted.

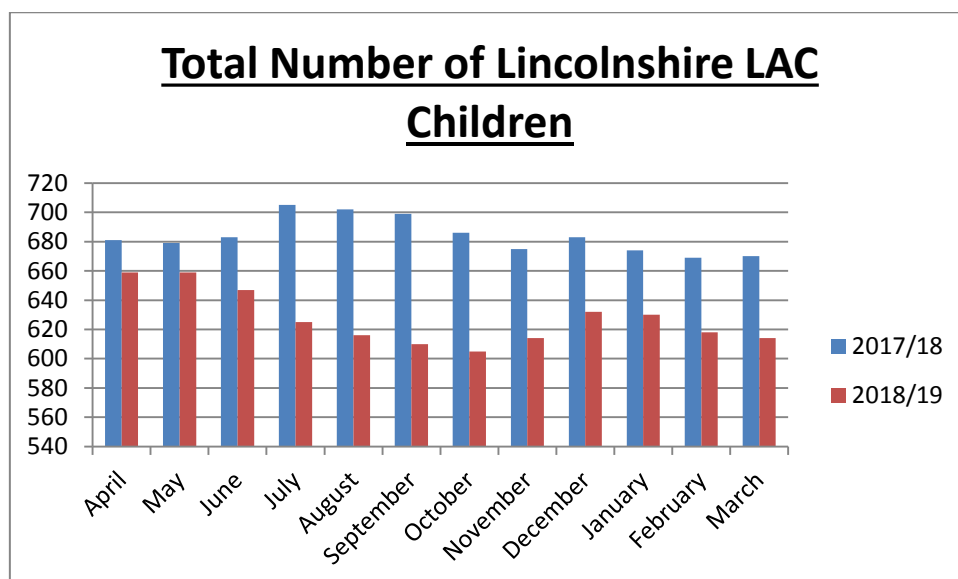
Profile Of Looked After Children in Lincolnshire

Lincolnshire Local Authority looked after children living in Lincolnshire

The numbers of children/young people taken into care by Lincolnshire Social Care has decreased in the past year. (*This is a trend against the national increase in numbers of Looked After Children*)

Graph 1 shows the monthly figures of Lincolnshire local authority looked after children in 2018-2019 compared to 2017-2018

Graph 1



Lincolnshire Local Authority looked after children placed out of the County

Nationally 41% of children are in care outside of their LA. Lincolnshire LA placements out of area are lower than the national average and are almost always due to the needs of the child/young person requiring specialist placement, the numbers remain minimal.

At the end of March 2019, 86 (13%) of Lincolnshire LAC/YP were placed in externally commissioned foster placements and residential homes.as follows:

- Placed in residential placement outside of Lincolnshire - 27
- Placed in fostering placement out of county (OOC) - 18
- Unaccompanied Asylum Seeking Children (UASC) placed in foster placement OOC - 5
- Placed with LOCATE in Peterborough but who are under 18 and looked after - 33
- Who are looked after but live in independent accommodation outside of Lincolnshire -3

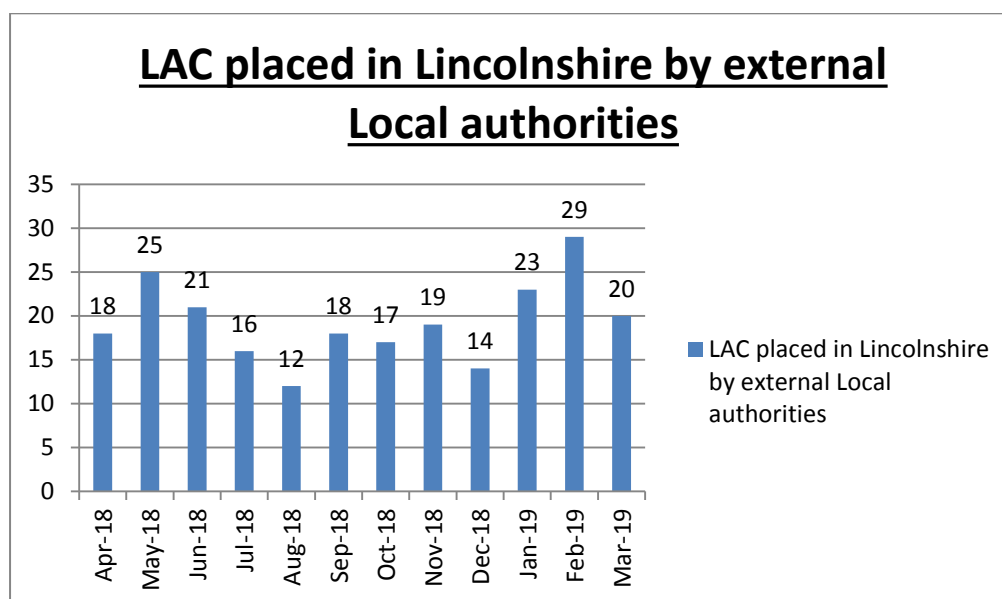
Young asylum seekers in Lincolnshire are often placed outside of the county where there needs can be best be met i.e. Leicestershire, Birmingham or London

LAC/YP placed in Lincolnshire by external Local Authorities

Lincolnshire has consistently had a significant number of LAC/YP placed within the County by external LA's. This number has increased annually in recent years.

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

Graph 2



The high numbers of LAC/YP placed by LA's from other areas within Lincolnshire are predominantly residing within residential care homes. The placements are often intended to remove LAC/YP away from ongoing, high risk environments within the LA area responsible for their care. As a result of this some of the LAC/YP can present with challenging behaviours such as going missing, self-harm, substance misuse and the risk of child exploitation (CE). It needs to be recognised that often the risks may continue despite the move out of their LA area as there is often potential for abusers to follow the young person to their new address.

Both Nationally and Locally there continues to be a huge amount of multi-agency work ongoing in respect of LAC/YP who run away and/or go missing from placement/home particularly in respect of young people placed in independent residential children's homes who have been subject to /or at risk of child exploitation.

Within their role of carrying out RHA's the Community Nurses for LAC/YP are well placed to engage with children and young people and develop positive relationships that will help to identify and respond to risks of CE.

The highest number of children placed into Lincolnshire is by neighbouring LA's including Cambridgeshire, Derbyshire, Leicestershire, Nottinghamshire, North and North East Lincolnshire, Peterborough, Norfolk and the London Boroughs.

Health Profile

The LAC/YP service is performance monitored by the LA on a number of key indicators including:

- Health assessments
- Registration with a GP
- Registration with a dentist

- Immunisations up to date in line with local and national programmes

A LAC/YP health questionnaire is in place to enable electronic reporting on the health profile of LAC/YP living in Lincolnshire. This report includes both LAC/YP corporately parented by Lincolnshire LA and LAC/YP placed by external LA's (responsible authority) into Lincolnshire – see appendix 1

Health Assessments

The Health and Social Care Act (HM Government 2012) gives 'Monitor' and NHSE responsibility for designing and implementing the payment system for NHS health care services. This includes setting a national 'tariff' for certain health care services including the mandatory tariff for LAC/YP health assessments.

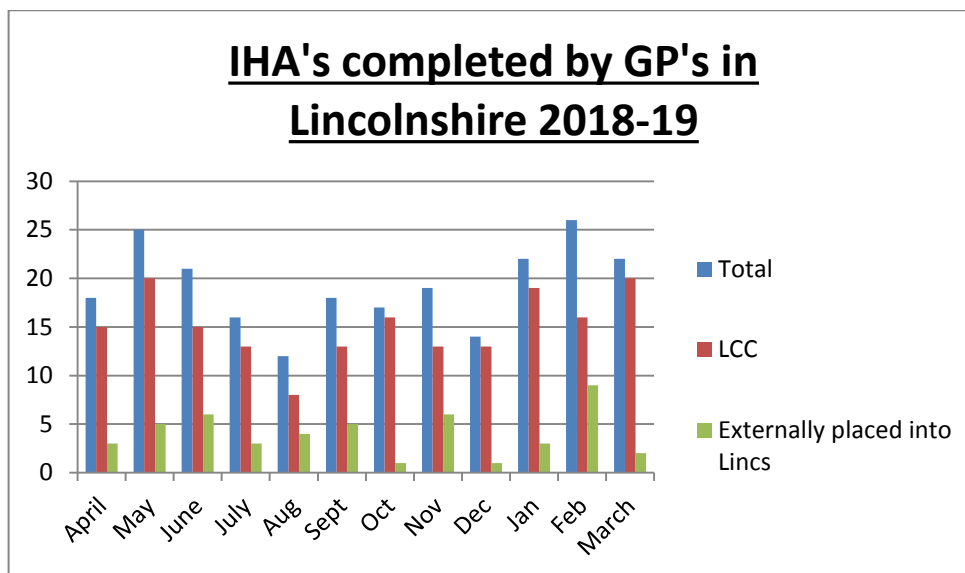
Initial Health Assessments (IHA)

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. This performance indicator is reported quarterly.

The statutory requirement is not being achieved in Lincolnshire however throughout this annual report year a significant amount of work has been undertaken in relation to this with a number of proposed solutions to improve this being identified and implemented.

Graph 3 below shows the activity of IHA's that has been completed during 2018-2019 by the contracted GP's.

Graph 3



The total number of IHA's undertaken in Lincolnshire during the 2018-2019 annual report year was 231

Of these 231 there were:

- Lincolnshire LLA LAC = 180 (203)
- External LA LAC = 51 (54)

This is a decrease 11.3% compared to 2017-2018 for Lincolnshire children living in Lincolnshire and an increase of 5.5% for externally placed children living in Lincs.

Special Educational Needs And Disability (SEND)

Following an Ofsted inspection of Lincolnshire County Council SEND provision in October 2018 the decision was made to flag on the health record, on entry to care for those LAC/YP with SEND. This ensures that any additional needs are identified at the Initial Health Assessment, acted upon immediately and reviewed at all Review Health Assessments.

Unaccompanied Asylum Seeking Children

A significant number of Unaccompanied Asylum Seeking Children, Looked after by Lincolnshire, live in Locate Accommodation in Peterborough. It is a recommendation that any child who may have been in contact with blood borne viruses is tested to ensure that any that require treatment are identified and the appropriate treatment given. Due to the counties that the UASC travel from and through to get to the UK they are considered at risk of infection by blood borne viruses. To address a backlog of tests required a co-ordinated piece of joint working between the LCHS LACYP team, LCHS Sexual Health team (LISH), Lincolnshire Social Care and Locate was completed. Nurses from the LCHS LISH team visited Locate alongside the Specialist Nurse LAC and with the assistance of interpreters, tested 22 young people. A further session(s) is planned to test the 50+ 18 - 25year old Care Leavers also living in Peterborough. Plans with Cambridgeshire Sexual Health Services for onward care and testing are being finalised. The small number of USAC placed out of county with foster carers are being managed individually.

Review Health Assessments (RHA's)

RHA's may be carried out by an appropriately qualified Registered Nurse/Midwife. The timeframe for RHA's 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.

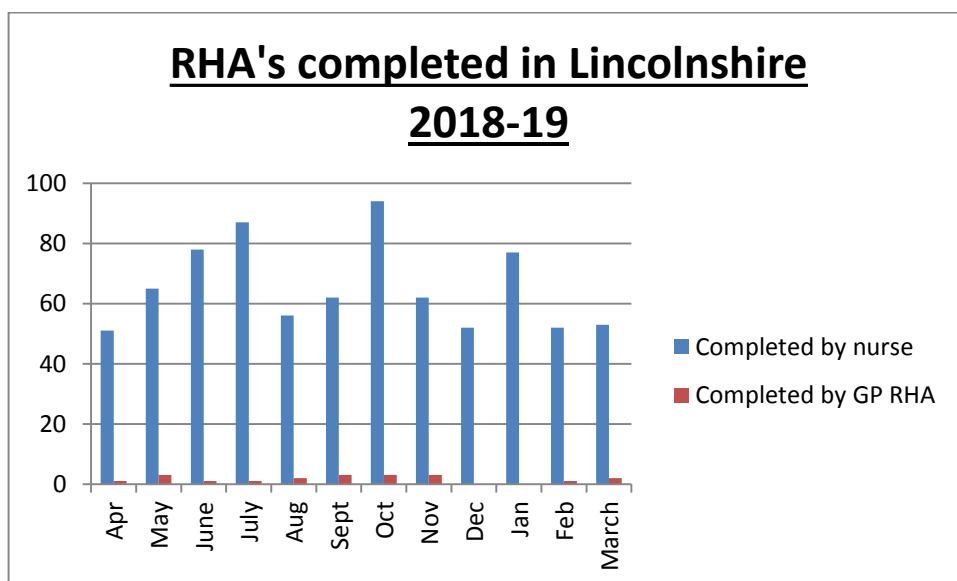
The total number of RHA's completed by the LAC/YP Community Nurses during this annual report year was 796

- Lincolnshire LA LAC =495 (449)
- External LA LAC =301 (204)

This shows an overall increase of 17 % from the previous year. (33% for externally funded LAC placed into Lincolnshire)

Graph 4 below shows the number of RHA'Ss completed in Lincolnshire during 2018 – 2019.

Graph 4

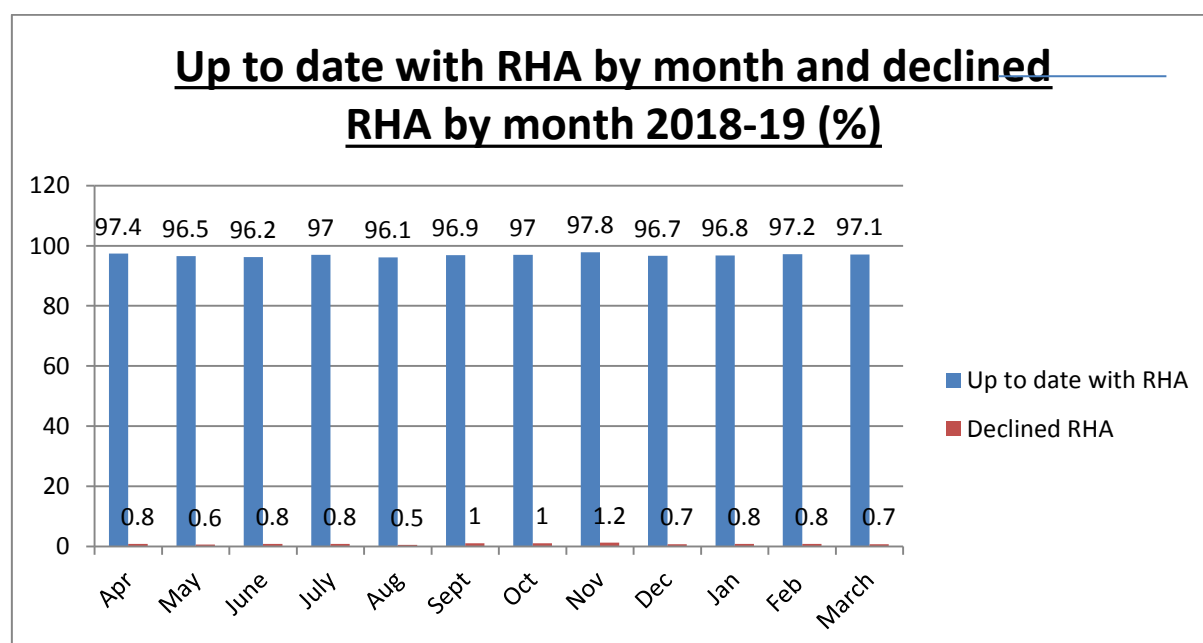


For Lincolnshire LAC/YP the percentage of completed RHA's was 97.1% at year-end (March 2019 - graph 4)

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

Graph 5 shows the percentage of LAC with an up to date RHA and those children/young people who refused a Health Assessment from 01.04.18 to 31.03.19

Graph 5



All LAC/YP who refuse their RHA are offered alternative access by the community nurses within the team: this flexibility continues to prove very successful. If however all attempts fail to encourage young people to attend for their health assessment a letter is sent to them with the teams contact details should they decide to agree in the future or need to contact a health practitioner.

Young people refusing a health assessment are predominantly within 15 – 18 year age group.

General Practitioner (GP) Registration

The numbers of LAC/YP who are registered with a GP this annual report year is 99%.

There were 7 LAC/YP not registered:

- 3 Lincolnshire LAC/YP
- 4 LAC/YP placed in Lincolnshire from external LA's

It is not acceptable for LAC to be temporarily registered with a GP: in all cases where this is the case the team are committed to challenging and rectifying this as soon as possible. During this annual report year there were no LAC/YP temporarily registered with a GP.

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

Dental Practice Registration

LAC/YP often enter care with poor oral health: usually as a result of their pre-care experience. It is essential therefore that attendance for annual dental checks remains a national performance indicator for LAC/YP that all LA's to report on.

Lincolnshire LA's reporting on this performance indicator shows that 97.5 % of LAC/YP had dental checks as of 31.03.19

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

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

Immunisations and Vaccination

In 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. Obviously children who are not immunised are potentially more susceptible to a range of infectious diseases.

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

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

For LAC/YP the vaccination history is recorded by the GP on the CORAMBAAF form at the time of the IHA. Any outstanding vaccinations must then be identified on the health plan section of the CORAMBAAF form.

The Independent Reviewing Officer (IRO) is responsible for performance managing and ensuring that any LAC/YP who has outstanding vaccinations are encouraged/supported to complete them.

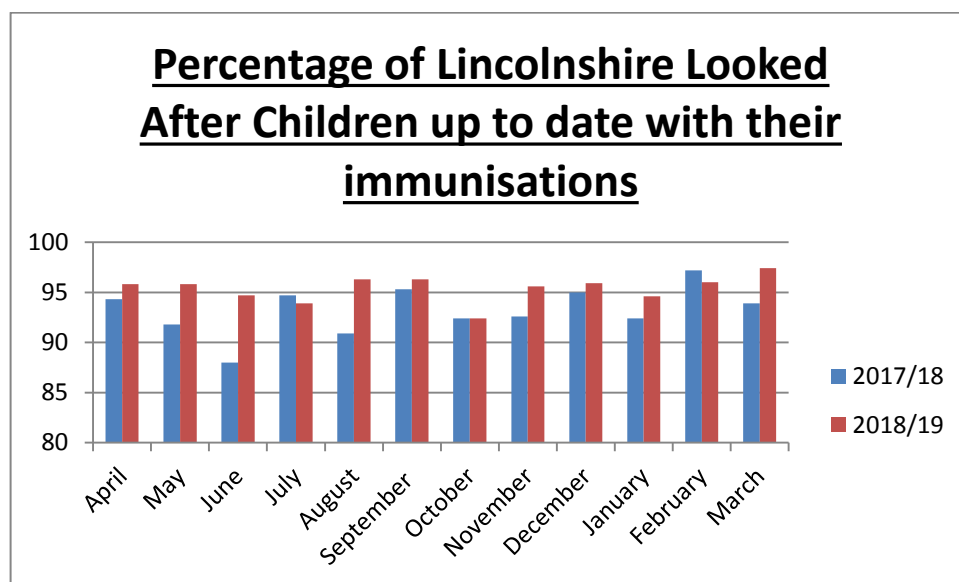
The vaccination and immunisation status submitted by Lincolnshire LA at year end 2018 - 2019 was 97.4%.

There is evidence to support that the percentage of LAC/YP 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 LCHS LAC/YP Nursing team.

Graph 6 (below) shows the monthly percentage of LAC/YP up to date with vaccinations 2018 - 2019 compared to 2017-2018

Graph 6



Mental Health and Emotional Wellbeing / (CAMHS)

A significant number of LAC/YP have experienced some form of neglect, harm and/or trauma therefore their emotional wellbeing and mental health is of paramount importance.

Some children/young people may need the support of Child and Adolescent Mental Health Services (CAMHS) for short or long periods of time, while others will make significant improvements in placements within good quality care settings (foster families or residential care) outside of any CAMHS provision. All children/young people however should have access to and support from skilled supportive care from foster carers or residential staff as required.

Early intervention to promote mental health and emotional wellbeing can support greater resilience development, help with managing challenging behaviours and reduce the risk of placement breakdown.

The Strengths and Difficulty Questionnaire (SDQ) is a brief behavioural screening questionnaire, which can be used for children and young people aged between 3 and 16 years. It is a screening tool that is used to help identify risk indicators for potential mental health problems and is very useful for identifying previously unidentified mental health problems.

The LA is responsible for ensuring that a SDQ is completed for every child aged between 4 and 16 inclusive. The result is used as evidence to support an appropriate referral to specialist CAMHS services if required. Where available the SDQ score is now being sent with the health assessment forms by the LA business support team for the health assessor's information.

It is nationally recognised that children in care and care leavers have significant emotional health problems as can be seen from the combined SDQ results, anecdotal evidence and observation of individual behaviours. Access to emotional support has changed over the past few years with the reliance on CAMHS as being the sole team to support children reducing. It has become increasingly recognised that the care given to the children/young by their foster carer and the 'Team around the Child' has a crucial impact on their emotional health and wellbeing.

LCCHS are represented at the monthly multi agency SDQ meetings where LAC/YP that are exhibiting challenging behaviours and who have high SDQ scores are discussed and future action plans are agreed.

Sexual Health

Research shows us LAC/YP and care leavers are three times more likely to become teenage mothers than their peers who have not experienced LA care (Coram Report 2015).

Sexual health behaviours/activity is assessed routinely (age appropriately) by the Community Nurses for LAC/YP as part of the annual health assessment process. The LAC/YP nurses complete a risk assessment tool (CRAFFT tool) with all young people of secondary school age. If sexual health risks are identified these are followed up with the LAC/YP's named social worker and interventions to promote safety are put in place.

These assessments are a prime opportunity to deliver key public health messages and provide young people with information in respect of accessing services and addressing their sexual health needs. LAC/YP are able to access sexual health services alongside their peers in the general population.

During this annual report year (2018/19) the LCCHS LAC/YP Nurses have introduced a new initiative which involves providing relationship and sexual health education/advice to the 'Unaccompanied Asylum Seeking Young People' resident in 'Locate' accommodation in Peterborough.

Attendance as a specific group is reported on from the LAC/YP health assessment questionnaire data. (Appendix 1)

Child Exploitation (CE)

It is the responsibility of all partner agencies to identify all children and young people at risk of exploitation in order to prevent them from becoming victims, and it is the responsibility of all partner agencies to protect and safeguard all children and young people who are experiencing exploitation from further harm. It is also imperative to reduce the opportunities that offenders may have to exploit children in the future.

Partner agencies should focus on a child's needs and recognise the fact that children are not always aware, recognise or acknowledge that they may be in an exploitative or abusive situation. Whilst

incorporating a child and family centred approach, a focused approach towards prevention, early identification and intervention and proactively targeting, disrupting and prosecuting individuals or groups who seek to exploit children has been adopted in Lincolnshire.

Many young people do not recognise that they are being exploited or that they are at risk therefore it is imperative that in tackling Child Exploitation it is done so within an over-arching framework that encompasses a focus upon the following:

- Children at risk of Sexual Exploitation
- Children Missing from Home
- Children at risk of criminal exploitation
- County lines and modern day slavery

The operational multi-agency forum that is responsible for leading this agenda in Lincolnshire is the multi-agency child exploitation meeting (MACE) which is held weekly. 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.

The list of children/young people to be discussed at the weekly MACE meetings is shared with the represented agencies, including the LCHS LAC/YP and Safeguarding Team prior to the meeting in order to allow the team member who will be attending to review the child/young person's health records to determine if they are known to our services and if there is any information that is relevant to share to inform the risk assessment. The list of names and the individuals date of birth only is shared by the same team member with a senior colleague within Lincolnshire Integrated Sexual Health Services (LISH) in order that information of relevance that is recorded within their separate and confidential electronic recording system can also be shared to allow a full risk assessment to be undertaken by the MACE representatives.

Throughout this annual report year LCHS have been represented at all of the weekly MACE meetings in order to strengthen the coordinated responses for young people at the highest risk of this type of abuse.

The LCHS Head of Safeguarding attends the six weekly Strategic MACE meetings. The key purpose of the Strategic MACE is to provide a detailed overview of the profile of Child Exploitation within Lincolnshire including emerging concerns about particular localities, addresses, businesses or professions, particularly those related to the night-time economy.

The strategic MACE works towards achieving the following objectives:

- To generate a dynamic analysis and understanding of the profile and picture of child exploitation within Lincolnshire.
- To identify, discuss and deliver a partnership response to any emerging themes, trends and patterns of child exploitation across Lincolnshire.
- To support and enhance operational practice by being responsive to and sharing intelligence around the changing nature and profile of risk and exploitation
- To strategically co-ordinate multi-agency resources and relevant powers to plan and implement timely action against those intent on abusing and exploiting children and young people.

- Through strategic collaboration prioritise prevention, disruption and prosecution to ensure the safeguarding and welfare of children and young people who are being, or are at risk of being, sexually or criminally exploited.

The LCHS Head of Safeguarding has attended all of the Strategic MACE meetings held during this annual report year.

Within LCHS there is also a clear and robust flagging system in place within the 'SystmOne' (electronic health record) for all young people who are at risk of child exploitation.

Children Reported Missing

Nationally, in the year ending 31st March 2018 there were 11,530 LAC/YP who had a missing incident. This equates to 11% of the LAC/YP population during the year: most of these missing incidents were of short duration.

LAC/YP who go missing from home are provided with an independent care interview within 72 hours of their return.

Care Leavers

Barnardo's is commissioned by the Lincolnshire LA to deliver the leaving care service in Lincolnshire. However, arrangements for completion of the RHA for 16-18 year olds as part of their transition are undertaken by the Community Nurses within the LCHS LAC/YP team.

There is a robust process in place for the compilation of a health history summary for Lincolnshire LAC/YP which is discussed with, completed and given to the young person when they leave care.

Due to a change in the format of the Leaving Care History Summary, the reporting of this data is only available for the 4th quarter of this annual report year and is as follows:

- The number of completed leaving care health history summaries in quarter 4 is 82%.

The completion of these summaries is a priority target for the coming year.

Training

The Specialist Nurse within the LAC/YP Team provides/delivers facilitation and multi-agency training for the following sessions:

- LAC/YP health assessment training for designated GP's and Community Nurses for LAC/YP
- Annual update session for LAC/YP health assessors
- Training for post approved foster carers on the health assessment process and health promotion
- Awareness raising of LAC/YP to LCHS Safeguarding Champions
- Training for LA Social Workers on how/when to complete the required consent forms for health interventions

- Sexual Health and relationship training to Unaccompanied Asylum Seeking LAC/YP

All of the LAC/YP team members are compliant with their mandatory training and the annual appraisal requirement for all LCHS staff

The Head of Safeguarding has supported and authorised all training requests for the team in order to ensure the team remained skilled and informed regarding National, Regional and Local changes to legislation and process.

Conclusions and Emerging Themes

A significant amount of work has been undertaken by the team this annual report year, led by the Head of Safeguarding.

Over the past year the number of children Looked After by Lincolnshire local authority has decreased which is against the national trend. However the number of Looked After Children placed into Lincolnshire by External Authorities has increased and overall the case load and workload for the LAC team has increased in 2018-2019.

The Community Nurses within the LAC/YP team have continued to complete RHA's for LAC/YP and to continually improve the quality of this service. This has resulted in a sustained achievement of a high rate of 97.1% for the completion of RHA's and subsequent health planning for all LAC/YP in Lincolnshire and the quality of the RHA assessments have been commended both locally and regionally. Quarterly audit has consistently demonstrated that RHA's carried out by the nurses are prompt and of a high quality.

Unfortunately the same cannot be reported in relation to the completion of IHA's within the statutory timescale for this annual report year. This is a challenge regionally and nationally and remains a continued priority for Lincolnshire.

Changes to the process that have been implemented during 2018/19 however have led to a significant improvement in the quality of the IHA's as the LAC/YP Nurses are now inputting detailed historical health information from the LAC/YP's medical records onto the IHA form prior to the GP appointment. This enables the GP who is undertaking the formal assessment to focus on any identified and highlighted health concerns if/as required.

Detailed reports including progress on compliance along with mitigating evidence to support the reasons why this remains a concern is reported monthly via the 'Safeguarding and Patient Safety' Governance meeting and escalated to the Quality and Risk committee as appropriate.

Whilst additional support from GP's is being sought to address the challenge, LCHS are directly employing GP's to work in the UCC's who will hopefully take on this responsibility during the next annual report year. This should enable IHA's to be completed within the statutory timescales, enable easier access to IHA clinic provision countywide and provide increased flexibility both in and out of 'normal' GP working hours.

The revised specification/contract for LAC/YP health assessments incorporates the increased activity and projected increase in demand and includes the requirement of quality assurance provision of health assessments which is performance managed against the contract.

Health data continues to be further developed to enable reporting on the health profile of LAC/YP in Lincolnshire and a plan for improved/increased reporting and audit is planned for the coming year (2019/20).

The LCHS corporate safeguarding/LAC/YP team continue to be represented at the MACE meetings in order to strengthen the coordinated responses to child exploitation.

The CORAM/ British Association of Adoption and Fostering (CORAMBAAF) form continues to be used for recording health assessments in Lincolnshire.

Recommendations

- The service specification/contract for providing all Health Assessments for LC/YP to continue
- Review of the quality of health assessments as per the LAC/YP health assessment contract and continue to report quarterly
- To continue to improve the timeliness of IHAs and report monthly through the internal governance committees.
- Continue to raise awareness and report to the 'Safeguarding and Patient Safety' group and LAC/YP steering group on the health profile and additional vulnerabilities that children/young people in care experience
- Participate pro-actively in safeguarding LAC/YP against child exploitation and monitor the incidents of LAC/YP involved
- Maintain partnership working and proactively advocate for LAC/YP within and across strategic partnerships
- LCHS Corporate safeguarding and LAC/YP team will continue to be represented at the multi-agency operational and Strategic MACE meetings
- Continue to seek and incorporate the views of LAC/YP and their carers into service development planning
- Continue to work in partnership to promote timely and accurate notification by the local and external authority's when a child/young person becomes looked after and is placed outside, or within Lincolnshire

Appendix 1

Health Needs of Looked after Children in Lincolnshire – annual report 2018-2019



Health Needs of
Looked After Childrer