

# Promoting the health and wellbeing of children in care in Northamptonshire

## ANNUAL REPORT 2018-19



# Introduction

This report describes how health commissioners and providers have worked together; in partnership with Northamptonshire County Council, to meet the needs of Northamptonshire's children in care from 1 April 2018 to 31 March 2019. It focusses on the progress and challenges encountered during the reporting period.

It is important to note that during this period of time, there has been a significant change to the Statutory responsibilities of partner agencies. These changes are outlined in "Working Together to Safeguard Children, July 2018". One of the most prominent changes is the replacement of Local Safeguarding Children Boards (LSCBs) with Safeguarding Partners. Safeguarding Partners will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. These Safeguarding Partners will work with relevant appropriate agencies within their locality, to safeguard and protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role.

The Corporate Parenting Board has continued its oversight functions in ensuring that the local authority is discharging its statutory responsibilities to all children within the county, but particularly the most vulnerable including children in care.

# Northamptonshire Corporate Parenting Board Objectives

- To ensure children and young people enjoy good health and wellbeing.
- To support care leavers in gaining employment and/or training opportunities.
- To ensure children and young people placed out of the county are not disadvantaged.
- To commit to do everything possible to help children and young people fulfil their educational potential.
- To support children and young people to have positive, meaningful relationships in their lives.

# What does it mean to be a child in care?

A child or young person (CYP) looked after by the local authority for more than 24 hours is known as child in care. This may mean the CYP is , living with foster parents, living in a residential children's home or living in residential settings like schools or secure units. Children are taken into care for a variety of reasons, the most common being to protect them from abuse or neglect. In other cases, their parent may be absent or unable to look after them due to disability or illness.

The number of children in care during the year in Northamptonshire was 1124.

*The most important thing to remember as we read this report is to hear the voice of children in care who tell us that they want the same as all children and young people; to live healthy, happy lives that allow them to make the most of all their gifts and talents.*

# Profile of Children in Care in Northamptonshire 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019.

Northamptonshire continued to have a high number of CYP coming into the care of the Local Authority. The most up to date data identifies the rate in Northamptonshire as 61 per 10,000 children.

During the reporting period there were 1,124 children in the care of Northamptonshire County Council.

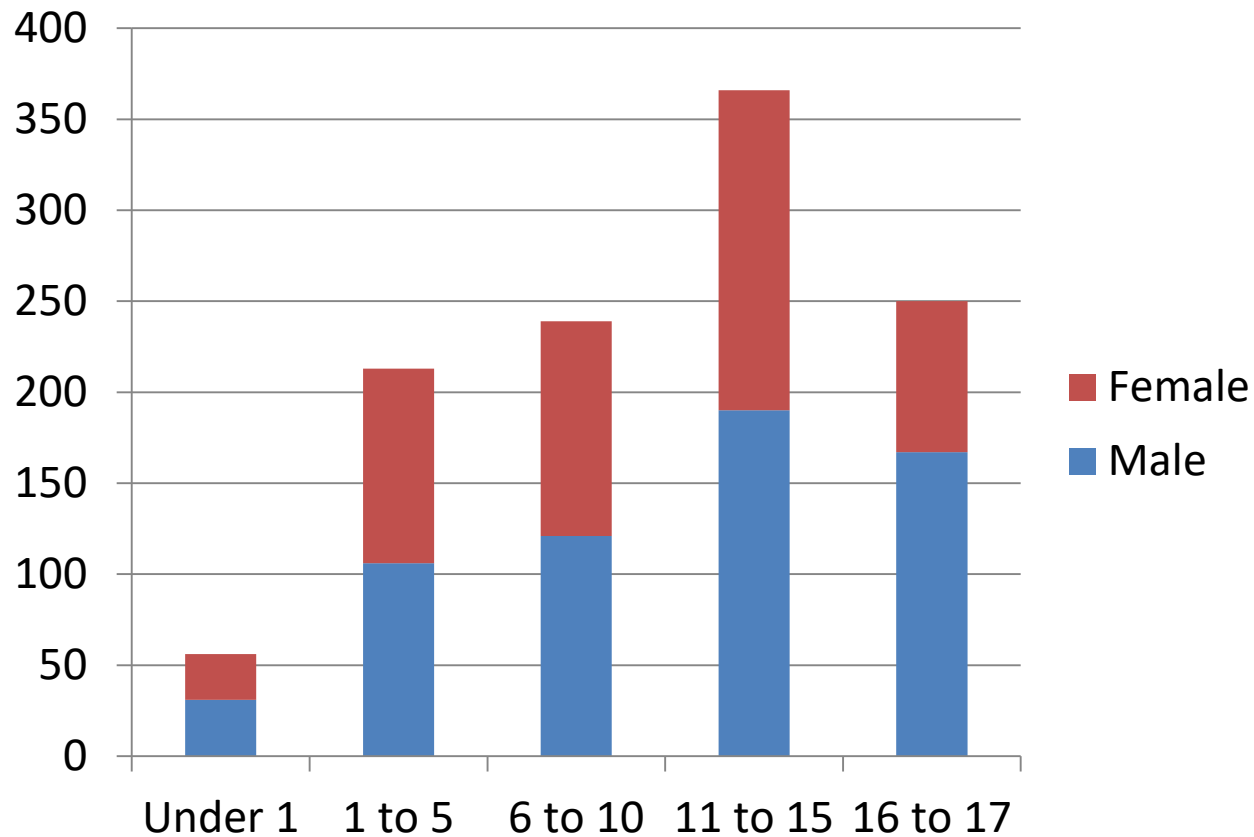
Out of 1,124 children in care, 55 were under the age of 1 year.

75% were placed in county and 25% placed out of county.

Northamptonshire has the highest number of unaccompanied asylum seeking children (84) in the Midlands and East of England.

# Gender and Age of Children in Care

615 males and 509 females



## LAC population by current legal status and age group

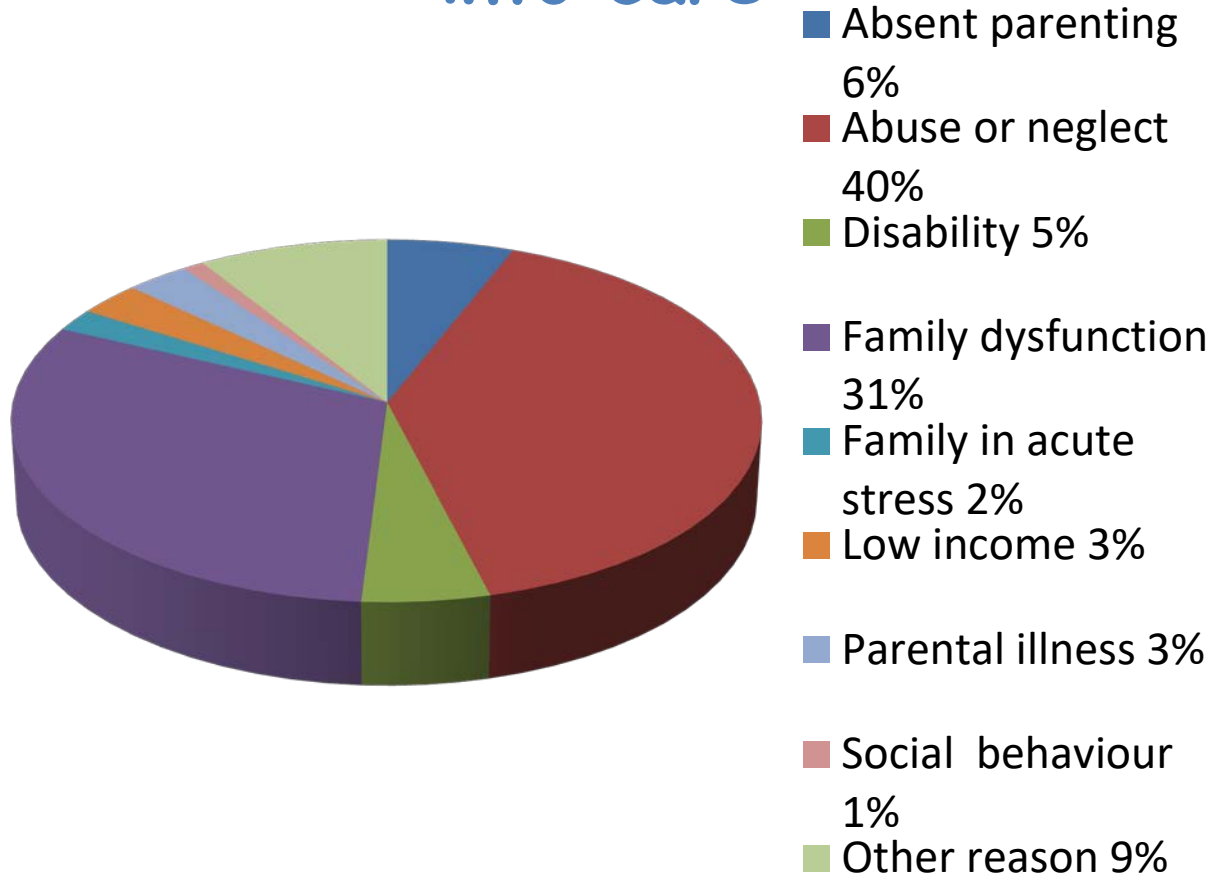
LAC population by current legal status and age group	Under 1	1 to 4	5 to 9	10 to 14	15 plus	Total
Accommodated under Section 20 (single period)	2	3	8	27	145	<b>185</b>
Full Care Order	1	67	150	269	184	<b>671</b>
In LAA on remand or committed for trial or on COSR	0	0	0	0	1	<b>1</b>
Interim Care Order	47	72	46	36	9	<b>210</b>
Placement Order Granted	6	40	11	0	0	<b>57</b>
<b>Total</b>	<b>56</b>	<b>182</b>	<b>215</b>	<b>332</b>	<b>339</b>	<b>1124</b>

## Placement type

Children in care placement type	Number
YOI or prison	4
Secure Unit	4
Residential Schools	12
Residential Care Home	130
Placement with Foster Carer	596
Placed with own parents/person with parental responsibility	42
Placed for adoption	30
NHS/health trust//medical or nursing care	3
Independent living	121
Foster placement with relative or friend	175
Family centre/mother and baby unit	7



# Reasons why children and young people come into care



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## Health findings in our Children in Care population

As in previous years, we observe that our children in care present with health issues related to the background reason that led to their admission to care. In our unaccompanied asylum seeking CYP, these include anxiety, poor sleep, poor hydration which can present with tension headaches, skin conditions as well as, incomplete or unverifiable immunisations and dental caries/ abscesses.

In the CYP who have experienced neglect and emotional abuse, issues around weight and developmental delay are sometimes seen. Following a period in care, CYP are found to be thriving and have been found to have made progress.

We have observed progress with overall child development, in particular speech and language development and socialisation.

# Health's pledge on behalf of the Corporate Parenting Board is to keep our children in care safe and healthy

## We will have kept this promise when:

They have the right support for their physical, mental and emotional wellbeing and do not have to wait too long for it.

The adults close to them understand that they may have bereavement and attachment issues and they know how to help them with this.

Annual health assessments take place on time and are of a good standard.

They have a dental check-up at least annually, understand their own health needs and know who their GP and dentist are.

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## To meet these health pledges, the CCGs have put the following arrangements in place:

Strategic support and advice is received from the Designated Doctor and Designated Nurse for LAC.

The CCGs commission a specialist mental & physical health service for LAC and children leaving care from Northamptonshire Healthcare NHS Foundation Trust (NHfT).

### Key members of the provider team include:

A Named Nurse for LAC, paediatricians, an advanced nurse practitioner, a team of nurse assessors and a CAMHS LAC team who provide emotional and mental health support for Looked after Children and training for foster carers and social workers.

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## To meet these health pledges, the CCGs have put the following arrangements in place

A quarterly Health Network meeting is held with representation from health (strategic, provider and commissioning), children in care and adoption and fostering social service teams, administrative colleagues, an education psychologist for children in care, a county councillor, a foster carer as well as an officer from the Corporate Parenting Board. The purpose of the meeting is to consistently review our performance and ability to deliver health services that promote positive outcomes for our children in care.

Good quality administrative support is crucial to the successful delivery of timely healthcare. The co-location of the health and local authority administrative support has greatly improved our ability to offer a more responsive, effective service.

The CCG have made significant investment into the safeguarding team within the CCG, recognising the levels of need and activity across the county

# Initial Health Assessment

When a child or young person comes into care, they will have an Initial Health Assessment (IHA). This is a statutory health assessment that is required to be completed within 28 days of coming into care. It is completed by a paediatrician or an appropriately trained medical practitioner.

The assessment consists of a general discussion about the young person's health and general wellbeing. There will be an opportunity for the young person to discuss any concerns or worries they may have.

Advice and information may be given on:

Child development

Height and weight

Emotional health

Dental health and oral hygiene

Vision and hearing

Immunisations and health promotion

Substance misuse

Sexual health and relationships

## After the Assessment

All children in care health plans are reviewed in a planned way thorough out the year.

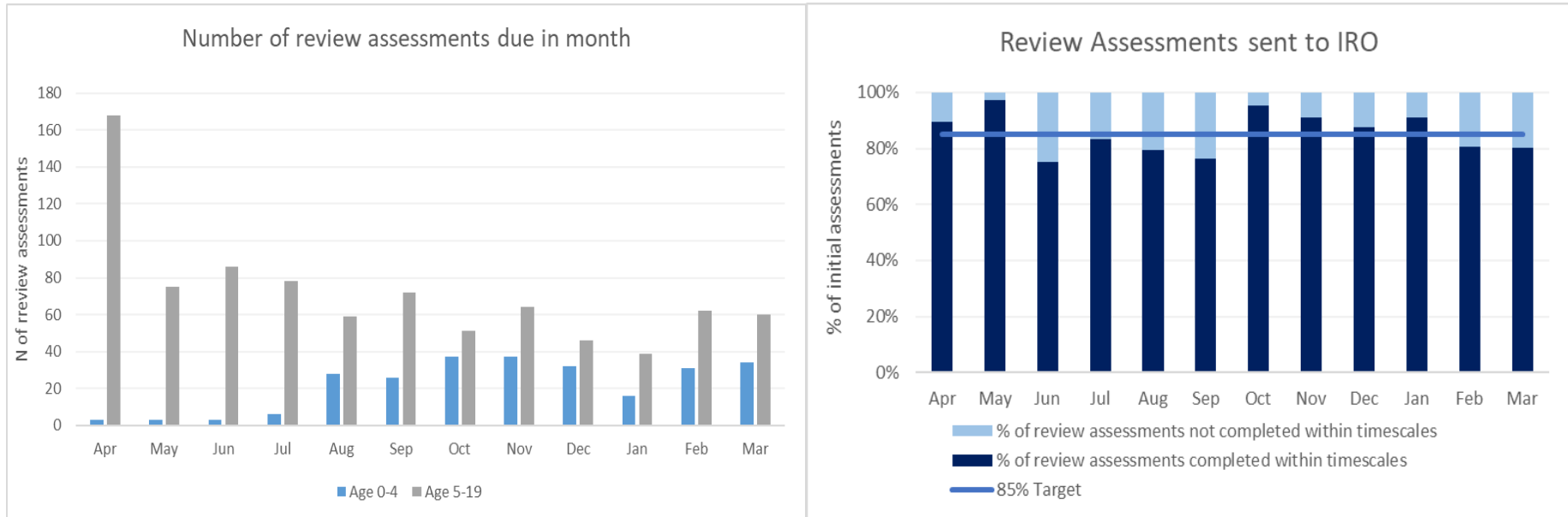
The LAC specialist nurses can be contacted at anytime and may attend the young person's LAC review.

Keeping the young person involved is very important; the parent and young person & Independent Reviewing Officer (IRO) will receive a copy of the healthcare plan following an IHA.



*'Corby and Nene CCGs working together for Northamptonshire'*

# Initial Health Assessments' Performance



The 85% target for sending initial assessments to IRO within 25 days has been reached in 6 months of 2018/19 - average attainment has been 85.4%.



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## Review Health Assessments for Children in Care

In Northamptonshire, Review Health Assessments (RHAs) for children under 5 years old are completed 6 monthly by Health Visitors. Special school nurses carry out all RHAs for those children who attend a special school. The CYP who are over 5 years and who do not have a SEND have an annual RHA, carried out by specialist nurses who work as part of the Integrated healthcare team for Looked After Children.

During the assessment, the health care professional will review the actions from the previous plan and, in discussion with the young person, or carer, will identify the current health needs and agree an action plan to meet those needs.

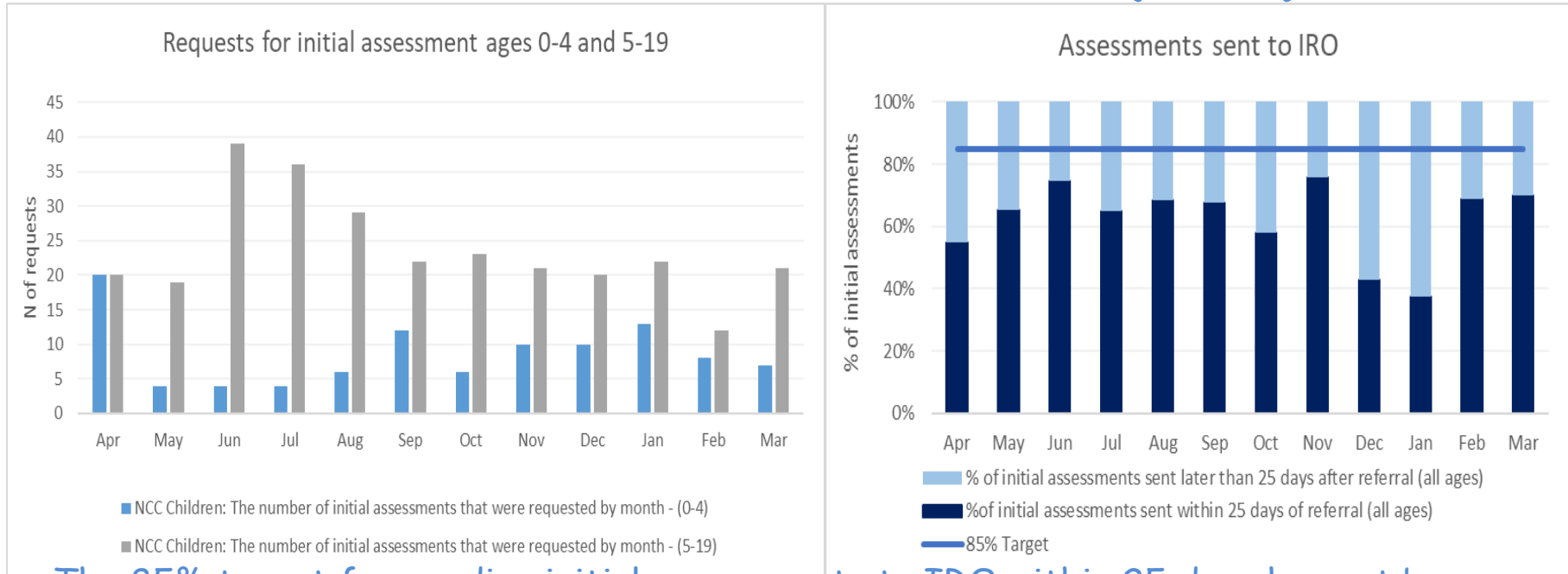
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As in the IHA, health advice and information may be given on:

Child development  
Height and weight  
Emotional health  
Dental health and oral hygiene  
Vision and hearing  
Immunisations and health promotion  
Substance misuse  
Sexual health and relationships

Children and young people who are placed in care outside of the county may have an RHA completed by our Specialist nurses or by nurses who work with children in care in that area.

# Review Health Assessments (RHA)



The 85% target for sending initial assessments to IRO within 25 days has not been reached during 2018/19 - average attainment has been 62.2%.

A wide range of factors impact on attainment of the target which include cyp missing appointments due to sickness, absence, missing and staff capacity.

The team of nurses have continued to show great dedication. They travel far and wide to undertake review health assessments. This has the additional benefit of providing continuity of care to our children.

# Review Health Assessment Outcomes

The team record and monitor health recommendations and follow up actions with foster carers. This has resulted in the percentage of outcomes being met being consistently in the high 90s. For example, good uptake of immunisations, registration and attendance with GPs, Dentists & Opticians.

Audits are undertaken to assess performance in these areas. The most recent audit indicated that out of a dip sample, over 91% of children had been assessed by a dentist by the time of their health assessment.

The health team also offer a range of other clinical services to support and improve the health of children in care. These include health promotion sessions, provision of sexual health advice, facilitating access to smoking cessation programmes, referrals to and supporting young people at risk of Child Sexual Exploitation and those struggling with alcohol and substance misuse.

The CCGs also commission a team of paediatricians to undertake adoption medicals. There are two medical advisors and a deputy to the two adoption panels in the county.

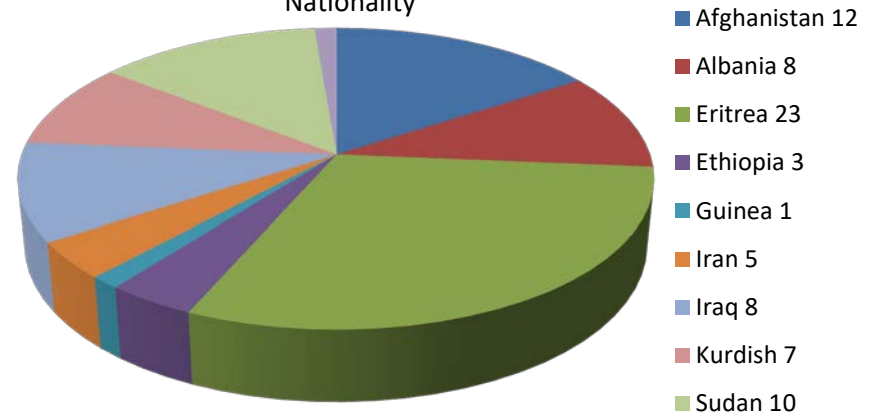
# Unaccompanied Asylum Seekers

There were 84 unaccompanied asylum seekers who were in care during this period. Of these 7 were female and 77 were male. 31 of these children were placed out of county.

**Current age**



**Nationality**



# Health Passports - Health Summary for Care Leavers

Care leavers are offered health reviews by the LAC assessors with a copy of the health summary, which is presented as a Health passport.

There have been improvements to this process with more forward planning as young people are identified at an earlier stage and their input is included in the production of the passport.

196 health passports were delivered in this reporting year.



## Challenges encountered in 2017/2018

The most difficult issue concerned meeting the health needs of our children who are placed outside the county of Northamptonshire.

Children are often placed outside the county in order to access specialist therapeutic provision. These are our most vulnerable children. There have been difficulties accessing Initial Health Assessments within timescales. Difficulties are also experienced with accessing CAMHS and emotional wellbeing support for this cohort of young people.

Our Designated Nurse sits on the National Steering Group for Looked After Children. This issue has been escalated and is recognised as a problem nationally.

Our health teams have developed innovative ways to try to bridge the gap, but this is limited in effectiveness as there are statutory requirements with respect to undertaking Initial Health Assessments.

# Good news story

## LAC Integrated Healthcare Team Training Offer

We offered training to foster carers twice last year, one day time session and two evening sessions.

The content for the training covers all elements of the health needs of children in care identified both nationally and locally:

- Explanations of what is an IHA and an RHA
  - Medication Management
  - Emotional Health & Wellbeing
    - Nutrition
  - Exam stress and exercise
    - Immunisations,
    - Sexual Health
      - Sleep.

Training is offered to Health Visitors bi-annually around the local and national picture for children in care and updates on IHA and RHA's compliance and profile of local need.



## Priorities for 2019/2020

- Understanding the health needs & recurring themes which challenge our children in care who are placed out of county.
- Reviewing the role Strengths & Difficulties Questionnaires play in informing health care plans.
- To strengthen the health offer and follow up to CYP in care who are also known to the Reducing Incidence of Sexual Exploitation (RISE) team.
- To better understand the health needs of the cohort of Unaccompanied Asylum Seeking Children and collaborate with providers to enhance the range of physical and emotional health interventions to meet this need.
- To work with commissioners to ensure the voices of children and young people are listened to, and this is reflected in the plans for commissioning.

## Feedback from Northamptonshire Children In Care Council

You need to have mental health and trauma training to support us properly and understand what we are going through after suffering abuse

Children and young people in care should have access to specialist counselling or psychotherapy

Social workers need to understand how we feel when someone dies that's close to us and understand the loss of attachment when being brought into care

Young people should feel they can always talk to someone and like whatever they wanted to have resolved has been talked through and they leave happy

The young people need more funding for mental health support or access to a counsellor qualified to help children and young people who have suffered abuse