

Corporate Parenting Panel

AGENDA

DATE: Tuesday 10 January 2017

TIME: 7.30 pm

VENUE: Committee Room 5,
Harrow Civic Centre

MEMBERSHIP (Quorum 3)

Chair: Councillor Mitzi Green

Councillors:

Simon Brown	Christine Bednell (VC)
Kairul Kareema Marikar	Janet Mote
Mrs Christine Robson	

Non-Voting Advisory Member:

Valerie Griffin

Reserve Members:

- | | |
|--------------------|------------------|
| 1. Mrs Chika Amadi | 1. Lynda Seymour |
| 2. Michael Borio | 2. Ameet Jogia |
| 3. Jo Dooley | |
| 4. Anne Whitehead | |

Contact: Frankie Belloli, Senior Democratic Services Officer
Tel: 020 8424 1263 E-mail: frankie.belloli@harrow.gov.uk

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Panel;
- (b) all other Members present.

3. MINUTES (Pages 5 - 14)

That the minutes of the meeting held on 25 October 2016 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Executive Procedure Rule 49 (Part 4D of the Constitution).

Questions will be asked in the order notice of them was received and there be a time limit of 15 minutes.

**[The deadline for receipt of public questions is 3.00 pm on Friday, 6 January 2017. Questions should be sent to: publicquestions@harrow.gov.uk
No person may submit more than one question].**

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Executive Procedure Rule 47 (Part 4D of the Constitution).

6. DEPUTATIONS

To receive deputations (if any) under the provisions of Executive Procedure Rule 48 (Part 4D of the Constitution).

7. INFORMATION REPORT - HARROW CHILDREN LOOKED AFTER HEALTH SERVICE: ANNUAL REPORT 2015-16 (Pages 15 - 56)

Report of the Children Looked After Team, CNWL NHS Trust

8. INFORMATION REPORT - QUARTERLY HEALTH REPORT FOR CHILDREN LOOKED AFTER IN HARROW (Pages 57 - 60)

Report of the Children Looked After Team, CNWL NHS Trust

9. INFORMATION REPORT - CORPORATE PARENTING: ACTIVITY AND PERFORMANCE REPORT (Pages 61 - 84)

Report of the Corporate Director, People Services

10. INFORMATION REPORT - INDEPENDENT REVIEW OFFICERS: ANNUAL REPORT 2015-16 (Pages 85 - 104)

Report of the Corporate Director, People Services

11. INFORMATION REPORT - MISSING CHILDREN (Pages 105 - 118)

Report of the Corporate Director, People Services

12. AGENDA TRACKER (Pages 119 - 120)

At the meeting on 25 October 2016, the Panel agreed to have a discussion on the forward plan at the next meeting.

13. ANY OTHER URGENT BUSINESS

Which cannot otherwise be dealt with.

AGENDA PART 2 - NIL

***DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

This page is intentionally left blank

CORPORATE PARENTING PANEL

MINUTES

25 OCTOBER 2016

Chair: † Councillor Mitzi Green

Councillors: * Christine Bednell (Vice-Chair in the Chair) * Ameet Jogia (2)
 * Mrs Christine Robson
 * Simon Brown * Anne Whitehead (4)
 * Jo Dooley (3)

Non-Voting Advisory Member: Valerie Griffin

* Denotes Member present
 (2), (3) and (4) Denote category of Reserve Members
 † Denotes apologies received

112. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Councillor Mitzi Green
 Councillor Kareema Marikar
 Councillor Janet Mote

Reserve Member

Councillor Jo Dooley
 Councillor Anne Whitehead
 Councillor Ameet Jogia

113. Declarations of Interest

No declarations were made.

114. Minutes

The Panel confirmed that the names and job titles of officers in attendance at the meeting should be included in the minutes at the end of the document.

It was noted that an amendment was required to Minute 110 on Page 64 of the minutes (Health report for Children Looked After in Harrow). The final sentence in the penultimate bullet point of that minute should be replaced with the following: "The Central and North West London NHS Foundation Trust held a meeting with the Safeguarding GP to discuss immunisations for asylum-seeking children as some GP's were only giving one booster and not the full course of immunisations." The Committee approved this amendment.

RESOLVED: That the minutes of the meeting held on 15 June 2016, as now amended, be taken as read and signed as a correct record.

115. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions, petitions or deputations were received at this meeting.

116. Virtual School: Headteachers Report 2015/2016

Mellina Williamson-Taylor, the Head Teacher of the Harrow Virtual School, presented her report, inviting Members to comment and ask questions on the issues raised.

The Committee noted the information on educational attainment by Children Looked After, particularly the excellent performance at Key Stage 4. Councillor Jogia enquired about the lower levels of performance by Asian boys which was at odds with the position nationally and among Harrow's statistical neighbours. Ms Williamson-Taylor confirmed that she would be investigating the factors behind this, including detailed examination of the individual backgrounds and experiences of the children themselves.

Members were informed that the completion rates for Personal Education Plans were improving, though there were still issues about the quality of these plans which Ms Williamson-Taylor would be addressing. In response to Councillor Robson's query, she pointed to the fact that while schools were reliable in terms of carrying out the discussions with the students, there were often delays in writing up the sessions and providing an audit trail of performance against the plans. She underlined that this had an effect on a number of parties, including the foster parents in trying to track children's progress and support them accordingly. Councillor Dooley suggested that staff be separately designated to take notes at such sessions and then to write up the findings; Ms Williamson-Taylor explained that school staff were encouraged to enter the relevant information directly via the portal during the sessions themselves.

The Committee heard that there had been some modest improvement in the level of fixed-term exclusions; it was still the case that these featured more among those pupils educated outside the Borough. In response to Councillor

Robson's question, it was explained that the distances involved were not significant, eg. one child was at school in Hertfordshire. Councillor Dooley suggested that the spike in exclusions in May and June could be explained by the stresses on those taking summer exams. Ms Williamson-Taylor advised that this might be a factor, although there were not that many exclusions among the Key Stage 4 students. Councillor Brown highlighted the overall context of only 13 children being excluded from the group of 116 Children Looked After attending school.

In response to the Chair's query about the engagement of CAMHS in monitoring the health of Children Looked After, Emma Hedley confirmed that there had been organisational changes at CAMHS which had affected this aspect; however, they were committed to regular meetings with partners at monthly or six-weekly intervals.

In terms of school attendance, the Committee noted that, in the previous year, 26 children had been a cause for concern, with 17 of these educated outside the Borough. Welfare Call were responsible for monitoring attendance. Referring to the tables at Paragraphs 10.5 and 10.10 of the report, Ms Williamson-Taylor pointed that there were some attendance issues among early years children and that the increased absence level in 2015 reflected a national trend.

Ms Williamson-Taylor highlighted the benefits for Key Stage 3 and 4 pupils arising from the Residential Writing Workshop at the Ted Hughes Arvon Centre; it was hoped that follow-up work would now be put in place to build on the increased confidence among these students.

Following the presentation, Members asked a number of questions as follows:

Councillors Robson and Whitehead queried the monitoring of the emotional health of children at Key Stage 4, particularly with respect to the role of carers. Ms Williamson-Taylor advised that the ideal situation was for carers, teachers and the pupils themselves to be involved in the monitoring process; she confirmed that it was a statutory requirement for carers to carry out the Strengths and Difficulties Questionnaire (SDQ) scoring. Mr Tolley added that there were also regular health assessments of all the children and these also focused on emotional and psychological wellbeing.

Councillor Whitehead suggested that there might be a greater level of absence from school during the summer period. Ms Williamson-Taylor would consider this factor, but she felt that it was more likely to be related to the timing of placements with carers; she underlined that schools worked hard to maintain good attendance levels.

In response to Councillor Brown's question about the pressures created by the increasing number of Children Looked After, both in Harrow and nationally, Paul Hewitt confirmed that there were a number of factors behind the increases, including societal changes, the development of social work practice and the arrival of some unaccompanied migrant children. It was inevitable that this would lead to more children in the care system with all the attendant financial and work pressures. There were unprecedented levels of

demand on the sector across the country. Ms Williamson-Taylor explained that she was considering a new approach to the work practice among Harrow Virtual School (HVS) staff, as she considered there might be benefits in the allocation of specific children to staff across the range of HVS work rather than the staff specialising in certain areas.

Councillor Whitehead asked about the coordination of housing services and support to Children Looked After. Peter Tolley reported that there was a Joint Housing Panel working closely on this area, including some joint funding of accommodation and assistance with rental deposits; the main challenge remained the supply of affordable options. Paul Hewitt underlined that children were not taken into care simply on housing grounds, but rather on the assessment of direct risk to the child; it was acknowledged that housing pressures played a part in family stresses which could impact on risk of harm.

The Chairman referred to training for councillors in these areas and it was confirmed that the training in corporate parenting for Members did cover the work of HVS.

The Committee thanked Ms Williamson-Taylor for her report and presentation, and commended the work being done in support of Children Looked After.

RESOLVED: To note the performance of, and standards being achieved, by Harrow's Children Looked After (CLA), as outlined in the report and presentation, in particular the improved performance of CLA at the end of Key Stage 4; and to note the work of the Harrow Virtual School and the strategies used to improve CLA outcomes.

117. INFORMATION REPORT - High Costs Placements Monitoring Update

Paul Hewitt introduced the report, highlighting the following points:

- a) A number of panels were investigating the circumstances of individual cases to test the value for money in the relevant placement and to identify opportunities to make appropriate adjustments. It was important to understand that the needs of children could change over time and their placements had to be kept under review to ensure that best use was made of limited resources in the interests of the children themselves.
- b) Staff awareness of these factors was being improved and they were being encouraged and supported to challenge providers where there appeared to be scope to adjust arrangements to reduce cost without compromising the children's care.
- c) Some placement costs were very high and had to be fully justified by reference to the needs of the child or children involved. There was an increasing number of complex cases; for example, a recent case of a sibling group of 6 with two of the children under 10 years old having to be placed in residential settings.

- d) The increasing demands had led to significant budget pressures in Period 6, amounting to over £1m. Close monitoring and challenge would continue in an effort to reduce these pressures.
- e) Colleagues in the health sector were being encouraged to respond positively to requests for funding support; a tri-partite panel was in place to assist in coordination and cost-sharing, and to scrutinise support arrangements for families and children.

In response to the Chair's question about the option of the Council acting as a care provider, it was explained that the specialisms involved made this more difficult to implement and to justify in terms of cost-effectiveness. Paul Harris advised that councils had discussed possible joint working in this area. Peter Tolley confirmed that while spot purchase costs were high, there were equally high fixed costs in direct provision; use would be made of the modest income stream from partnerships in West London to explore options such as developing the use of the facility at the Firs.

RESOLVED: That the report be noted.

118. Health Report for Children Looked After in Harrow

Emma Hedley, Designated Nurse for Children Looked After, introduced the report, pointing out that CNWL had reached 100% for the review health assessments in each month in the reporting period with the exception of June when 93% level had been obtained; this represented one child, had been caused by an administrative error and was the only failing against this target in the last year. She also confirmed that the "GP with Special Interest" had been successfully recruited; the appointee was a local Harrow GP and had now been in post for about six weeks. The Designated Doctor and Medical Adviser role continued to be covered by a Hillingdon doctor.

Laurie Ward, Specialist Nurse for CLA, advised that there was now a more structured referral process in relation to emotional health issues, with children being seen by professionals at the Morning Lane facility or being referred to CAMHS and hospital psychological services, if required. Emma Hedley added that meetings had been held with Future in Mind and with social work teams/managers to improve coordination in this respect.

Emma Hedley acknowledged that the performance on immunisations needed to be improved and would be subject to monthly monitoring. She advised that she would present information to a future meeting of the Panel on the client satisfaction survey which had benefited from a good response rate.

The Committee heard that the risk assessment exercise had revealed issues related to the interaction between the "SystemOne" IT system in CNWL and the work of health visitors and school nurses. While these staff were doing their best to maintain effective communications, discussion were under way with the providers of SystemOne to try to secure data sharing using the system. This had been added to the risk register. David Harrington explained that this was a particular challenge in the health sector given data confidentiality arrangements. In response to Councillor Robson's question, it was confirmed

that GPs could not access data in SystemOne; they relied on other ways of communicating, but they were effective in using them.

Arrangements for the introduction of the Health Passport were almost complete. The Children Looked After (CLAs) had been consulted on what type of passport would be useful and what data to include. Peter Tolley explained that historically, data on CLAs had been too easily missed as children moved and changed placements, and it was therefore important to have a secure record; the “passport” also gave the child a greater sense of identify, profile and security.

In terms of innovative practice, Emma Hedley reported that Laurie Ward had designed an “interpreter’s cribsheet” which had been recognised nationally by the CoramBAAF health group. Also, the cribsheet, TB leaflet and Handy Hints leaflet had attracted interest and commendation from Thanet CCG.

The Panel endorsed Emma Hedley’s suggestion that she bring the recently-competed Annual CLA Health Report to the next meeting of the Panel.

In response to Councillor Robson’s question about teenage pregnancies, it was explained that there had been a couple of cases in the data cited by Councillor Robson involving those over 18 years of age, that is, care leavers rather than CLAs.

The Committee thanked Emma Hedley and Laurie Ward for their report and presentation.

RESOLVED: That the report be noted.

119. INFORMATION REPORT - Care Leavers/NEET report

Peter Tolley introduced the report, pointing out that the date cited on Page 33 for the data on young people in employment, education and training, should read 30 September 2016, not 3 December 2015; and that there was a small discrepancy in the figures in the columns in that same table. While he acknowledged that the number of 37 (out of 139) not in employment, education and training (NEET), was too high, there were difficult challenges in improving this rate for this group which included those in prison, those with immigration status issues, young mums and those suffering drug/alcohol addiction or mental health problems. Plans were in place for all of them, including engagement with Prospects (previously Connexions) to explore options, and efforts would be made to develop new links with businesses and the community.

The Chair asked about the gender breakdown of figures in the report; Peter Tolley would provide this information to members of the Panel, but it was not expected that there were any significant differences given the overall gender composition of CLAs.

In response to Councillor Whitehead’s question about comparisons with NEET rates in other boroughs, David Harrington advised that this was moderately in Harrow’s favour, but there was nevertheless a firm commitment

to improve the opportunities for local CLAs. Peter Tolley underlined the outstanding performance in Ealing borough; experience there had underlined the value of staying in touch with CLAs.

Councillor Whitehead referred to her experience as a volunteer manager in CNWL in securing appropriate placements for vulnerable youngsters, including those with autism, in the NHS and its partner agencies; she felt this would provide a supportive environment for children with these backgrounds and needs. Peter Tolley would explore these options further. He also explained that the Council ran programmes such as X16 and XCite, as outlined in the report, using mentoring, coaching and other methods to build resilience, skills, knowledge and confidence in these young people.

Mellina Williamson-Taylor added that Virtual Schools in North West London were in discussions about joint work to develop work experience opportunities for their pupils.

RESOLVED: That the report be noted.

120. INFORMATION REPORT - Youth Offending and Looked After Children

Peter Tolley introduced the report which the Panel had sought at their last meeting. He pointed to the fact that although there were 9 young people in remand as at June 2016, in fact only 2 of these had Looked After status at the point of sentencing and custody. The Youth Offending Team worked closely with staff supporting CLAs and care leavers, and there was dedicated social work support for those remanded and thereby acquiring Looked After status.

Councillor Jogia asked about the impact of the implementation of the new Youth Offending case management system. David Harrington advised that there had been some disturbance to processes, but these had not affected outcomes which remained good. An IT infrastructure upgrade on the Citrix system was taking place at present and this was leading to some slowness. An action plan was in place to address IT support issues.

RESOLVED: That the report be noted.

121. Information Report - Activity and Performance

David Harrington introduced the report and emphasised the continuing and unprecedented pressures on the social care system across the country, affecting child protection and support for CLAs. In Harrow, the pressures were not quite as high as some comparator boroughs, but it remained a very challenging situation. Efforts continued to recruit more foster carers and to improve the stability of placements for CLAs. David Harrington reported that issues related to the recording of cases had now been resolved and improvements had been made to referrals between the Council and CNWL. There was a concerted effort and commitment at all levels and across all partners, to keep pace with the increasing demands.

In response to Councillor Whitehead's query, Peter Tolley explained that relatively few children in Harrow experienced instability in their placements, with the emphasis placed on comprehensive assessments to match children to carers appropriately in a planned way. In some cases, there were limited options; for example, where there were few vacancies available in care providers trying to meet increasingly exacting quality standards set by Ofsted.

In response to Councillor Whitehead's question, Peter Tolley confirmed that there were very few specialist carers and even if they could be identified, they were often wary of accepting other children into their care given the possible impact on the established family. Once an appropriate placement was secured, every effort was made to maintain its stability and support the child and carer in this. Mellina Williamson-Taylor confirmed that school moves were also avoided wherever possible as this could disrupt care placements.

The Chair asked about whether foster carers preferred to start with short-term placements and whether there was sufficient capacity for children requiring longer-term support. Peter Tolley confirmed that efforts were made to develop the skills, knowledge and resilience of existing carers, eg. in the use of therapeutic fostering. Emma Hedley added that the Morning Lane facility also offered support and training was available in areas such as equality and diversity. The Chair also underlined the importance of the mutual support between foster carers.

RESOLVED: That the report be noted.

122. Agenda Tracker

RESOLVED: That the agenda be updated in line with Members' comments.

Meeting Date	Agenda
10 January 2017	Report on Missing Children CLA Health Annual Report Discussion of the Forward Plan
28 March 2017	Corporate Parenting Strategy
To be allocated	Annual report on Housing for CLA

Officers present:

Harrow Council Officers:

- Paul Hewitt - Divisional Director of Children & Young People Services
- Peter Tolley - Head of Service, Corporate Parenting, People Services
- David Harrington - Head of Business Intelligence
- Mellina Williamson-Taylor - Virtual Head Teacher, Harrow Virtual School

Health Authority Representatives:

Emma Hedley - Designated Nurse for CLA
Laurie Ward - Specialist Nurse for CLA

(Note: The meeting, having commenced at 7.30 pm, closed at 9.35 pm).

(Signed) COUNCILLOR CHRISTINE BEDNELL
Vice-Chair in the Chair

This page is intentionally left blank

Central and North West London 
NHS Foundation Trust


Harrow
Clinical Commissioning Group



Annual Report

Children Looked After Health Service (Harrow)

2015/16

Annual Report 2015/16 CLA Health Service (Harrow)

CONTENTS

Section		Page
1	Executive Summary	3
2	National Guidance on CLA	4
3	Local Information	4
	3.1 Demographic Information	4
	3.2 Benchmark with National Data	5
	3.3 Local Statistics (age/gender/ethnicity)	7
4	Service Summary	11
	4.1 Staffing & Supervision	11
	4.2 Governance & Reporting Arrangements	12
5	Performance Indicators	14
	5.1 National Targets	14
	5.2 Local Targets	14
6	CLA Provider Team Clinical Activity	15
	6.1 Health Assessments	15
	6.2 Immunisations	19
	6.3 Dental Checks	20
	6.4 Local Requirements (GP, Optician)	20
7	Other Clinical Activity	21
	7.1 Sexual Health	21
	7.2 Teenage Pregnancies	22
	7.3 Substance Misuse	22
	7.4 Emotional Health and Wellbeing (CAMHS)	23
	7.5 Training	24
	7.6 Case Work	25
8	Adoption & Fostering	28
9	Service Improvements	29
	9.1 Specific Improvements /Team Achievements	29
	9.2 Involvement of CLA and Care Leavers	31
	9.3 Non -Attenders	32
	9.4 Audits (and research)	32
	9.5 Partnership Working	38
	9.6 Feedback	40
	9.7 Inspection Updates	42
	9.8 Professional Development (and publication)	42
	9.9 New Processes	43
10	Local Improvement Requirements	44
	Appendix 1 – Glossary of Terms	45

1. Executive Summary

This Annual Health Report has been written to outline the delivery of health services to Harrow's Children Looked After (CLA) during 2015/16 in line with National Statutory Guidance. It reviews performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

This is the first Annual Health Report for the Harrow CLA service. The report covers the period from June 2015-March 2016 when CNWL were commissioned to provide the service. During this time the CLA health team have concentrated on setting up a new service including new processes, procedures, and gathering health information and statistics, hence this first report has gaps which we will endeavour to cover in the next annual health report.

The key points below provide a short summary of areas covered within the main report. The report begins with a summary of the National Guidance document, and goes on to provide information on CLA demographics and benchmarking local data against national statistics. The report continues with a focus on staffing and supervision, governance and reporting arrangements, clinical activity including health assessments and quality. The CLA health team have delivered a variety of training to foster carers, professionals and students, and case studies have been included to show how the CLA health team have worked with CLA, carers and professionals.

The CLA health team is co-located with the Hillingdon LAC team at Westmead Clinic in South Ruislip. This has probably reduced the previous fragmentation of the Harrow health team where members of the team were located on different sites. This is having a positive effect on meeting the outcomes for CLA in Harrow.

The new service has focused on service improvements with the introduction of a new consent form and information sheet for birth parents. In addition, processes have been developed for SDQ's, TB screening and medical advice for adoption. Other new ways of working include the introduction of requests for review health assessments, and the inclusion of the Designated Nurse as a member of the Fostering and Adoption Panel.

Since the start of the service the CLA health team have met or exceeded their Key Performance Indicators (KPI) every month. The success can be attributed to the building and cementing of relationships and partnership working with all agencies involved in the care of CLA.

Monitoring meetings are held each month with Harrow CCG and Harrow Council and this model of practice has been highlighted as good by NHSE (NHS England)

We have worked with CLA and Care Leavers to obtain their views about the service and have developed a 'voice of the child' form for each child and young person to complete, capturing their views about their health assessment. CLA have been involved in the development of the 'Handy Hints' and 'What is TB' leaflets as well as sharing their views about health passports. We have met with the CLA council 'Beyond Limits' and presented at the Care Leaver Forum.

The CLA health team have undertaken two surveys focusing on the health needs of UASC and CLA and have developed a health needs tool to enable the gathering and sharing of health information. This innovation has been shared with the London LAC Designated Nurse's group.

This annual report has been written with help, advice and information from the Hillingdon LAC health team, Harrow CCG and Harrow Council.

2. National Guidance on CLA

2.1.1 - There has been no new National guidance issued since “Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England”. DfE / DoH March 2015

2.1.2 - This is joint statutory guidance from the Department for Education and the Department of Health. It is for local authorities, clinical commissioning groups (CCGs) and NHS England and applies to England only.

2.1.3 - The guidance provides information on the joint responsibilities for those planning and commissioning services for looked after children. It further outlines the roles of professionals, such as the Designated Doctor and Designated Nurse, Social Workers, teachers and independent reviewing officers. In addition, it provides guidance on how services should be planned and provided.

2.1.4 - It aims to ensure looked-after children have access to any physical or mental health care they may need.

2.1.5 - Statutory guidance is issued by law and must be followed unless there are exceptional reasons.

2.1.6 – The RCPCH, RCN and RCGP published jointly “Looked after Children: knowledge skills and competences of health care staff Intercollegiate framework” (March 2015) which sets out the required competencies and responsibilities for healthcare staff who have roles with looked after children. In addition, it provides an outline of recommended staffing levels for LAC health teams.

2.1.7 – NICE guideline PH 28 published in 2010 was updated in 2015. *“This guideline was refreshed in May 2015. The refresh consisted of changes in recommendations 3, 5, 12, 36 and 38 to reflect changes to government policy since this guideline was published in October 2010. The evidence for the recommendations was not reviewed as part of this refresh, and the recommendations have not been changed”*

3. Local Information

3.1 Demographic Information

The London Borough of Harrow is situated to the north-west of London. It borders Hertfordshire to the north and other London boroughs: Hillingdon to the west, Ealing to the south, Brent to the south-east and Barnet to the east and has been in existence since 1934. In its current form it is made up of 21 wards. Harrow is home to Harrow School and is considered a borough of "contrasts", with high levels of affluence in such areas as Harrow-on-the-Hill, Pinner, and Stanmore and high levels of deprivation in Wealdstone and South Harrow. Save the Children reported in 2011 that over 7,000 children are living in poverty in the Borough. *Brady, Tara (17 Mar 2011). Thousands of Brent children in severe poverty.*

Harrow has a population of 239,056 (2011 census); Looking at the borough's population in three broad age groups, 0-15 (children), 16-64 (working age) and 65+ (older people) there is little change in the proportions of these groups over the decade:

0-15: 48,060, 20.1% (20.15% in 2001) - 18.8% nationally, 19.8% London

16-64: 157,330, 65.8% (65.36% in 2001) - 64.6% nationally, 69% London

65+: 33,670, 14.1% (14.47% in 2001) - 16.6% nationally, 11.1% London

Over the decade the population of Harrow's 0-15 group increased by 15.3 per cent. Some of Harrow's population groups increased at far higher rates: children aged 0-4 increased by 32.4 per cent (3,900); Harrow is ranked high in London for the proportion of: young people aged 10-14 (9th); 15 year olds (8th) and 16-17 year olds (3rd).

Harrow is a diverse borough, having 63.8% of its population from the BME (Black and Minority Ethnic) communities, with the largest group being of Indian ethnicity (specifically those from Gujarat and South India). The borough has the largest concentration of Sri Lankan Tamils, Gujarati Hindus, and Jains in the UK. 30.9 per cent (73,830) of Harrow's residents are White British, ranking Harrow fourth lowest nationally. The GLA's 2011 Census Ethnic Diversity Indices show that Harrow is ranked 7th nationally for ethnic diversity.

3.2 Benchmark with National Data

3.2.1 – National data published March 2015:

There were 69,540 looked after children as of 31 March 2015, an increase of 1% compared to 31 March 2014 and an increase of 6% compared to 31 March 2011. This rise is not just a reflection of a rise in the child population: in 2015, 60 children per 10,000 of the population were looked after, an increase from 2011 when 58 children per 10,000 of the population were looked after.

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 looked after children – 61% in 2015 - are looked after by the state due to abuse or neglect.

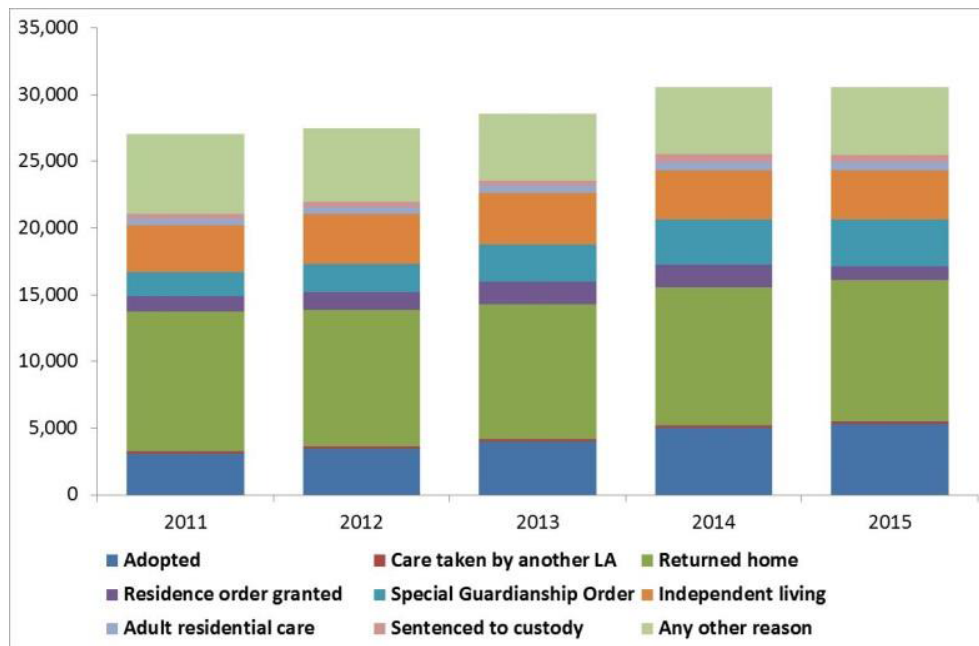
For older children aged 10 years and older we have seen a rise in the numbers starting to be looked after, with 12,120 starting in 2013, increasing to 13,870 in 2015. There has been a smaller increase in those ceasing to be looked after, resulting in just over 3,000 more children aged 10 and over being looked after at 31 March compared to 2013. Therefore, we are seeing a greater number of older children looked after this year. (2015)

Of the 69,540 children looked after at 31 March 2015, 2,630 (4%) were unaccompanied asylum seeking children. The number of looked after unaccompanied asylum seeking children has been falling since 2009, but increased by 5% between 2013 and 2014 and has increased by 29% between 2014 and 2015.

In 2015, the increase was due to a rise in the number of children aged 5 and over who started to be looked after; the number of children starting to be looked after aged 4 and under fell slightly. There were 31,070 children who started to be looked after during the year ending 31 March 2015: an increase of 2% from the previous year's figure of 30,540 and an increase of 13% from 2011. The percentage of children starting to be looked after aged 10 to 15 has decreased from 31% in 2011 to 29% in 2015 but the number and percentage of children starting to be looked after aged 16 and over has increased steadily each year since 2011. In 2015, 16% of children starting to be looked after were aged 16 and over, compared with 12% in 2011.

Reasons for ceasing care : Increase in special guardianship orders and adoptions

Number of children who ceased to be looked after by reason for ceasing (DCSF 2015)



3.2.2 – National data for CLA show that 55% were male and 45% female which has remained fairly consistent over the last 6 years. *“The ethnic breakdown for children looked after has varied little since 2011. The majority of children looked after at 31 March 2015 (73%) are from a White British background: similar to the general population of all children. Children of mixed ethnicity continue to be slightly over-represented, and children of Asian ethnicity slightly underrepresented in the looked after children population.”* (DCSF 2015).

3.2.3 *“Of the 69,540 children looked after at 31 March 2015, 2,630 (4%) were unaccompanied asylum seeking children. The number of looked after unaccompanied asylum seeking children has been falling since 2009, but increased by 5% between 2013 and 2014 and has increased by 29% between 2014 and 2015.”*

3.2.4 National figures show that *“Most looked after children are up to date with their health care. Of the 48,090 children looked after continuously for 12 months at 31 March 2015:*

- 88% are up to date on their immunisations, up slightly from 87% last year and 83% in 2013.
- 90% had their annual health check, up from 88% last year and 87% in 2013.
- 86% had their teeth checked by a dentist, up from 84% last year and 82% in 2013.

Older children are less likely to be up to date, with 79% of those aged 16 years and over being up to date with immunisations, 83% had their annual health check and 77% had their teeth checked. However, there have been improvements over recent years.

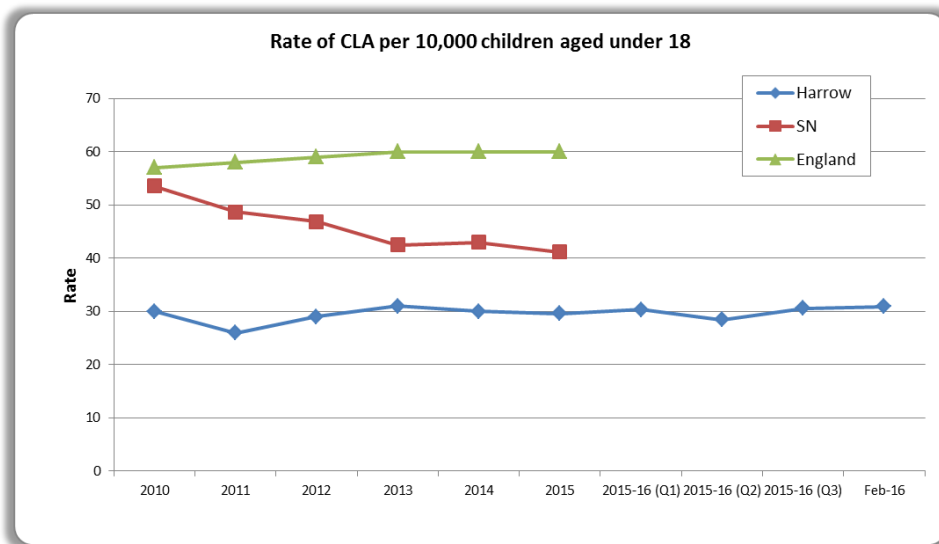
There were 7,480 looked after children who were looked after for at least twelve months and aged 5 years and under in 2015. 89% of these were up to date with their development assessments (health surveillance or promotion checks), compared with 87% in 2014 and 85% in 2013.”

3.3 Local Statistics (age/gender/ethnicity)

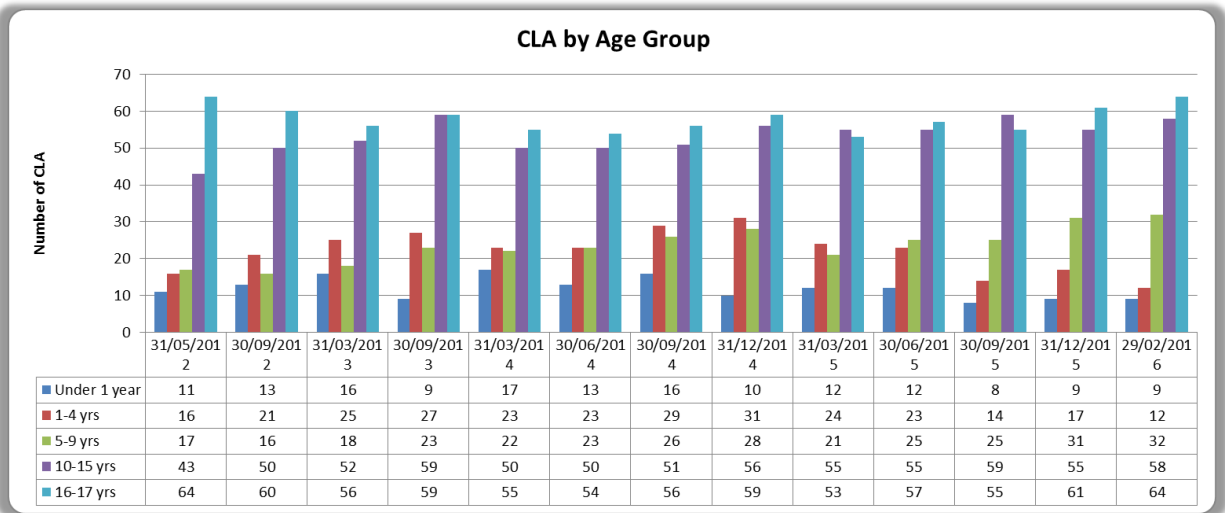
The following information and data has been provided by Harrow Council, (Corporate Parenting report April 2016)

3.3.1 - Numbers of children looked after

CLA numbers have remained relatively stable since 2010 although the number dropped slightly during September 2015, but has begun to rise again since December 2015, and at 29th February 2016 the total number of children looked after was 184. The rate per 10,000 children was 30.9 compared to 30.4 at the end of Q1 15-16. Harrow continues to have a significantly lower rate of CLA than comparators (over 10 per 10,000 lower).



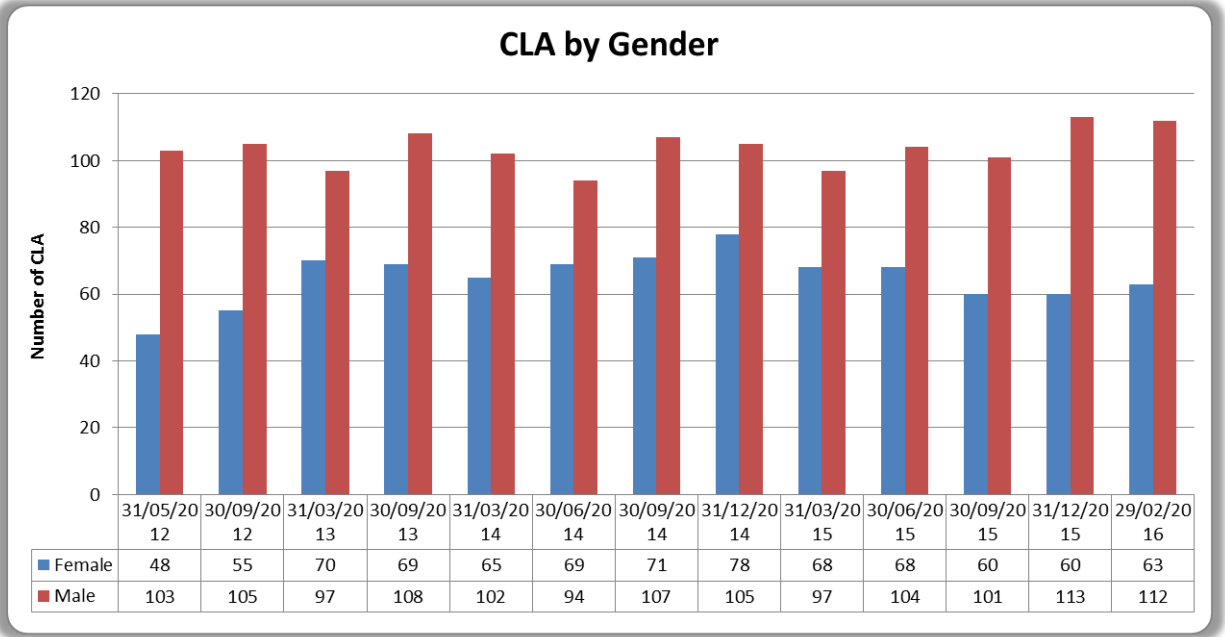
3.3.2 - The proportion of CLA aged up to 4 is slightly lower than other authorities' averages and similar for age groups between 10 and 17. Compared to 2013-14 data there are small but not significant changes in different age groups. The proportion aged 5 to 9 is slightly higher than London and statistical neighbours.



Comparator Info. for % of age of CLA at 31/3/2015 (Source: SSDA903)	Age at 31 March 2015 (years) (%)				
	Under 1	1 to 4	5 to 9	10 to 15	16 -17
<i>England</i>	5.0	15.0	21.0	38.0	22.0
<i>London</i>	4.0	10.0	16.0	38.0	33.0
<i>Stat. neighbours avg.</i>	4.1	9.9	16.0	37.1	32.9
<i>Harrow</i>	7.0	15.0	13.0	33.0	32.0
Harrow Feb-16	5.1	6.9	18.3	33.1	36.6

3.3.3 - In line with comparators, London and England, Harrow historically has a higher proportion of males who are looked after and this is particularly marked over the last three quarters.

Comparator Info. for % of gender of CLA at 31/3/2015 (Source: SSDA903)	Gender (%)	
	Male	Female
<i>England</i>	55.0	45.0
<i>London</i>	58.0	42.0
<i>Stat. neighbours avg.</i>	57.8	42.2
<i>Harrow</i>	59.0	41.0
Harrow Feb-16	64.0	36.0

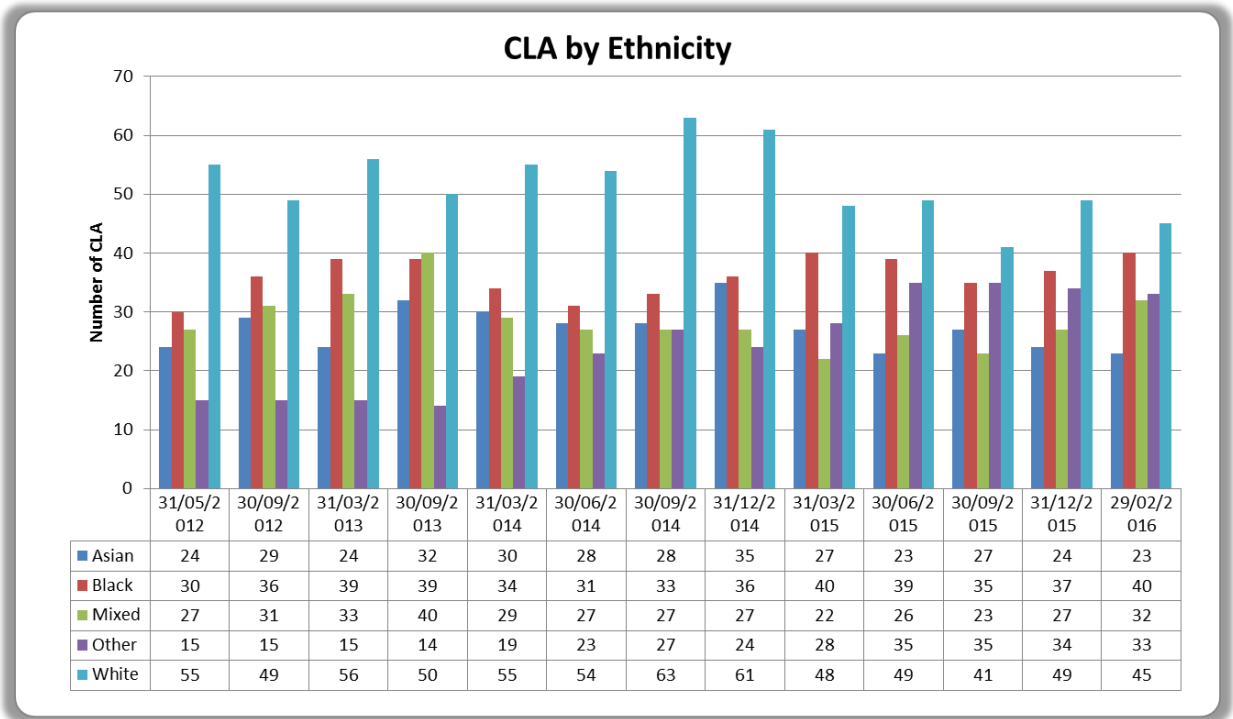


3.3.4 - As would be expected of Harrow's diverse population, the representation of Black and Minority Ethnic groups is considerably higher than England and the statistical neighbour average. Overall just under three quarters of Harrow's children looked after population are from BME groups.

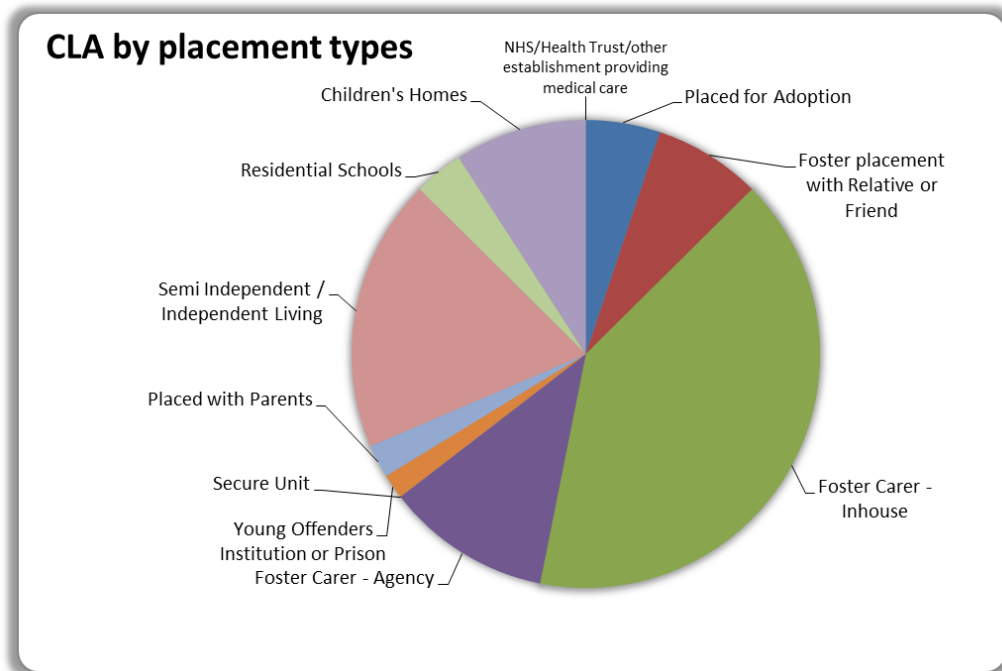
There have been some changes in the ethnic background of our CLA population over the longer term - the proportion of CLA in White groups has dropped, while the proportion in 'other' groups has increased. The numbers have fluctuated for Black, Asian and mixed ethnic groups.

Harrow borough have also got a smaller number of Unaccompanied Asylum Seeking Children (UASC) compared to statistical neighbours in Hillingdon, but a higher percentage than Brent. However, this number has grown over the last year. As these children enter the UK with significant needs, this will have an additional impact upon services.

Comparator Info. for % of ethnicity of CLA at 31/3/2015 (Source: SSDA903)	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups/Other
England	77.0	9.0	4.0	7.0	3.0
London	42.0	16.0	8.0	28.0	6.0
Stat. neighbours avg.	47.6	15.7	12.8	19.5	6.1
Harrow	29.0	13.0	16.0	24.0	17.0
Harrow Feb-16	25.7	18.3	13.1	22.9	18.9



3.3.5 - The chart below shows Harrow CLA placement details at 29th February 2016



Half the number of CLA are placed within the borough of Harrow. The number of CLA with agency foster carers or in a foster placement with a relative or friend has dropped. In house placements can fluctuate as most of the emergency and short-term placements are made with in-house carers.

4. Service Summary

4.1 Staffing & Supervision

4.1.1 - The CLA provider services health team is currently based at Westmead Clinic and CNWL hosts the professionals who provide the designated roles.

4.1.2 – The Designated Doctor and Nurse role is to assist in service planning and to advise CCGs in fulfilling their responsibilities as commissioner of services to improve the health of children looked after. It is a strategic role. The CCG Designated Doctor role for Harrow is commissioned from and hosted by the provider services for CLA.

4.1.3 - All members of the CLA health team are experienced and suitably trained within their area of expertise, being fully up to date with their safeguarding training. They undertake on-going training in relevant subjects in order to maintain their competencies. The doctors and nurses within the team are registered with the General Medical Council / Nursing and Midwifery Council and have undertaken additional training working with children in the community. They fulfil the requirements of the Competency Framework (RCGP/RCN/RCPCH 2013 and 2015). They undertake regular appraisals and as required are subject to revalidation.

Current Staffing

4.1.4 - Nursing Team

Designated Nurse for CLA – 30 hours per week
Specialist Nurse for CLA – 37.5 hours per week

4.1.5 - Medical Team

Designated Dr for CLA / Medical Advisor for Adoption and Fostering – 1PA per week
GPwSI – 3 PA's per week

4.1.6 - Administrative Team

Administrator for CLA – 37.5 hours per week

When we established the CLA health team in June 2015 we were fully staffed. Our administrator left and we recruited to this post in February 2016. Our Designated Doctor and Medical Advisor retired in December 2015 and our GPwSI also left at this time. We successfully recruited to the GPwSI post after highlighting a need for one further PA which was agreed and jointly funded by Harrow CCG and Harrow Council. The Designated Doctor and Medical Advisor post is currently being covered by the Designated Doctor and Medical Advisor for Hillingdon. We expect there to be ongoing staffing issues with recruitment and retention in our second year due to the small numbers of PA's for the Doctor posts.

Health Team Supervision Meetings

4.1.7 - Harrow CLA health team have the following supervision and governance arrangements in place.

The Specialist Nurse for CLA and administrator are managed and supervised by the Designated Nurse for CLA on a 1:1 basis and meet regularly for discussion of issues within the service including any individual CLA cases. The nurses have access to discuss any safeguarding issues with the Harrow Safeguarding Children Team. (Designated Nurse for Safeguarding Children)

The Designated Doctor and Nurse meet on a weekly basis to review and discuss health assessments, to quality assure work undertaken and ensure consistently high quality health assessments are undertaken by Harrow staff. This meeting provides opportunity to discuss cases, concerns and compliments, areas for development and strategic issues to be addressed. This is a well established meeting and communication between the medical, nursing and administrative team is effective and promotes an excellent way of working.

Supervision is also provided within monthly team meetings as cases, such as those who are at risk of child sexual exploitation, are raised. Staff are also encouraged to reflect upon difficult to manage situations so that learning can be shared.

The Specialist Nurse for CLA has set up a peer safeguarding supervision group with the Hillingdon LAC Nurses to discuss complex cases and provide support to one another. The Designated Nurse receives individual clinical supervision every 6-8 weeks.

4.1.8 - Clinical staff also receive support and advice from external meetings as follows:

Attendance at the North West London LAC peer group meeting which is held on a quarterly basis allows staff to discuss issues with a range of LAC staff in the North West sector.

Designated staff attend quarterly meetings with Harrow, Hillingdon and Brent CCG safeguarding professionals.

Clinical staff also attend a range of regional meeting such as the London LAC nursing group, London CoramBAAF health group

Clinical staff attend national meetings such as the Royal College of Nursing LAC forum, National CoramBAAF forum.

4.2 Governance & Reporting Arrangements

4.2.1 - In terms of reporting arrangements, the CLA health team have the following arrangements in place.

For CNWL, the Designated Nurse provides a progress report and updates to the Goodall divisional safeguarding meeting which reviews issues and learning within the community services in Hillingdon, Harrow and Camden.

In addition, the Designated Nurse produces a bi-monthly governance report for the Clinical Governance team, which provides information on KPIs, audits, incidents, compliments and complaints, policies and guidance, risks and compliance with CQC.

4.2.2 - For Harrow CCG, the health team have developed strong partnership working with the Children Commissioner, Designated Nurse for Safeguarding Children, and the Chief Operating Officer, to inform them of any issues relating to the CLA service and any areas for commissioning to consider.

We have joint monthly monitoring meetings held at Harrow Council which is attended by the Designated Nurse for Harrow, Designated Nurse for Hillingdon, Head of Children's Services and Operations Hillingdon, Designated Nurse for Safeguarding Children Harrow, Integrated Children's Commissioner for Children and Families, Children's Commissioner for Harrow, and the Head of Service for Corporate Parenting.

4.2.3 - The Designated Nurse and Specialist Nurse for CLA attend the Corporate Parenting Managers meeting which reports to the Harrow Corporate Parenting Board. The Managers meet every 2 months, have an agreed work plan and raise issues to the Corporate Parenting Board. The Designated Nurse and Head of Children's Services and Operations Hillingdon now sit on the Corporate Parenting Board in Harrow.

4.2.4 - The clinical team are not co-located within Harrow Council but are accessible to the Social Workers as and when they need advice and support. The Specialist Nurse for CLA attends a monitoring meeting every Wednesday at Harrow Civic Centre to monitor the timeliness of requests for health assessments and their completion. She is available to the Social Workers every Wednesday afternoon to provide support and advice, and the health team are available via email and phone within working hours for consultation with all social work teams. Feedback from Harrow Council has been very positive about the health team being accessible every week for the Social Workers.

4.2.5 - The Designated Nurse compiles a monthly breach report, health needs report and additional report for Harrow CCG and Harrow Council which is discussed at the monthly monitoring meetings. These meetings are productive, transparent and positive. In addition, the Designated Nurse has produced a monthly breach report for the Head of service for Corporate Parenting and the Head of Quality Assurance and Service Improvement with an in-depth analysis with reasons for delay as there are still concerns relating to late receipt of requests and consents.

4.2.6 – CNWL have set up a programme of peer reviews to ensure providers are able to evidence meeting CQC key lines of enquiry. The 5 key lines of enquiry (KLOEs) are being safe, effective, caring, responsive and well-led. The peer reviews are undertaken by managers in the organisation who are independent of the service being reviewed. During December 2015, a peer review of the CLA health service was undertaken. The reviewers were very positive about the health team and we were praised in our Borough Director's weekly news article.

'Our Designated Nurse for Children Looked After presented a paper to the Harrow Corporate Parenting Panel and the CNWL staff were highly praised for the support provided to these vulnerable children and young people. This follows a really outstanding internal review.' Graeme Caul

5. Performance Indicators

5.1 National Targets

5.1.1 - The National Indicator Set (NIS) for local authorities to report on encompasses 11 performance indicators which refer to looked-after children or care leavers, covering the following aspects of performance:

- educational attainment (NI 99, 100, 101);
- emotional and behavioural health of children in care (NI 58);
- timeliness of adoption placements (NI 61);
- placement stability (NI 62, 63);
- completion of case reviews within required timescales (NI 66);
- numbers of children who run away from home or care overnight (NI 71);

- accommodation for care leavers (NI 147);
- employment, education and training of care leavers (NI 148).

5.1.2 - For health outcomes the following statistics are reported on nationally:

Number of children looked after at 31 March who had been looked after for at least 12 months
 Number of children whose immunisations were up to date
 Number of children who had their teeth checked by a dentist
 Number of children who had their annual health assessment
 Number of children aged 5 or younger at 31 March
 Number of children aged 5 or younger whose development assessments were up to date
 Number of children identified as having a substance misuse problem during the year
 Number of children for whom an SDQ score was received.

'Outcomes for children looked after by local authorities' 2015

5.2 Local Targets

Outline of Targets Set by Harrow CCG and Harrow Council

5.2.1 – During 2015/16 the following targets were set by Harrow CCG and Harrow Council. The targets for the first year are staggered as set out in the joint specification.

In the first 6 months to complete 80% of CLA initial health assessments (IHAs) within 20 operational days/ 28 calendar days.

In the second six months to complete 98% of CLA initial health assessments (IHAs) within 20 operational days/ 28 calendar days.

Operational days are Mondays to Fridays inclusive

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 5 working days for the first six months then 3 working days in the second six months.

June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Target 80%						Target 98%			
88.8%	80%	100%	100%	100%	100%	100%	100%	100%	100%

From the above table the data shows that the health team have met and exceeded the targets set in the first year of the service for initial health assessments.

5.2.2 – Review Health Assessments (RHAs)

In the first 6 months to complete 75% of CLA review health assessments (RHAs) completed on time.

In the second six months to complete 98% of CLA review health assessments (RHAs) completed on time.

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 3 months before the review date.

June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Target 75%						Target 98%			
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The health team have exceeded all targets for RHA's set within the agreed service specification during the set-up of the service achieving 100%.

6. CLA Provider Team Clinical Activity

6.1 Health Assessments

6.1.1 – This chapter will focus on the performance of the CLA health team against national and local targets.

6.1.2 – Initial health assessments are undertaken at both Westmead Clinic, South Ruislip and Alexandra Avenue Clinic in Harrow. This enables some flexibility of venue and day. Review health assessments are undertaken at the above clinics, schools, and at the child's home offering increased flexibility for day, time and venue to enable completion and promote engagement in health assessments.

6.1.3 – Health promotion is discussed at every health assessments and includes and is not limited to physical health, emotional well-being, diet, exercise, safety, immunisations, dental care, eye care, hygiene, sexual health, substance use and radicalisation.

6.1.4 - The CLA health team also assist Harrow Council in meeting national targets for CLA:

- Ensuring all Harrow CLA have an annual health assessment within timescales
- To record and report dates of dental checks following health assessment
- To report immunisation status of each CLA following health assessment

6.1.5 - The CLA health team are required to ensure all looked after children have a statutory health assessment within statutory guidance i.e. within 20 working days of becoming looked after and thereafter every 6 months (under 5s) or annually (over 5s) . The following data relates to all Harrow CLA (both those placed within Harrow and out of borough) and has been taken from health assessments completed June 2015 – March 2016.

6.1.6 Initial Health Assessments (IHAs)

A total of 109 requests for IHAs were received.

A total of 88 children were seen for IHAs compared to 76 during 2014/15, an increase of 16%.

The following table shows a comparison to previous years.

Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total
7	6	6	11	10	10	9	7	3	7	76
Jun 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	
9	7	5	12	15	8	9	7	13	3	88

Of the 21 children not seen for IHAs, these included those who became no longer CLA as well as those children who were seen in April 2016. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 88 (100%) IHAs, 44 (50%) were seen within 20 days of the child becoming LAC.

Of the 44 not seen within 20 days of request, exceptions within KPIs applied.

6.1.7 Issues contributing to the overall performance

Since the start of the service monthly data has been produced for Harrow CCG and Harrow Council to show timescales of requests for IHAs.

Overall, this data has shown that the most significant reason for children not being seen within 20 days of becoming looked after is late requests received.

Other issues which impacted upon meeting statutory timescales were, DNAs, Out of Borough placements, children or carers who refused/cancelled appointments or could not attend, interpreters who DNA and children who changed placement.

6.1.8 Review Health Assessments (RHAs)

A total of 145 requests for RHAs were received during 2015/16.

A total of 114 children were seen for RHAs compared to 87 during 2014/15, an increase of 31%.

The following table shows a comparison to the previous year.

Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total
No Data	9	4	4	21	19	10	10	6	5	87
Jun 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	
15	12	17	10	6	13	9	6	13	13	114

Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2015/16 was 95 children. This figure differs from those above, as some children would have left care during the year and thus not included in this report.

Of the 95 children 89 (93.7%) had an annual health assessment within time scales.

Of the 6 not seen within timescales, exceptions within KPIs applied.

England 2014/15	Statistical Neighbours	Harrow 2013/14	Harrow 2014/15	Harrow 2015/16	Number of CLA
89.70%	92.10%	71.70%	82.50%	93.7%	89/95

The table above shows a comparison to previous years with an 11.2% increase of RHA's being undertaken within time scales since CNWL were commissioned to undertake the CLA health service.

6.1.9 Issues contributing to the overall performance

A process has been agreed and is now established to ensure that RHA requests are received giving 12 weeks' notice.

Overall, this data has shown that a significant reason for children not being seen within statutory timescales is late requests received.

Other issues which impacted upon meeting statutory timescales were DNAs, Out of Borough placements, children or carers who refused/cancelled appointments or could not attend, missing children, children who changed placement and children who were difficult to engage.

In order to minimise DNAs, the team contact the carer / young person by telephone to offer flexible venues, dates, times (as per meeting timescales). All appointments are followed up by letter with this copied to the child's social worker. A reminder telephone call before the appointment improves attendance.

The CLA health team work with our out of borough colleagues to minimise these problems, however, capacity issues and KPI's in out of borough teams have an impact upon timescales. The CLA health team have a reminder system in place, contacting the out borough provider to ask for details of the appointment. Should this information be provided, the child's social worker is copied into this information.

Despite several reminders and processes in place, CLA may still DNA appointments.

6.1.10 Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2016/17. The Designated Nurse has worked with Senior Managers within Harrow Council to address these issues and as a result now produces monthly breach reports.

6.1.11 Quality of Health assessments

Each health assessment returned to the provider CLA health team is reviewed by either the Designated Doctor or Nurse and graded as one of five categories with excellent being the highest and poor the lowest (excellent, good, satisfactory, needs improvement, poor). The paperwork is reviewed and the quality is recorded on a spreadsheet. Health assessments undertaken by the Designated Doctor or Nurse in their provider roles are graded independently.

An excellent health assessment has the paperwork fully completed with exploration of any issues and SMART health recommendations for the health action plan plus dates of vision and dental checks and review of immunisations. It will also have allergies and learning disabilities documented and outcome of previous health recommendations (met or not met and action if not met). An excellent health assessment results in an email to the professional who has completed the health assessment (wherever they are situated) and where possible, a copy to their manager.

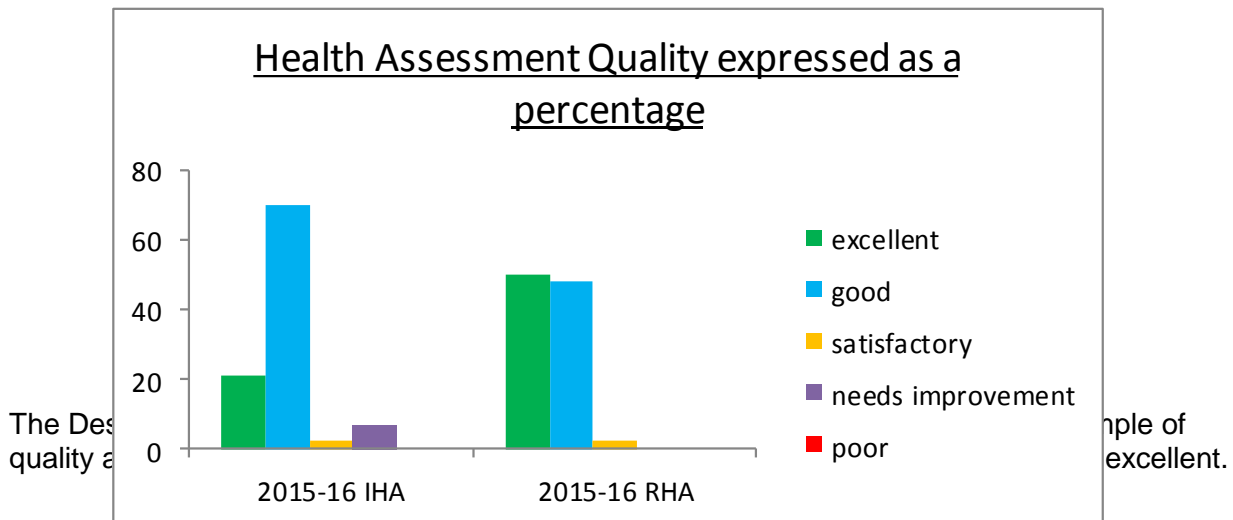
A poor health assessment will have few if any of the above and will usually result in contact with the professional who has undertaken the health assessment and remedial action being taken - either as additional training or peer observation of an excellent health assessment. Outside the local provider (CNWL) a letter will be written to the professional who has undertaken the health assessment and recommendation about payment (or withholding until satisfactory completion) may also be made if undertaken by another provider under a SLA. The subsequent health assessment will not be allocated to the same provider if a poor or needs improvement health assessment has been received.

2015-16 88 IHA's - 21% excellent, 70% good, 7% satisfactory, 2% needs improvement (after discussion with the health professionals and updates to the paperwork 1 of the health assessments was re graded as excellent and 1 re graded as good).

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 91% of IHA's graded as excellent or good and 98% of RHA's graded as excellent or good

2015-16 113 RHA's – 50% excellent, 48% good, 2% satisfactory.

The majority of excellent health assessments are completed by CLA team members due to their experience of working with CLA. Quality improvement has been driven by an increased number of health assessments being undertaken by the CLA health team for those children placed out of borough (within 20 miles) or where the previous quality was poor. The 2% graded as satisfactory were completed by health professionals out of borough.



6.1.12 Child Centred Health Assessments

A sibling group of 3 came into care. They had all had child protection medicals undertaken as well as medicals when registered with their GP. The children had missed a lot of schooling and so the decision was made that the Designated Doctor and Specialist CLA Nurse undertake a joint visit to the foster carer's home after school. This enabled a child-centred approach, as duplication of medical examinations were limited, the nurse could provide health promotion advice and the children did not miss time at school. In addition, the Doctor had the opportunity to examine the 18 year old young person who was seen as particularly vulnerable and who had been placed with the same carers and had not had the benefit of a child protection medical.

6.2 Immunisations

6.2.1 - The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2015/16 was 95 children. Of 95 CLA 69 (72.6%) were recorded as up to date with immunisations.

England 2014/15	Statistical Neighbours	Harrow 2013/14	Harrow 2014/15	Harrow 2015/16	Number of CLA
87.80%	84.40%	66.30%	69.10%	72.6%	69/95

Nationally, 88% are up to date on their immunisations, up slightly from 87% last year and 83% in 2013.

The above table shows that the rates of immunisation for Harrow CLA are below our statistical neighbours and below the national average. Although there has been an improvement of 6.3% from 2013/14 and a 3.5% increase in the number of CLA with up to date immunisations since 2014/15 this is an area the CLA health team have prioritised for 2016, to ensure that we are safeguarding our children from preventable infectious diseases.

6.2.2 –The CLA health team identified 58 CLA who were not up to date with their immunisations. A letter was sent to their carer's to encourage them to book an appointment with their GP.

6.2.3 - The CLA health team works closely with the TB service at Northwick Park Hospital and have implemented a process for all UASCs to be referred for new entrant TB screening. The Specialist Nurse for CLA has established an excellent working relationship with the Paediatric TB Nurse.

6.2.4 – The Specialist Nurse for CLA has made links with the CLA health teams in the Tri- Borough that covers Harrow, Ealing and Brent to discuss TB referral pathways.

6.2.5 – The immunisation status of all CLA having a health assessment are reviewed, information is requested from their GP and subsequently arrangements made for any outstanding immunisations with the GP. This is always included in the CLA health recommendations returned to the social worker for the health care plan.

6.2.6 – A letter is sent to all GPs with a copy of the health recommendations and this has led to faxes being received from the GPs with additional data about immunisations which in turn has been updated on SystemOne. The implementation of this IT system (SystemOne) has removed the information sharing across CCGs for immunisation data and this requires manual inputting of data received from out borough by the Child Health Department of CNWL.

6.2.7 - Immunisation records are shared with professionals undertaking the health assessments and with foster carers and young people.

6.3 Dental Checks

6.3.1 - All CLA over 3 years of age are required to be registered with a General Dental Practitioner (GDP) and all CLA should have a dental check (oral check for those under 3 years).

6.3.2 – As part of the CLA health assessment, discussion takes place to promote good dental hygiene and young people are advised to attend for 6 monthly dental checks. Should children not be registered with a GDP or have not attended a dental check, this would be recommended as part of the health plan for that child.

6.3.3 – The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2015/16 was 95 children. Of the 95 children, 84 (88.4%) were recorded as having a dental check compared to (88.7%) during 2014/15 and 82.6% in 2013/14.

6.4 Local Requirements

Registration with a General Practitioner

6.4.1 - In order to establish numbers of CLA registered with a GP, the CLA health team assessed data taken from the SystemOne database. Every health assessment is audited for health needs and registration with a GP is one of the data areas collected.

The results were as follows:

Of Harrow's 184 CLA, 4 children (2%) were showing as not registered with a GP.

6.4.2 - Of the 4 children not registered with a GP:

- 1 child was a new born baby and had not been registered with the GP yet but had an appointment to be registered.
- 3 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

Optician Checks

6.4.5 – The provider of CLA health services ensure that at every health assessment discussion relating to optician checks and wearing of glasses if prescribed is part of the assessment. Should CLA have an outstanding optician check, an up to date check is always recommended within the health plan which is returned to the child’s social worker, young person, carer, GP and Health Visitor or School Nurse.

Table showing percentage of CLA with up to date eye checks at time of health assessment.

	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
IHA 88.9%	66.6%	100%	45%	67%	33%	33%	80%	64%	0%	
RHA 90.9%	100%	100%	86%	100%	80%	83%	100%	80%	67%	

7. Other Clinical Activity

7.1 Sexual Health

7.1.1 – The CLA health team have established partnership working with the Sexual Health Outreach Nurse in Harrow. We have had regular meetings and this is now established as a monthly liaison to discuss CLA in need of sexual health advice and support.

7.1.2 - The CLA health team ensure that each child/young person who is seen for a health assessment is provided with sexual health and relationships advice appropriate to their age and understanding, which promotes positive sexual health messages such as contraception and prevention of sexually transmitted infections. Discussions with younger children include ‘the pants are private’, ‘underwear rule’, growing up, and body changes’

7.1.3 – The Specialist Nurse for CLA has established a monthly joint health drop in clinic with the Sexual Health Outreach Nurse at The Gayton. Social Workers can also refer UASC to the clinic to be seen by the CLA Nurse and interpreters are arranged.

7.1.4 – Links have been made with the Harrow sexual exploitation manager (CSE).

7.1.5 – Links have been made with the Gang’s Co-ordinator and he is due to speak at our joint team away day.

7.1.6 – Female genital mutilation (FGM) – The CLA health team and Sexual Health Outreach Nurse are working together to ensure all young people from high risk countries are asked the important questions about FGM. One young person has been referred for follow up, support and counselling.

7.1.7 – The Specialist Nurse for CLA now sits on Harrow Council’s MASE panel and introduced into the agenda the need to specifically highlight CLA. Following these meetings, the CLA are discussed with The Designated Nurse and a plan devised.

7.1.8 – The Specialist Nurse for CLA provided a health talk for UASC from Albania covering the issues of basic sexual health and relationships, appropriate touch and consent. This was undertaken with an Albanian interpreter present.

7.2 Teenage Pregnancy

7.2.1 - The following data for all of Harrow's under 18-year population is taken from CHIMAT report dated June 2015 and June 2016:

In 2013, approximately 14 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is lower than the regional average. The area has a lower teenage conception rate compared with the England average.

In 2013/14, 0.3% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a lower percentage of births to teenage girls compared with the England average and a lower percentage compared with the European average of 0.9% This is the published information on teenage pregnancy rates for young people in Harrow. The CLA team support young people as appropriate by discussing contraception options at health reviews.

7.2.2 – The Specialist Nurse for CLA has liaised with the Teenage Pregnancy Midwife at Northwick Park Hospital and discussed one young person who is looked after and pregnant.

7.3 Substance Misuse

7.3.1 - National data shows: *“The rate of substance misuse is similar to last year. Of the 48,090 children looked after continuously for 12 months at 31 March 2015, 1,810 children (4%) were identified as having a substance misuse problem during the year, the same as in 2014 and up from 3% in 2013. Comparable rates for all children are not available.*

Substance misuse is more common amongst older looked after children. 1,230 children who were identified as having a substance misuse problem were aged 16 or 17, representing 11% of all looked after children aged 16 to 17 years. In all age groups, boys are more likely to have a substance misuse problem than girls”.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/483718/SFR34_2015_Text_AdditionalTables.pdf

7.3.2 – *“Of the 1,810 looked after children identified as having a substance misuse problem in 2015, 48% (880 children) received an intervention for the problem with a further 38% (680 children) refusing the intervention which was offered. This is down from the 56% receiving an intervention in 2014, when a further 35% refused the intervention.”*

7.3.3. – In the National tables the data recorded for substance misuse for Harrow is 10 CLA out of 95 which equates to 10.5%. (Table LA12: Substance misuse by children who had been looked after continuous years 2015) This compares to our statistical neighbours of Brent (4%), Hertfordshire (6%) and Ealing (10%).

- Substance use was reviewed this year in the UASC mini survey and presented to Harrow Corporate Parenting Board (See section 9.4)

The following figures were noted: The figures are based on 20 health assessments completed for UASC.

20% (4 CLA) smokers-/cigarettes

5% (1 CLA) cannabis

5% (1 CLA) glue

20% (4 CLA) substance use health education

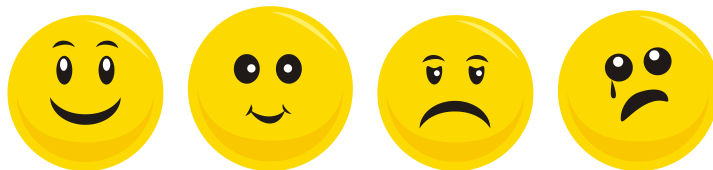
5% (1 CLA) declined referral to Compass (substance use support)

The CLA health team is gathering health information for all CLA and will be able to present a fuller picture of substance misuse next year. We will work with partners to support young people with health advice on smoking, drug and alcohol issues.

7.4 Emotional Health & Wellbeing

The CLA health team use the 'how I feel chart' which is discussed with children and young people as part of their health assessment. A scale of 1-10 is used for older children and young people

How I Feel Chart



7.4.1 - During 2015/16 the CLA health team have undertaken partnership work with a range of professionals in order to consider the emotional needs of Harrow CLA.

CAMHS

7.4.2 – The Designated nurse and Specialist Nurse for CLA have met with the manager of Harrow CAMHS and Morning Lane – Tier 2 service to discuss individual cases and their management, and the wider issues relating to children with emotional needs. It is also an opportunity to build positive joint working relationships. This was a recommendation from the recent Serious Case Review in Harrow.

Joint working with Youth Offending Team (YOT) CAMHS Specialist Nurse who attended a young person's initial health assessment.

Monthly meetings with YOT to discuss the health needs of children/young people under the YOT

Quarterly meetings with CAMHS set up following attendance at CAMHS team meeting by Designated Nurse and Specialist Nurse for CLA

Referral process for CLA health team to refer to CAMHS fully implemented

Liaison and discussion of CLA with CAMHS

7.4.3 – Designated Nurse attended 'Future In Mind' workshop and raised CLA as a priority in the redesign of mental health services for Harrow.

7.4.4 - The CLA health team continue to work to address emotional health needs by linking with other local services. The CLA health team receive information from the Liaison Health Visitor within the Northwick Park emergency department (ED) or Urgent Care Centre (UCC) relating to any CLA who attends this service with an emotional need such as self – harming behaviour.

7.4.5 – Harrow Council have a duty to ensure that all CLA have a completed Strengths and Difficulties Questionnaire (SDQ), which is a screening tool used for a baseline of the emotional wellbeing of children. Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months and aged 5-16, which for 2015/16 was 66 children. Of the 66 CLA, 27 (41%) had an up to date SDQ. (This is provisional data sent to the DFE)

7.4.6 – The Designated Nurse for CLA met with Harrow Council Children’s Commissioner, Head of Service and Independent Reviewing Officer to discuss SDQ’s. New process agreed ensuring that all eligible CLA have an SDQ completed for their second review and that this is sent to the CLA health team for all RHA’s.

7.5 Training

7.5.1 - The health team has delivered training to a range of professionals from health services and Harrow Council.

7.5.2 – Training about CLA and their health needs has been delivered bi-monthly as part of the ‘partnership induction’ for Harrow Council.

7.5.3 – Training, support and liaison has taken place with Health Visitors and School Nurses.

7.5.4 – Student Nurses have benefited from training delivered by the Health CLA team with one student sending a thank you card stating

‘To the LAC team, I would like to thank you for all the learning opportunities over the last few weeks. You have taught me a lot. I have enjoyed every minute. Thank you all very much.’

7.5.5 – The CLA health team have delivered training to foster carers in Harrow. Evaluations from the training provided have been very positive with carers valuing the additional health information and support given. In addition, the health team have asked carers if there were any specific aspects of health that they would benefit from having further training in. This resulted in a specific training session on ‘drug withdrawal in babies’ being delivered for Harrow’s foster carers. 10 carers attended this training and the feedback was very positive.

7.5.6 – The CLA health team were contacted by 2 Swedish School Nurses who came to visit the team to specifically look at good practice regarding our joint working with UASC and CLA.

7.6 Case Work

7.6.1 – During 2015/16 the CLA health team have been involved with a variety of cases which are complex and require health input. Members of the team have been available for telephone

advice and have made visits in cases where additional support is necessary. As a result of these case discussions, members of the team have been actively involved in advocating for CLA health needs, attending reviews or professionals' meetings and taking on the role of lead professional.

7.6.2 – This area of work is both time consuming and requires the ability to work within the multi-disciplinary team.

7.6.3 – Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, diet, exercise, self-harm, sexual health and FGM.

7.6.4 – Liaison with GP's, Health Visitors, School Nurses and other health professionals both in Harrow and out of borough regarding the health needs of CLA.

A few examples of work undertaken are given below, with some changes of information to protect the confidentiality of the CLA.

7.6.5 - Complex Case Study

Case study 1

- Outline of Case

17-year-old boy under section 20 in care since 2014.

2 custodial sentences. Missing episodes and previously non-compliant.

Discussed at MASE Panel in 2015.

Review health assessment completed by Specialist CLA Nurse in 2015.

- Health Concerns

Epilepsy: First diagnosed 2 months following review health assessment. Generalised seizures.

Admitted to 2 different Hospitals. EEG's, MRI scans (Non-attendance at planned appointments)

ITU (Intensive Therapy Unit) admission. Non-compliant with medication

Smokes Cannabis

Smokes cigarettes

- Emotional Health

Stress

Aggression

- Specialist CLA Nurse Role in his care

Liaison with current GP to ensure that we have copies of all clinic and hospital attendance informing us of dates, medication and plans.

Regular liaison with Social Worker to discuss management of non-compliance and further planning.

Liaison with Intensive Care Doctors.

Liaison with the young person to reassure them prior to the MRI scan.

Liaison with care staff at residential homes x2 (placed at 2 different placements).

Attendance at meeting to discuss care planning

Liaison with Neurology Consultant and letter sent requesting Emergency Care Plan to enable care staff to manage his seizures.

Telephone contact with Neurology Consultant following receiving letter – plan made to enable joint up working, sharing of health information and future planning.

- Forward plan

Professionals meeting to discuss further management.

Review Health assessment booked for July 2016.

Case Study 2

17-year-old male UASC

Fled from his country due to homosexuality after being disowned by his parents. He reports that he had been arrested and physically tortured in a detention centre before travelling to Greece, and solitary walking for 8 or 9 days to Serbia before joining a group supported by a leader and entering the UK via lorry.

CLA from October 2015

Age assessment commenced by Social Worker and young person reported missing from care following this. Care episode ended by Harrow Council.

Returned to Harrow March 2016 via London Rota as he was found at Gatwick Airport trying to board a plane

CLA Health Intervention

2015: Initial Health assessment completed in summer 2015. Health recommendations sent to carer, GP and Social Worker

2016: Review Health Assessment:

- Good rapport between young person and CLA Nurse
- Good liaison with Social Worker
- Good liaison with Semi-independent Key Worker

Physical Health Needs

No record of blood screening/TB screening via current GP practice:

- No record of immunisations on SYSTM1 or current GP practice
- Requires new glasses
- Requires dental appointment

Action 1

- Liaison with current GP Practice: CLA nurse and administrator made multiple telephone calls and sent faxes to obtain immunisation list. No list available
- CLA nurse liaison with previous GP Practice and immunisation list retrieved. Telephone call made to both practices as young person appeared to be registered at both practices. Request made to resolve this.

Action 2

- Liaison with young person, Social Worker and Key Worker requesting their support in making and attending a GP appointment for blood screening to include the commissioned TB blood screening test. If positive, he will be referred to the TB clinic.

Action 3

Advised to collect new prescription glasses from Optician and wear them as advised.

- Dentist - to arrange an appointment.

Sexual Health Needs

No record of blood screening/sexual health screening following assault

Action 4

- Discussions with young person (face to face and via telephone) to help him to access sexual health services for screening. He did attend an appointment but felt unable to continue.
- To arrange blood screening via GP.
- To continue to contact young person so he feels empowered to attend services.
- To continue counselling with Haven (sexuality and abuse counselling services).

Emotional Health Needs: Post-traumatic stress, sexuality and sexual trauma also affecting sleep, and appetite.

Action 5

- Sleep disorder – emotional in origin. TV in communal room usually turned off at 10pm. Through liaison with Key Worker, he will be allowed to stay up longer to alleviate his boredom and give him less opportunity to lay awake thinking about past events.
- Continue to attend CAMHS.

Case Study 3 The Gayton

The Gayton is a semi-independent residential home in Harrow for UASC. They currently have 30 young people from 3 continents – Africa, Asia and Europe. The Specialist Nurse for CLA attends the monthly health drop in working closely with the Specialist Nurse for sexual health. She arranged to visit one of the young people at Gayton after discussion with the Social Worker. An interpreter for the young person was arranged to enable the Specialist Nurse to discuss dental care and healthy eating with the young person.

8. Adoption & Fostering

8.5.1 – The CCG commissions from CNWL the role of Medical Advisor to the adoption and fostering panel for Harrow Council. In common with many CCGs this role is fulfilled by the Designated Doctor and Nurse in their provider roles. These roles are set out in the intercollegiate document from RCPCH, RCN and RCGP.

8.5.2 - The Provider CLA health team are actively involved in adoption and fostering panels and processes. The team meet with colleagues both regionally and nationally to discuss and develop new ways of working and have regular peer group electronic discussion to consider issues which arise plus regular face to face peer group meetings as detailed elsewhere in the annual report.

8.5.3 – The Designated Nurse and the Medical Advisor/Designated Doctor sit in their provider role as full voting members on the adoption and fostering panels and are members of the central list. Both the Designated Nurse and the Designated Doctor have attended required panel training.

8.5.4 – There have been 11 monthly panels with either the Designated Nurse or the Designated Doctor being in attendance for the majority of the panels (Medical Advisor 7/8 panels). The Medical Advisor (Designated Doctor) attended all adoption cases and all but one special guardianship case where written advice was given to panel and the Designated Nurse for CLA attended. The Designated Nurse attended monthly panels for fostering cases from January –

March 2016.

8.5.5 – Following is an analysis for the period 1st June 2015 to March 2016 for adoption: 9 children were seen at panel for match, 14 children for long term fostering, 9 for connected persons match and all required review of their needs.

8.5.6 - 13 foster carers were approved by panel – 6 connected persons and 7 new foster carers. 1 foster carer not approved. 17 deregistration's/terminations of foster carers. 10 annual reviews.

8.5.7 - During the year 2015/16 19 SGO's were granted in respect of Harrow's looked after children. The panel considered 5 SGO applications (7 children). Although there is not a requirement for such cases to be considered by the panel it is good practice for there to be some scrutiny and oversight of this type of permanence plan.

8.5.8 – The Medical Advisor undertook all the comprehensive medical adoption panel reports for the children for the ADM meeting and for the matching panels. These reports are time consuming as they require summary of the health needs of the child and the family plus the possible consequences for the CLA.

8.5.9 - Paper reading for panel is equivalent or more than time spent at panel - for example, a match requires the child's CPR plus the adults' PAR or Form F to be read plus the APR/ASP so for 45 minutes' panel time there is usually 2 hours of reading time. Following panel, the minutes have to be read and approved within 5 working days.

8.5.10 – The Medical Advisor continues to have meetings with the majority of prospective adopters for CLA placed either for a match with adopters, long term foster carers or special guardians to inform them about health needs and history.

8.5.11 – The Medical Advisor's role encompasses assessment of reports on adults applying for adoption and fostering, special guardianship and connected persons. These reports are completed by the applicant's GP and the role of the medical advisor is to assess any possible implications for the applicant's ability to care for a child till the age of independence. In 2015-16 the medical advisor wrote 3-4 panel reports a week for either fostering or adoption (AH medical forms) and review reports. Some cases are complex and require much research and liaison with social care and other health professionals.

8.5.12 - It is good practice for the Medical Advisor to be available for discussion of medical and health needs of a CLA during the care proceedings preparation with the agency decision maker (ADM) so that medical advice is available to the ADM at the time the CPR is read.

9. Service Improvements

9.1 Specific Improvements / Team Achievements

9.1.1 – CLA service removed from the Harrow CCG risk register

9.1.2

- Meeting with Harrow Council, Children's Commissioner and Independent Reviewing Officer to discuss consent and SDQ. Agreed new consent form and SDQ process.

- Designated Nurse and CLA Specialist Nurse presented at UASC/Leaving Care and CLA away day for Social Workers.
- Designated Nurse for Harrow and Medical Advisor for Hillingdon met with the adoption manager and head of service to agree process for requesting medical advice.
- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council.
- Monthly meetings with Morning Lane – Tier 2 mental health.
- Quarterly meetings with CAMHS established.
- CLA Specialist Nurse developed and trialed a crib sheet for interpreters so that they understand the areas to be covered during the child/young person's health assessment. This has been used with success and feedback from the interpreters has been positive.

'I think the crib like sheet is very helpful for interpreter. Very useful.' (Interpreter)

- Development of a health needs audit tool which is used with every CLA health assessment. This has enabled the health team to capture the health needs of Harrow's CLA population and to share this information with Harrow CCG and Harrow Council. (Section 9.4). Designated Nurse asked to share this tool with the London Designated Nurses Group.

9.1.3 – Health Passports

Meeting with Harrow Council, Children's Commissioner and Independent Reviewing Officer have taken place to discuss health passports. Agreed capturing of information on Frameworki to support the development of health passports.

The CLA health team has gathered information from other boroughs to see what they provide for their care leavers and how they have implemented health passports. This has ranged from a letter to an actual passport.

A meeting has been arranged with 'Beyond Limits' (CLA Council) in April, and a flyer has been distributed inviting CLA and care leavers to attend to discuss what they would like in their health passports, as well as to consider what has been recommended in the service specification. The CLA health team have developed a questionnaire to obtain CLA and care leaver's views.

9.1.4 – Working with Harrow Council to improve numbers of SDQs received with health assessment requests. Harrow Council and the CLA health team are working with the tier 2 psychological service to devise a pathway of completion and assessing SDQs.

9.1.5 - Work with 'Beyond Limits' (Harrow Council CLA Council) on a variety of initiatives such as care leaver services. Members of the CLA health team have visited the CLA council to gain their input on health services within Harrow.

9.1.6 - The health team were invited to the CLA awards ceremony. During the CLA celebration the CLA health team targeted 3 young people who had previously refused to engage with face to face or telephone health assessments. We met with them and asked if they would complete a written booklet about their health with the help of their carer/ key worker/ social worker. We also asked for their comments whilst we trialed the booklet for the young people who refuse. They all agreed to complete the booklet. A health stall was also provided during the celebration. It was well attended and lots of information was given to CLA, care leavers and carers.

9.1.7 – Designated Nurse and CLA Specialist Nurse attended the foster carer’s award ceremony. This was a lovely celebration and raised the profile of the health team.

9.1.8 – Service Improvement

Telephone call from concerned Social Worker. Young person had seen their GP and attended the urgent care centre at Northwick Park Hospital however due to increased symptoms advised Social Worker to take young person to A&E at Northwick Park Hospital. The Young person was diagnosed with TB. Liaison with Social Worker and team manager to obtain up to date residents list where young person placed and provided this to the TB Specialist Nurse, who liaised with Public Health England resulting in screening programme (Commenced September). Home visit to young person once discharged from hospital and liaison with TB Specialist Nurses. Plan to introduce TB screening for all UASC in Harrow. Email of thanks received from Social Worker.

Based on the above case study we applied for a TB grant for £500 from Voluntary Action Harrow Co-operative and we were successful. We worked with UASC in the development of a leaflet to explain what TB is, the screening process and treatment. We worked in partnership with the TB Paediatric Nurses, Harrow Council and Harrow CCG to implement a new TB screening process for all of Harrow’s UASC.

9.2 - Involvement of CLA and Care Leavers

We have met with the ‘Beyond Limits’ CLA and care leavers group along with the Children’s Participation Officer to obtain the child’s voice in the development of the CLA health service. This has included the development of a ‘Handy Hints’ health leaflet and ‘What is TB?’ leaflet.

The team has also asked CLA their views about the development of a health passport and what specifically they would like and in what format.

Presentation at Care Leaver event – 40 care leavers in attendance

A children and young people’s comments and views form has been developed for all CLA to write about their experience of their health assessment. This is given to each CLA following their health assessment. Some of the following comments have been received:

‘It went really well because I got a lot of information and she gave me some good items’ (15)
‘Interesting update on myself. Learnt a lot about myself’ (16)
‘The appointment went very well. I felt comfortable and I felt all topics that needed to be discussed were covered and I learnt new helpful information and received advice’ (17)
‘It was good’ (11)
‘I feel happy because I’m fine’ (8)
‘It was fun and very easy and got good advice’ (11)
‘It’s a good service both doctor and nurse were polite and kind and explained things clearly’ (16)
‘I really enjoyed it and the lady is kind and it taught me how to keep healthy and I can stay fit. I prefer her coming to the house than the school’ (10)
‘They were kind and helpful. It was good’ (UASC 16)
‘It was great the lady was a good listener and supportive’ (17)
‘This health assessment was very helpful, helped me understand what problems I’ve got and how to tackle them’ (17)
‘In my opinion I think that this assessment has been really interesting and very beneficial. I have enjoyed it and am looking forward to the next one’ (13)
‘I thought it was very well for me and I learnt a lot from this assessment. My nurse was also very nice and helpful’ (UASC 16)
‘It was good when they asked me how did you feel when you went into auntie X’s house and the other questions’ (8)
‘Today has been ok. It would be ok to come again’ (7)

A comment from a 17-year-old UASC compared his health assessment undertaken by the previous health provider to this year with CNWL's CLA health team:

'I was personally thinking going to Alexandra Clinic is wasting time but when I came out of there with plenty of information that can help me. This time coming to Alexandra Clinic was absolutely helpful than the last time I came here. Very good and polite way of asking questions'

A client satisfaction survey has been developed and will commence in May 2016.

9.3 - Non-Attendees

The CLA health team strive to reduce non-attendance for health assessments. 5 non-attendees from the previous health provider were resubmitted to the CLA health team and all 5 have been seen. This is due to the experience of the Specialist Nurse for CLA engaging with young people who do not attend by offering flexible times, venues and respecting the young people's wishes. Email of thanks received from CLA team manager 'I am remarkably impressed with the effort and success they have achieved with engaging and completing RHA for two of our most difficult to engage young people. The CLA nurses have met with both young boys and completed these very outstanding RHA. Well done and thank you' (Pam Johnson)

For young people who DNA, follow up is via the telephone and health information is then sent with details of how to contact the CLA health team. This includes the 'Handy Hints' leaflet which includes health promotion information regarding diet, exercise, dental hygiene, immunisations and emotional well-being as well as local service information regarding sexual health, youth stop and national websites/telephone numbers.

Currently the CLA health team have 2 young people who have refused to have their health assessment's this equated to 1% DNA rate – 2 out of 202 health assessments.

1 young person has agreed to complete a written questionnaire with support from her foster carer and the other young person is on remand in prison. The CLA Specialist Nurse has liaised with the prison staff to ascertain the young person's health needs and a plan has been agreed.

9.4 Audits (and research)

Unaccompanied Asylum Seeking Children (UASC)

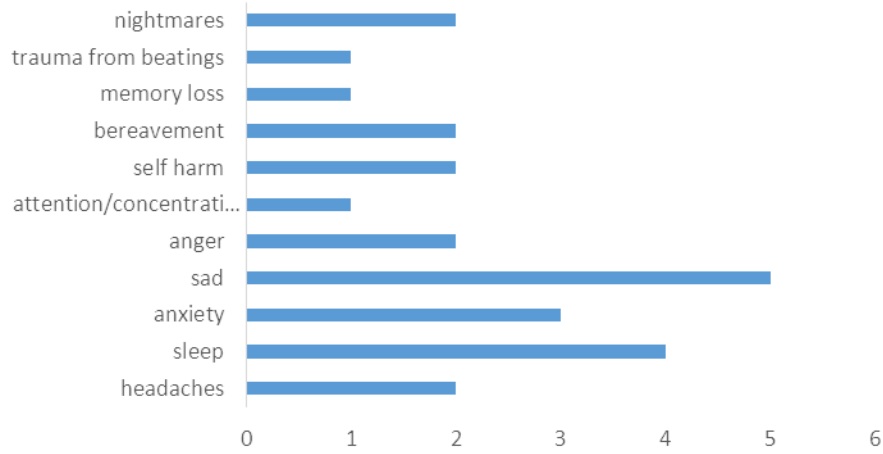
This mini survey was undertaken in January 2016 and shared with Harrow CCG, Harrow Council and Harrow Corporate Parenting Board.

The CLA health team have undertaken 20 health assessments for UASC.

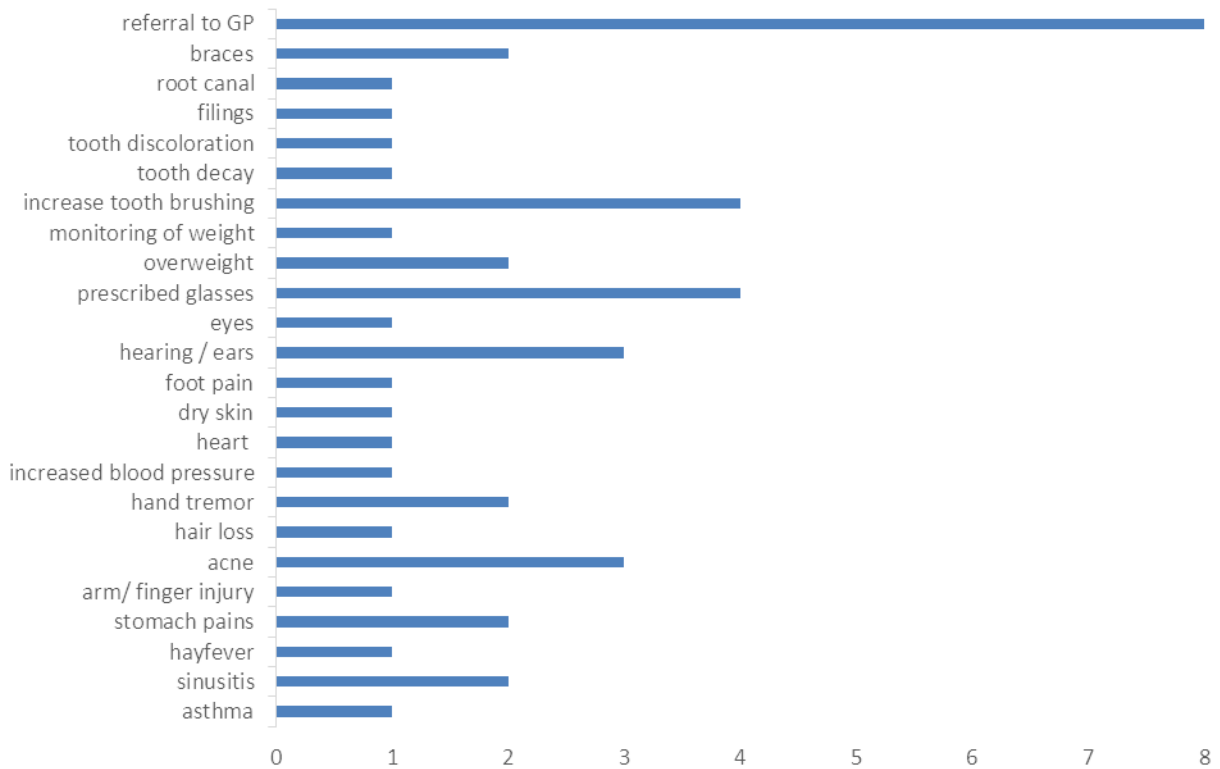
The countries of origin include Syria, Iran, Iraq, Sudan, Albania, Vietnam, Morocco, Saudi Arabia and Afghanistan which has had the highest number of UASC (8 out of 20).

The team has been gathering data about the health needs of UASC who live both in the borough of Harrow and those outside the borough of Harrow.

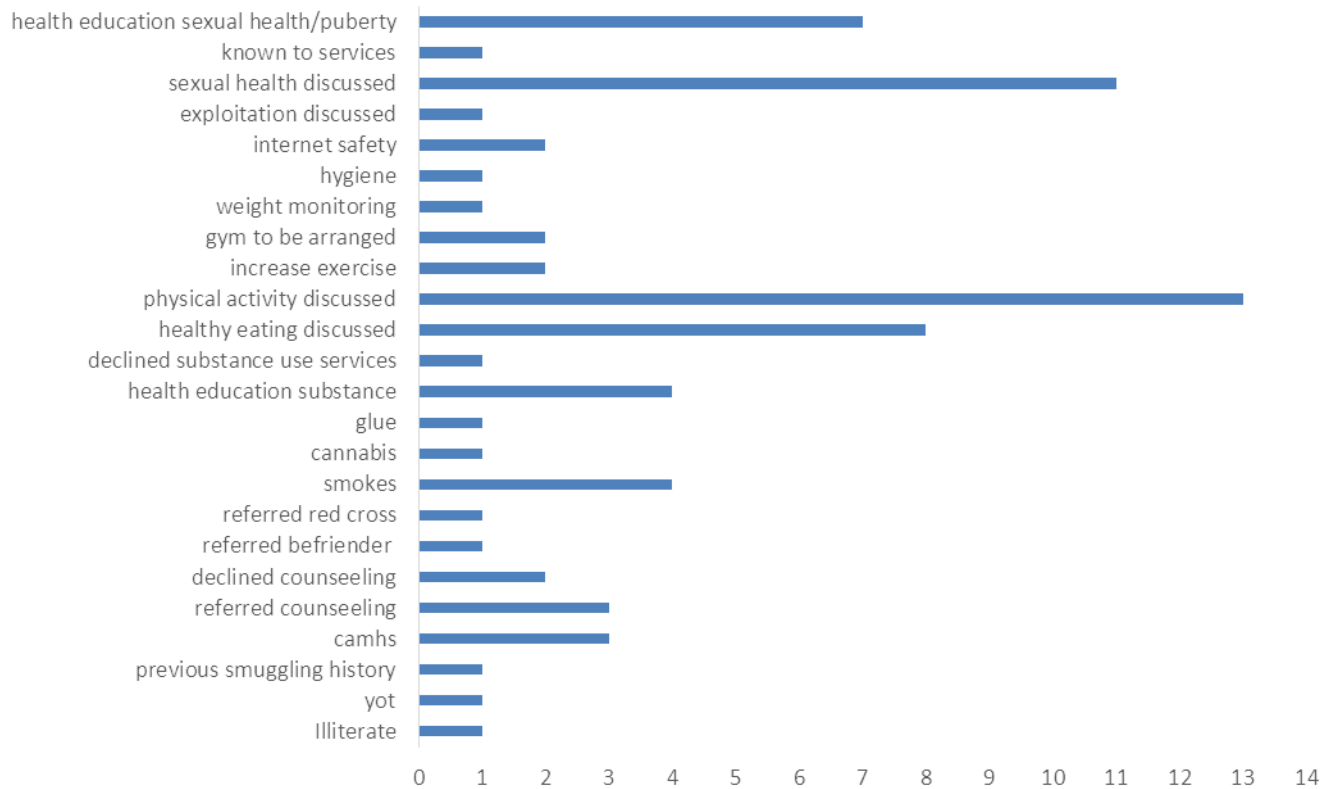
EMOTIONAL HEALTH NEEDS



PHYSICAL HEALTH NEEDS



HEALTH PROMOTION/OTHER HEALTH NEEDS



As a result of this mini survey the Designated Nurse was contacted by the Interim Project Manager for UASC in NHS Thanet CCG to share our work, processes and service delivery of health assessments to UASC. This included sharing our TB leaflet, Handy Hints leaflet and Interpreters crib sheet. As a result of how the CLA health team have set up their service for UASC in Harrow, Thanet CCG is planning to implement a similar service. Email of thanks received.

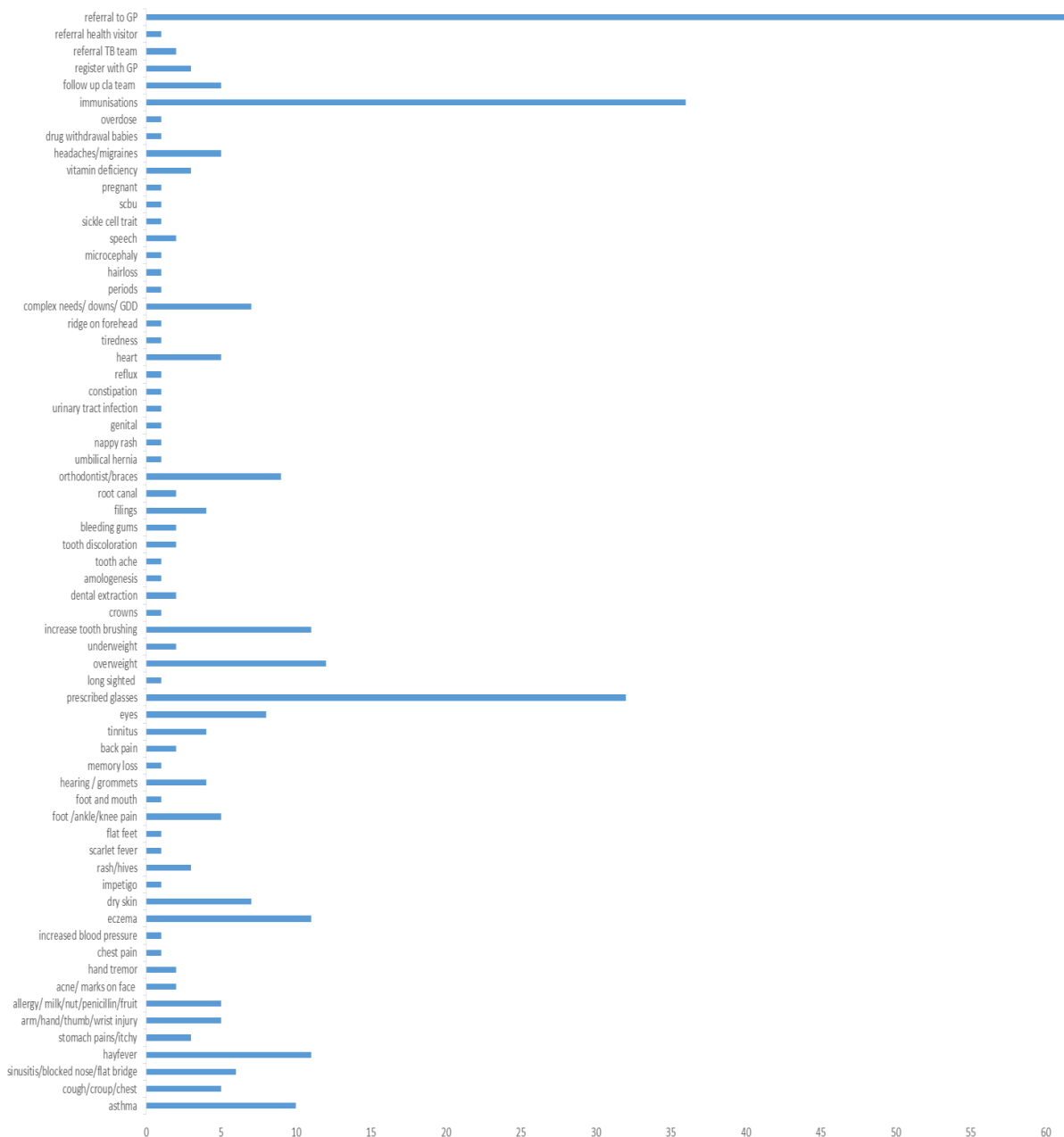
'I am so grateful for you taking the time to talk to me. Thank you so much for this information it is very helpful'. (Sue Bowen)

The following health needs audit was compiled from 6 months of data collected by the CLA health team. It includes the health needs for CLA both in Harrow and for Harrow children placed out of the borough. It focuses on the physical, emotional and health promotion needs highlighted during the CLA health assessments. This data was presented to the Corporate Parenting Board in March 2016 and the team were thanked for the report, as the board had not received such detailed information about the health needs of Harrow CLA before. The report was also shared with Harrow CCG and Harrow Council.

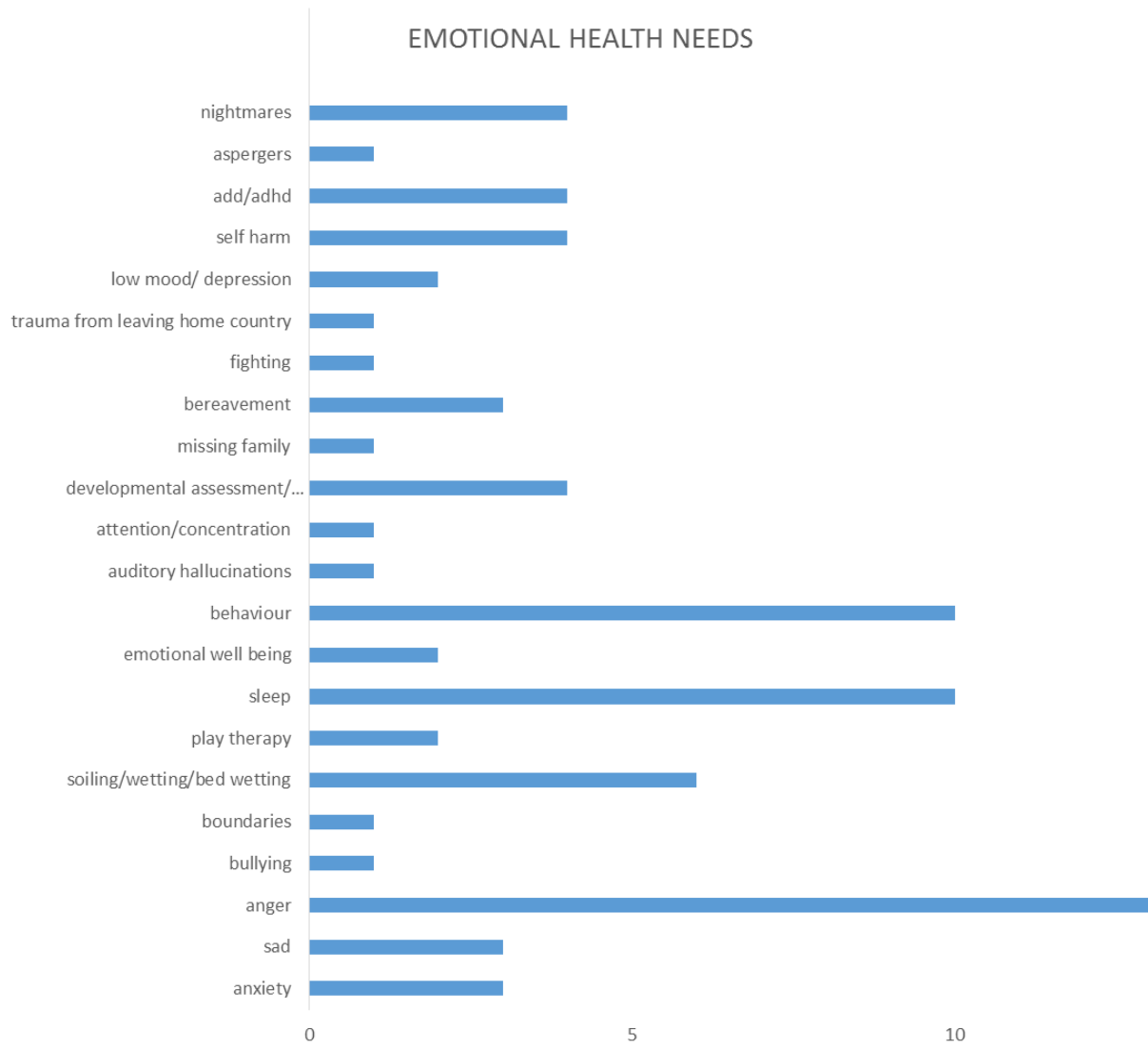
As a result of the health needs audit the CLA health team identified immunisations as one area for improvement. This has resulted in closer partnership working and liaison with GP practices both in Harrow and out of borough to establish the immunisation history for all CLA prior to their health assessments. A meeting with the Safeguarding Children Lead for Harrow CCG has been planned to discuss this further. (See section 6.2)

Another area for improvement was making links with CAMHS and tier 2 services in relation to the emotional needs of CLA which is discussed within section 7.4.

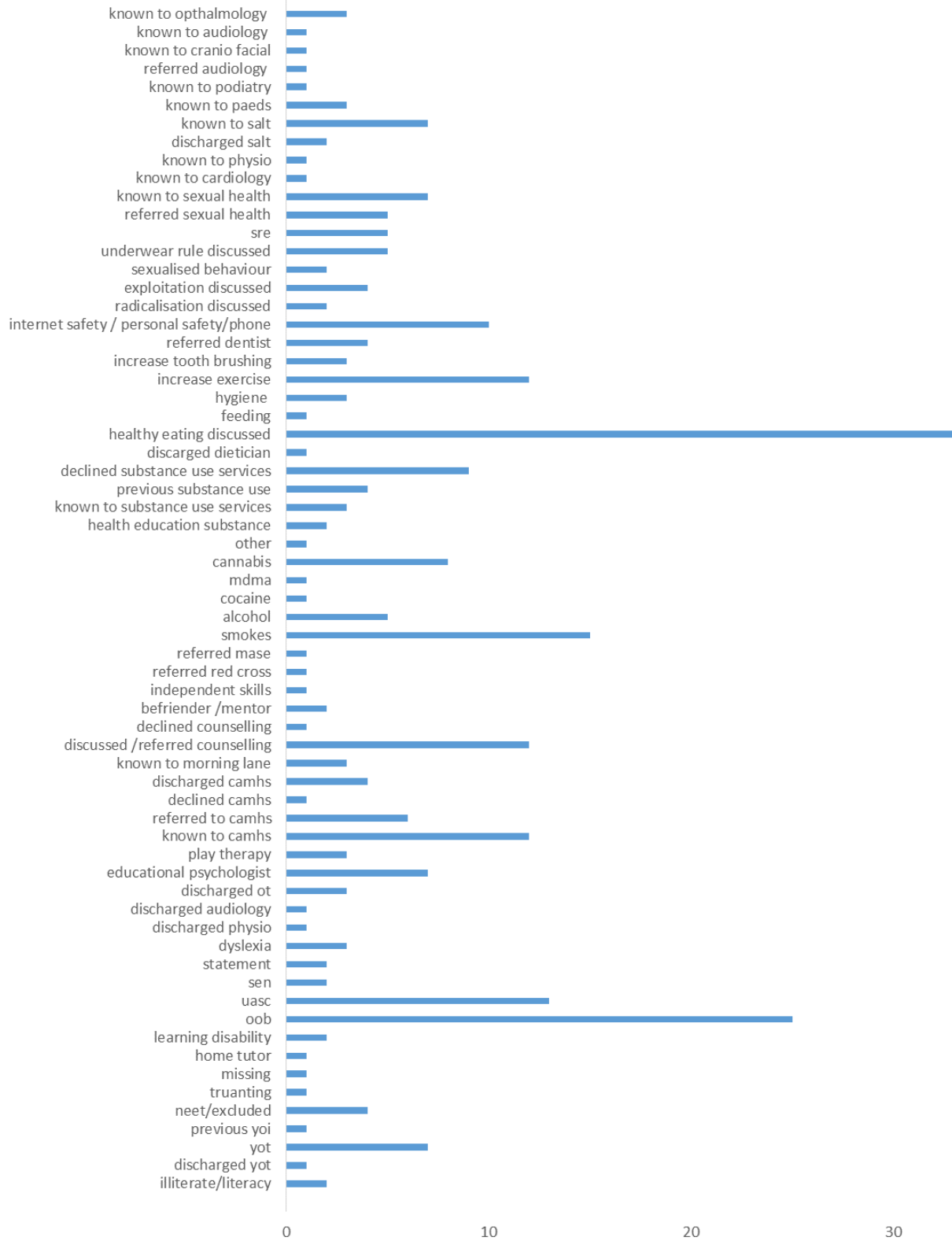
PHYSICAL HEALTH NEEDS



EMOTIONAL HEALTH NEEDS



HEALTH PROMOTION/OTHER HEALTH NEEDS



9.5 Partnership working

9.5.1 – The CLA service went live on 1st June 2015 and CNWL held a launch event at Harrow Civic Centre for all stakeholders in June which was really well received.

9.5.2 - The CLA health team have established and developed strong partnership working with a wide range of professionals and clients in order to maintain a high standard of care. Members of the CLA health team are actively involved in the following partnership roles:

- Positive and transparent working relationships with Harrow CCG and Harrow Council
- Designated Nurse and Designated Doctor attended HSCB and co-presented with Harrow CCG an update of the CLA health service
- Corporate Parenting Managers Meeting – working with managers to raise issues to Corporate Parenting Board. Corporate parenting strategy and action plan discussed and updated
- Weekly monitoring meeting – working with Harrow Council Social Work Team Managers and administrator
- Attendance at Social Work team meetings
- Close working with Business Support Officers at Harrow Council- monitoring of health data
- 'Beyond Limits' - working with young people to actively involve them in improving services
- Northwick Park Hospital A&E Liaison Health Visitor – identify vulnerable CLA
- Health promotion in The Gayton – working with the Sexual Health Outreach Nurse
- Promoting positive mental health – working with Health, Harrow Council, and Education to improve the emotional wellbeing of CLA
- Monthly meetings with Morning Lane established to discuss CLA, share information and raise issues
- Quarterly meetings with CAMHS manager established to share information and raise issues
- Specialist Nurse for CLA attends MASE meetings
- Meetings and links made with key providers including Health Visitors, School Nurses, YOT, CAMHS, sexual health, youth stop, ask, compass, children and young people's advocacy service, choices 4 all
- Meeting with children's participation officer
- Links made with foster carer training and development officer to plan and deliver training

- Links made with Harrow Council learning and development officer to plan training for Harrow Council new starters (partnership induction)
- Adoption and Fostering Panel – the Designated Doctor sat on the Adoption and fostering panel June 2015 - December 2015. The Designated Nurse joined the Adoption and Fostering Panel in January 2016 with the Designated Doctor and Medical Advisor for Hillingdon providing medical advice to panel for adoption cases
- CCG Designated Professionals meeting – attend with Designated Safeguarding staff
- Attendance at School Nurse and Health Visitor Forum
- Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough
- Attendance at the children at risk panel and the minutes of these meetings are now circulated to the CLA health team
- Attendance at LADO meeting
- Designated Nurse met with CoramBAAF partnership team at Harrow Council
- Development of TB leaflets and posters with UASC, the UASC team, Paediatric TB Nurse and the TB service at Northwick Park Hospital. Leaflets and posters delivered to all Harrow Schools including junior, senior and special needs schools, colleges, GP practices and the TB Clinic at Northwick Park Hospital. Email of thanks received from Harrow GP requesting further leaflets.
- Development of CLA health team leaflet distributed to all GP surgeries in Harrow, CAMHS and Harrow Council
- CoramBAAF Health Advisory Group – Designated Doctor for Hillingdon elected onto committee looking at health issues on behalf of CLA Doctors and Nurses and shares all information with the CLA health team
- CLA health staff attend London and National LAC and Adoption Forums
 - i. North West London Peer Group Meeting
 - ii. London Designated Nurse Meeting
 - iii. London LAC Nurse Meeting
 - iv. RCN National Meeting
 - v. BAAF Meeting

9.5.3 – During 2015/16 the Designated Doctor and Designated Nurse became members of the Corporate Parenting Board in Harrow.

9.5.4 – The Specialist Nurse for CLA has liaised with the Brent and Ealing CLA health teams as part of the Tri- Borough to look at closer partnership working. The CLA health team have not had the capacity to arrange meetings with colleagues in Milton Keynes or Camden this year. There is some overlap of work with Camden during safeguarding meetings and processes are being reviewed to ensure the safety of electronic adoption records.

9.5.5 – Joint working and sharing of learning between the Harrow CLA health team and the Hillingdon LAC health team.

9.6 Feedback

9.6.1 Feedback from Partners

Feedback from Independent Reviewing Officers (IRO's) from the Quality Assurance Manager

'By the way I am getting positive feedback from the IRO's about the 1st health assessments being booked much more quickly than before.'
(Barbara Houston)

'I would like to comment on the outstanding service the new CLA health providers have been offering CLA. I am very happy and actually impressed with their service delivery. They have been excellent and this has shown in the outcomes for our CLA. Communication is perfect and we have regular meetings to discuss any concerns or outstanding issues to the point that we are now working on a three month in advance referral process.'
(Pam Johnson, Team Manager CLA)

'I would like to confirm that there is a massive improvement of conducting initial health assessments and reviews of health assessments for looked after children in UASC and Leaving Care Service. There is follow up with Social Workers completing the form and this is working very well.'
(Negus Cebeyehu, Team Manager UASC and Leaving Care)

'The young person was able to answer all his questions without hesitation. He seemed comfortable and at ease during the questioning.'
(Interpreter)

9.4.2 Feedback from birth parents, carers and key workers

Feedback from key worker comparing this RHA to previous health assessments.

'I just want to say a big thank you to you and your colleague for conducting such a lovely and relaxed assessment yesterday for my young person. I found your approach to be informative, constructive and beneficial. You were able to capture the engagement of my young person who appeared comfortable speaking with you and who has agreed to visit you again. I have attended many LAC medicals before and this one by far has been the most impressive. I feel time was taken to understand my young person and address each area thoroughly.'
(Key Worker)

'Very thorough – children both enjoyed the experience – dad found both professionals highly approachable and friendly.'
(Birth Father – Joint Doctor/Nurse Clinic)

'The assessment was very good.' (Birth Parent)

'Very patient and made it fun' (Carer)

'I am very happy with your service and you covered everything in detail.'
(Carer)

'Thorough check, language was appropriate to X's age, was sensitive to his feelings and wishes.' (Carer)

'The Doctor and Nurse arrived on time they explained to the children the reason for the assessment. The home visit was very helpful.' (Carer)

'I felt really relaxed with Laurie and so did my son. She was warm and friendly and offered support if needed.' (Carer)

'As a carer I feel very informed. During the visit I received good advice which I believe will aid me in the upbringing of my child. The visit was not too long or too short...just right and I am grateful for the time spent discussing the healthcare of my child.' (Carer)

'I think the assessment was informative and a good opportunity for X to discuss or raise any concerns that he may have. The length of the assessment was appropriate and it is nice to have the assessment undertaken at home.'
(Carer)

'I think the review went well and was pleased it could be done in our home.'
(Carer)

9.7 Inspection Updates

9.7.1 No inspections of CLA services by CQC or Ofsted during 2015/16

9.7.2 NHSE Deep Dive undertaken within Harrow CCG – The main focus was Safeguarding Children and Adults. The CLA health team were not actively involved in this review. NHSE asked Harrow CCG for the service specification for the new service for CLA provided by CNWL. Harrow was graded as 'good' in all areas.

9.8 Professional development (and publications)

9.8.1 - During 2015/16 the CLA health team have continued to ensure that team members have attended training in order to ensure safety and compliance with the knowledge, skills and competencies outlined in guidance for health staff (RCN, RCPCH March 2015).

9.8.2 - Staff have undergone a range of training sessions including the following training:

Mandatory training - CNWL

North West London LAC peer review group

RCN National Conference for CLA Nurses

Immunisation updates - CNWL

Designated Professionals Updates – Brent Harrow and Hillingdon CCG
Working together level 3 safeguarding update - CNWL
FGM training – HSCB
Framework training – Harrow Council's Data recording system
Designated Nurse and Specialist Nurse attended HSCB training
Attendance at serious case review findings HSCB
Specialist Nurse for CLA attended TB training
Team Away day including dental health promotion training – CNWL
Attendance at Capita's Improving Outcomes for Looked After Children
Specialist Nurse for CLA observed fostering and adoption panel

Specialist Nurse for CLA completed her BSc in Health Studies

Designated Nurse delivered a teaching session about CLA and their health needs to School Nurses and Health Visitors in training at Oxford Brooke's University. The training was well received and well evaluated with a thank you received from 2 students and the organising lecturer.

The Designated Nurse wrote a chapter on 'Health Promotion' in the BAAF book 'Promoting the health of children in public care' which has been published.

9.8.3 – Specialist Nurse for CLA presented at CNWL Children's Service Leads meeting regarding the health needs of UASC's

9.9 New Processes

9.9.1 – The CLA health team have set up new processes based on those already established within the Hillingdon LAC team. This shared learning and support has been invaluable and has contributed to the Harrow CLA health team's success.

9.9.2 – Health records created and maintained for all CLA both in Harrow and out of borough

9.9.3 - The CLA health team have been working in partnership with Harrow Council to develop the SDQ process which has been agreed.

9.9.4 - Request for adoption and medical advice process has been agreed with full implementation to be achieved.

9.9.5 - Immunisation status for all CLA is requested from GP's both in and out of the borough of Harrow.

9.9.6 – The CLA health team have worked with Harrow Council to devise and implement a new consent and information sheet for birth parents.

9.9.7 – The Specialist Nurse for CLA has set up a weekly monitoring meeting with Harrow Council which is attended by the administrator and senior managers from Harrow Council. Afterwards the Specialist Nurse is available for social workers to discuss any cases and offer advice.

9.9.8 – Health recommendations are sent to the young person, carer/key worker, Social Worker GP, Health Visitor or School Nurse both in Harrow and out of borough

9.9.9 – Development of business cards for CLA and carers with contact details of CLA health team

9.9.10 – Communication pathway process established between CLA health team and Harrow School Nurses and Health Visitors

9.9.11 – SLA monitoring process agreed with Harrow CCG (Designated Nurse for Safeguarding Children)

9.9.12 – Introduction of Designated Nurse to adoption and fostering panel

9.9.13 – Introduction of requests for RHAs submitted with 3 months' notice to the CLA health team

10. Local Improvement Requirements

The following have been identified as areas for local improvement within 2016/17:

10.1.1 -

- To continue to work with managers in Harrow Council to improve the timely requests for initial and review health assessments
- To ensure that all health assessments are completed within agreed timescales
- To review quality of completed health assessments
- To work towards the implementation of the new KPI's to recognise requirements within statutory guidance – Designated professionals to ensure quality is maintained
- To continue to liaise with the commissioners in Harrow CCG and Harrow Council about obstacles to the provider meeting KPI's

10.1.2 -

- To ensure that all health assessment requests are received with a valid consent form
- To establish a reminder system should requests not be made in timescales
- To explore sharing of information between IT systems
- To ensure robust systems are in place for collection of health data including immunisations, dental and developmental checks
- To work with Harrow Council to implement process for requesting adoption and medical advice
- Work with Beyond Limits (Harrow Council Children Looked After Council) on a variety of initiatives such as care leaver services to inform service delivery
- To develop care leaver health passports
- To strengthen partnerships with CAMHS
- To work with Harrow Council with children who are at risk of child sexual exploitation
- To work with Harrow Council to embed the agreed SDQ process
- To work with Harrow GP's to request a medical summary of CLA prior to their health assessment
- To undertake a client satisfaction survey

Emma Hedley
Designated Nurse CLA

Contributions from
Laurie Ward - Specialist Nurse for CLA
Dr Ruby Schwartz – Designated Doctor and Medical Advisor CLA

Special thanks to Teresa Chisholm (Designated Nurse for LAC Hillingdon) and Dr Deborah Price Williams (Designated Doctor and Medical Advisor for LAC Hillingdon) for all of their support over the last year.

Appendix 1

Glossary of Terms

Abbreviation	Meaning
ADM	Agency Decision Maker
APR/ASP	Adoption Placement Report / Adoption Support Plan
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CLA	Children Looked After
ChiMat	Child and Maternal Health Observatory
CNWL	Central and North West London NHS Foundation Trust
CPR	Child Permanence Report
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DNA	Did Not Attend
DoH	Department of Health
ED	Emergency Department
EEG	Electroencephalogram
FGM	Female Genital Mutilation
GDP	General Dental Practitioner
GLA	Greater London Authority
GP	General Practitioner
HSCB	Harrow Safeguarding Children Board
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
KLOE's	Key Lines of Enquiry
KPI	Key Performance Indicators
LAC	Looked After Children
LADO	Local Authority Designated Officer
MASE	Multi -Agency Sexual Exploitation
MRI	Magnetic Resonance Imaging
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIS	National Indicator Set
PA's	Programmed Activities
PAR	Prospective Adopter's Report
RCPCH, RCN AND RCGP	Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of General Practitioners
RHA	Review Health Assessment
SDQ	Strengths and Difficulties Questionnaire
SLA	Service Level Agreement
TB	Tuberculosis
UASC	Unaccompanied Asylum Seeking Children
UCC	Urgent Care Centre
YOT	Youth Offending Team

Children Looked After Team

Westmead Clinic
Westmead
Ruislip
Middlesex
HA4 0TN

Tel: 01895 488860

Fax: 01895 488866

Email: cnw-tr.harrowcla@nhs.net

15.12.16

Targets

All targets in September, October and November were met for initial health assessments and review health assessments from health.

Month	Target For IHA's 100%	Target for RHA's 100%	Number seen in timescales	
September	100%	100%	25% IHA	89% RHA
October	100%	100%	77% IHA	71% RHA
November	100%	100%	25% IHA	88% RHA

Monitoring Meetings

Monthly monitoring meetings continue with the CCG and Harrow Council and monthly reports are produced.

Work Undertaken

Support to Social Workers on a weekly basis both face to face and via telephone.
Monthly meetings with Morning Lane.
Monthly meetings with CAMHS YOT
Quarterly meeting with CAMHS and CLA team manager – Agreed sharing of information process.
Introduction of CLA health, education, YOT and Morning Lane meetings.
Meeting with Senior Performance Analyst and Business Information Partner to agree monitoring process for immunisations, dental checks and developmental assessments.
Development of health assessment decline pathway.

Care Leavers and Health Passport Update

Meeting with Frameworki manager, Corporate Parenting Manager, and Commissioner to agree health passport content and agreed that this will be implemented in January starting with our 16-17 year olds.

Client Satisfaction Audit

48 (25%) responses out of a total population of 191 (Average May – August)

Age Range – 0-4 years – 12 responses (25%)
5-10 years – 10 responses (21%)
11-15 years – 8 responses (17%)
16+ - 17 responses (35%)
Blank – 1 response (2%)

Interpreting – 4 young people needed an interpreter and all 4 were provided with an interpreter.

Trust Headquarters, Stephenson House, 75 Hampstead Road, London NW1 2PL
Telephone: 020 3214 5700 Fax: 020 3214 5701

www.cnwl.nhs.uk



Q1 Did you feel that you were treated with respect today?

98% stated yes (47 out of 48 responses, 1 was left blank (2%))

Q2 Please rate us on how we did for you today

(Great, Quite Good, Ok, Not Very Good, Not at All)

Great – 40 out of 48 responses (83%)

Quite Good – 6 responses (13%)

OK – 1 response (2%)

Blank – 1 response (2%)

Q3 Tell us a little about how your health assessment was today:

41 out of 48 wrote responses (85%)

'It was brilliant. I was made to feel at ease very informative. All my questions were answered to perfection. Lovely nurse'

'It was great because I've learnt quite a lot about health and now I will run around the green and use a skipping rope and I will hoola hoop around the garden and stay fit and healthy. I've enjoyed it'

'It was good. I felt relaxed and didn't feel uncomfortable'

'Great and enjoyable'

'It wasn't scary it was OK and gave me extra information'

'It was very good and very helpful'

'It was absolutely great. I'm really happy with my health assessment how it was'

'Too tired can't be aXXXX' – (young person rated us as 'quite good' and would definitely recommend us to others)

'It went great the lady was a good listener and sensitive'

'It was really good. I have learned new things and made new decisions about my life and my health e.g. not eat chocolate that much'

'Very good pleasant and informative'

'Health assessment went very well, gave a lot of information and support'

'Our looked after child was present. She was treated with respect and enjoyed the visit'

'The nurse was very helpful and spoke to me and my granddaughter very kindly'

'My health assessment was very good with Laurie. She helped me. She spoke to me about my health and many thanks to her. Thank you Laurie'

'Emma was lovely and listened to me and also gave advice when was needed'

Q4 Would you recommend us to other young people in care, if they needed us?

Definitely – 43 out of 48 responses (90%)

Likely – 2 responses (4%)

Not Sure – 1 response (2%)

Unlikely – 1 response (2%)

Blank – 1 response (2%)

The young person who said 'unlikely' to would you recommend us to other young people in care if they needed us? Rated us as 'ok' and they said in their comments 'was ok/fine' (Age 11-15)

The young person who said 'not sure' to would you recommend us to other young people in care if they needed us? Rated us as 'quite good' and said in their comments 'good' (age 16+)

Health Promotion

Continual liaison with GP's to obtain immunisation history for our CLA both in and out of the borough as well as to follow up medical conditions.

Continual liaison with school nurses and health visitors.

Young Person Centred Health Assessment

Specialist Nurse for CLA asked to complete a bereavement referral. Decision made to bring forward young person's RHA (review health assessment) to ensure that this is what she wanted as the carer/ IRO and Social Worker has requested the referral. The young person was very closed and the Nurse knew that if she discussed the referral as part of the RHA it would mean a more holistic approach. The young person also completed an SDQ as part of the health assessment and this has been scored by Tier 2 manager.

Future Plans

Agree and implement request for medical advice for adoption.

To work in partnership with Harrow Council to improve timeliness of requests for IHA's.

We continue to gather health information about our Harrow CLA population.

Report by Emma Hedley – Designated Nurse For Children Looked After Harrow, CNWL.
15th December 2016

Appendix 1

Comments from UASC, CLA, Care Leavers, Social Worker, Birth Parents, Interpreter and Carers.

'Very good and helpful' (Birth Mother of baby)

'I am very happy the way they talk to me is very polite. I was very comfortable with both of them and I was very open to talk to them. They talked all about my general health need and I am happy about it.' (16) – Doctor/Nurse Clinic

'I think that the health assessment was really good and the nurses at the clinic are friendly. I didn't feel uncomfortable answering or telling them anything. Overall the health assessment was great.' (16 male) – Doctor/Nurse Clinic

'Everything went well' (Carer)

'It went very well' (Carer)

This page is intentionally left blank

**REPORT FOR: CORPORATE PARENTING
PANEL**

Date:	10 January 2017
Subject:	INFORMATION REPORT – Activity and Performance
Key Decision:	No – Information only
Responsible Officer:	Chris Spencer, Corporate Director, People Services
Portfolio Holder:	Councillor Christine Robson
Wards affected:	All
Exempt:	No
Decision subject to Call-in:	No
Enclosures:	Children Looked After (CLA): Performance Report

Section 1 – Summary and Recommendations

This is an information report which sets out activity for children looked after and care leavers at 30 November 2016 (where data is available) as well as the provisional performance position at Quarter 2 of 2016-17. Where appropriate, national and comparator data is also included for context.

Section 2 – Report

The attached Appendix shows provisional outturn position at end of Quarter 2 (2016-17) and an update of activity for children looked after (CLA) at the end of November where available.

Key Points:

- Numbers of children looked after have stabilised in recent months with 199 CLA in November compared to the 3 year monthly high of 201 seen in September. While numbers and rates have increased across the years the overall rate of CLA per 10,000 children (Harrow rate - 35) remains below the national (60) and statistical neighbour (41) average.
- There are no significant changes to the profile of the CLA cohort.
- In-house foster placements has shown a slight decrease but remains the most common placement for CLA accounting for 50% of all placements compared to just over 40% at the beginning of the year.
- One looked after young person has had a permanent exclusion this academic year; 5 CLA have had at least one fixed-term exclusion,
- Attendance is carefully monitored for all CLA, 11% of school sessions missed since start of academic year, our absence rate for CLA looked after 1 year+ has been higher (5.6%) compared to statistical neighbours (4.2%) and England (4%) averages last year,
- The percentage of care leavers in suitable accommodation remains low at 73.5%. (12 are considered to be living in unsuitable accommodation e.g. prison, living with family or friends deemed to be unsuitable). 33 % of care leavers are not in employment education or training. ((10 are not recorded) Work is being done to improve the recording of information on FWi to capture whether we are still in touch with those that have left care. New worker has started in the post; a fuller picture will be available for Q3. All efforts are made to help young people gain skills and training through Xcite and similar projects.
- The proportion of CLA 2+ placement moves has increased slightly above the annual 10% target but remains under the statistical neighbour average (12%). Placement moves are being closely monitored as there are 24 CLA with 2 moves which could potentially impact the indicator should another move occur.
- Long term stability of CLA placements remains under target with 48.7% of CLA looked after for 2.5 years being in the same placement for 2 years. Due to the small cohort involved in this indicator, changes with a single placement move can have a big impact on the percentage. For

November one LAC turned 16 which removed them from the indicator which resulted in a 4% drop from the previous month.

Options considered

Not applicable as this is an information report.

Risk Management Implications

The Children's Services Risk Register has been updated to reflect the performance risks highlighted in this report.

Risk included on Directorate risk register? Yes

Separate risk register in place? No

Legal Implications

Not applicable as this is an information report.

Financial Implications

There are no financial implications arising from this report.

Equalities implications / Public Sector Equality Duty

Not applicable as this is an information report.

Corporate Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for families

The report focuses on the qualitative and quantitative measures of service delivery to vulnerable children, young people and families. These measures help to inform & improve service planning.

Section 3 - Statutory Officer Clearance

Name: Jo Frost	<input checked="" type="checkbox"/>	on behalf of the
Date : 15/12/2016		Chief Financial Officer

Ward Councillors notified:	NO, relevant to all wards
-----------------------------------	----------------------------------

EqIA carried out:	NO
EqIA cleared by:	N/A information report only

Section 4 - Contact Details and Background Papers

Contacts:

Dipika Patel, Partner- Business Intelligence Unit 020 8420 9258 dipika.patel@harrow.gov.uk	David Harrington Head of Business Intelligence 0208 420 9248 <u>David.harrington@harrow.gov.uk</u>
---	---

Background Papers: None

Corporate Parenting Report

January 2017

Children Looked After

Activity to end of November 2016

Key Indicators to end of March 2016 (provisional outturns)

CONTENTS

PART A:	PERFORMANCE INFORMATION	3
A1)	<u>KEY PERFORMANCE INDICATORS</u>	3
Part B:		
B1)	NUMBERS OF CLA OVER TIME	5
PART C:	CHILDREN LOOKED AFTER (CLA) DETAIL	6
C1)	<u>AGE GROUPS</u>	6
C2)	<u>GENDER</u>	7
C3)	<u>ETHNICITY</u>	8
C4)	<u>PLACEMENT TYPE</u>	9
C5)	<u>SCHOOL AGE CLA</u>	10
C6)	<u>CLA EDUCATION</u>	11
C7)	<u>CLA HEALTH</u>	12
C8)	<u>CLA STARTING & ENDING, DUAL REGISTERED CPP AND UASC</u>	13
C9)	<u>ADOPTIONS AND SGOs</u>	14
C10)	<u>CLA REVIEWS</u>	15
C10)	<u>CARE LEAVERS</u>	16
C11)	<u>CLA WHO GO MISSING</u>	17
C12)	<u>CLA PLACEMENT STABILITY</u>	18
C13)	<u>CLA PLACEMENTS OVER 20 MILES</u>	19

Part A – Key Performance Indicators for children looked after

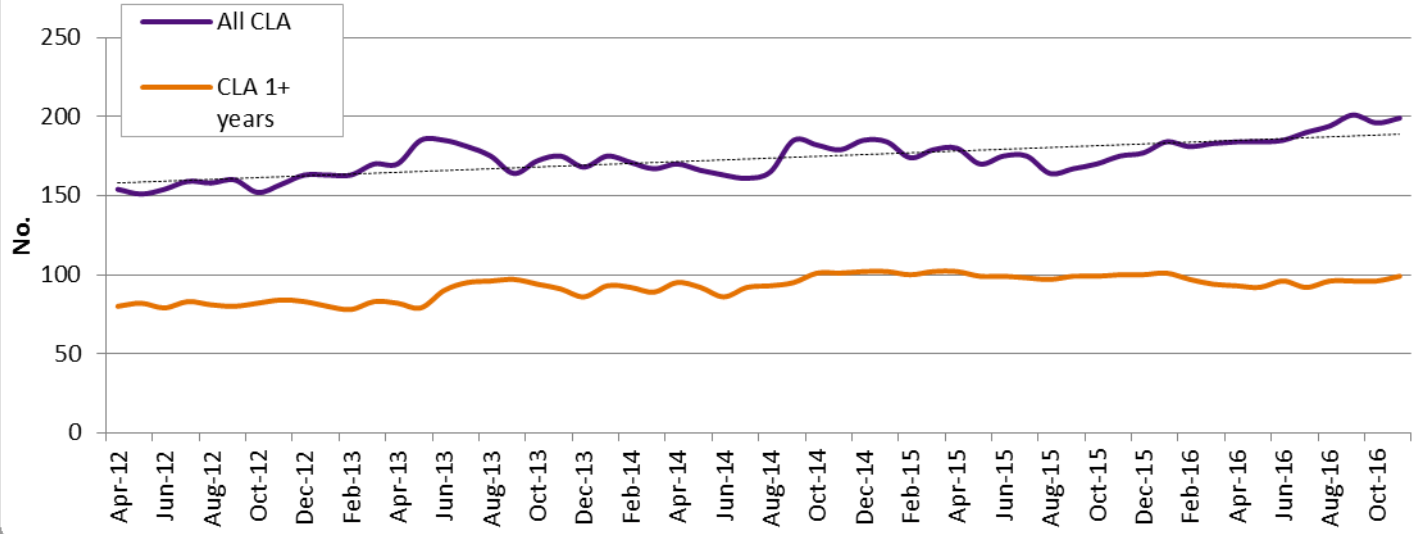
67

PI Ref	PI Description	England average 14/15	Statistical Neighbours Average 14/15	Harrow 12/13	Harrow 13/14	Harrow 14/15	Harrow 15/16 (provisional)	Harrow 16/17 Q1	Harrow 16/17 Q2	
14	Rate of CLA per 10,000 population. Measured Quarterly. (snapshot)	60	41.2	31.0	30.0	29.0	32.3	32.7	35.5	
15	% of New CLA who were previously adopted, had a Special Guardianship Order (SGO) or residence order granted	Not published				0.7	0.0	0.7	3.2	1.2
16	CLA placement stability: number of moves (% with 2+ moves)	10.0	12.1	16.0	10.0	8.0	8.5	6.4	8.5	
17	CLA placement stability: length of placement (%)	68.0	64.7	53.0	45.0	39.0	62.1	52.8	51.4	
18	% of CLA placed more than 20 miles away from home (snapshot)	14.0	19.8	18.0	16.0	16.0	18.5	24.1	19.9	
19	% of children who ceased to be looked after who were adopted	17.0	10.2	5.0	7.0	4.6	8.3	8.3	9.4	
20	% of Care Leavers in suitable accommodation (combined for 19, 20 and 21 year olds)	81.0	81.7	80.0	95.4	88.0	90.3	85.7	69.4	
21	% of Care Leavers not in education, employment or training (combined for 19, 20 and 21 year olds)	39.0	32.8	33.0	29.0	30.0	31.0	50	32.3	

		Harrow 2013-14	England average	SN Average	Harrow 2014-15
23	Educational attainment of school aged Children (CLA)				
	Percentage of children looked After achieving at least level 4 at KS2 in Reading, writing and maths (Source DfE)	0	52.0	56.0	50.0
	Percentage of children Looked After who achieve 5+ A* -C grades at GCSE including English and mathematics.	0	18.3	26.7	0.0
24	Attendance at school of school aged Children in Need (CLA)				
	Percentage of sessions missed. (CLA 1 year+)	4.3	4.0	4.2	5.6
	Percentage classed as persistent absentees (CLA 1 year+)	supressed - low nos	4.9	4.8	supressed - low nos
25	Exclusion from school of school-aged Children in Need CLA				
	Percentage of children with at least one fixed exclusion. (CLA 1 year+)	11.4	10.25 (2013-14)	11.05 (2013-14)	17.9 (provisional)

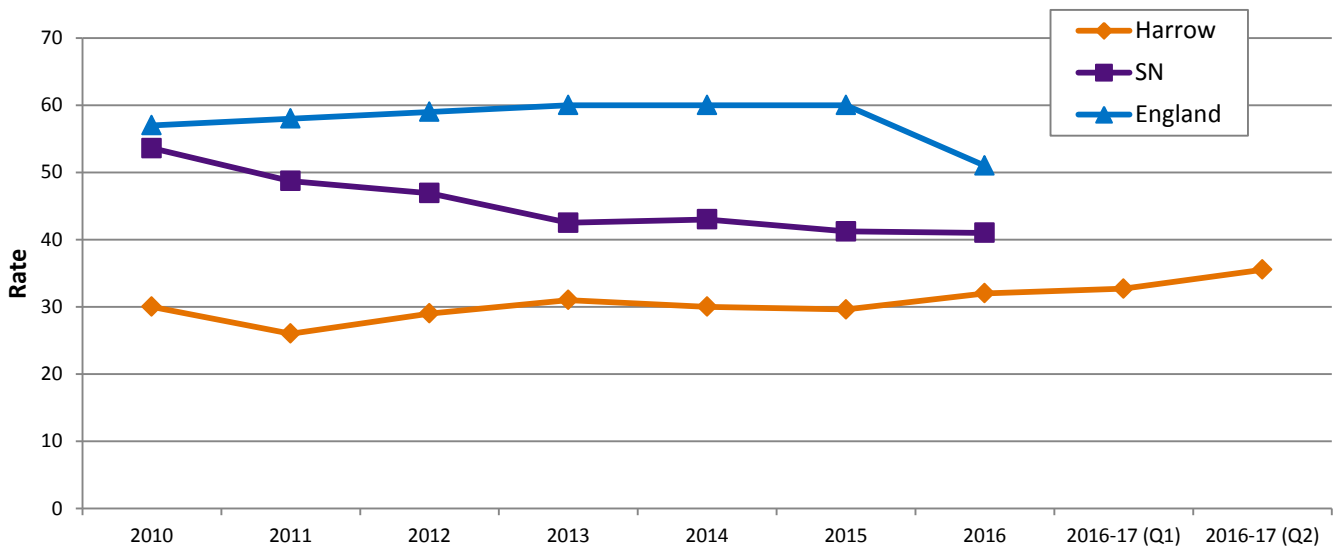
Part B –Numbers of CLA over time

Number of CLA - the long-term trend



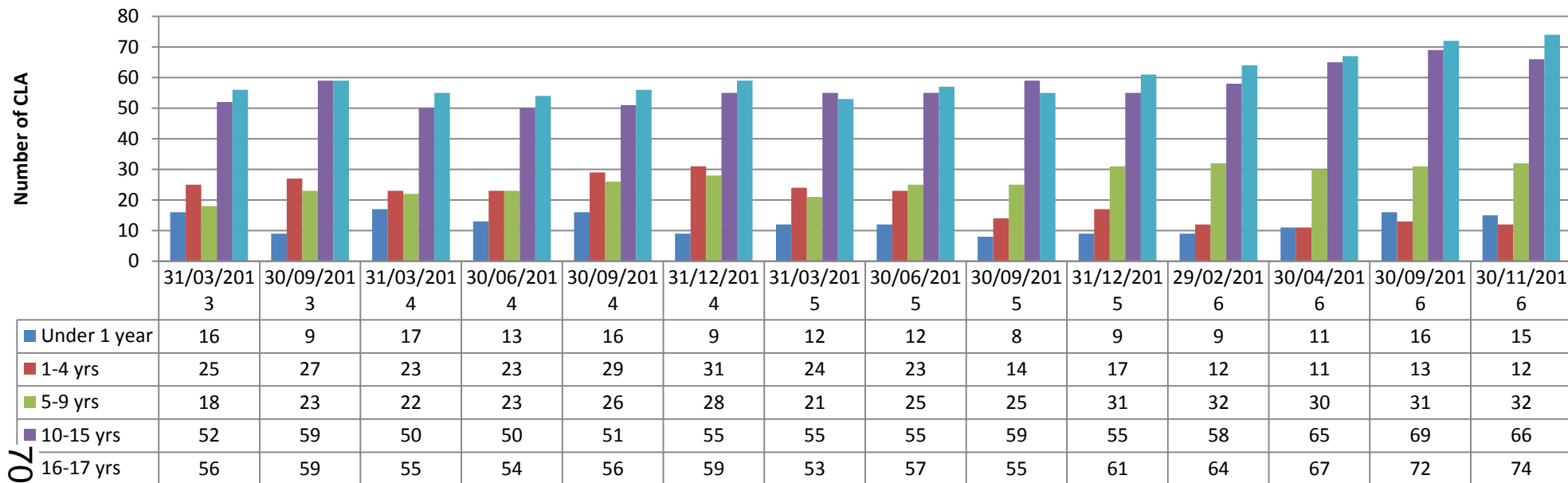
69

Rate of CLA per 10,000 children aged under 18



CLA numbers have continued to increase throughout the current year with overall numbers showing a gradual increase from 2012. The rate of CLA per 10,000 is going up but continues to remain below the England and statistical neighbour averages.

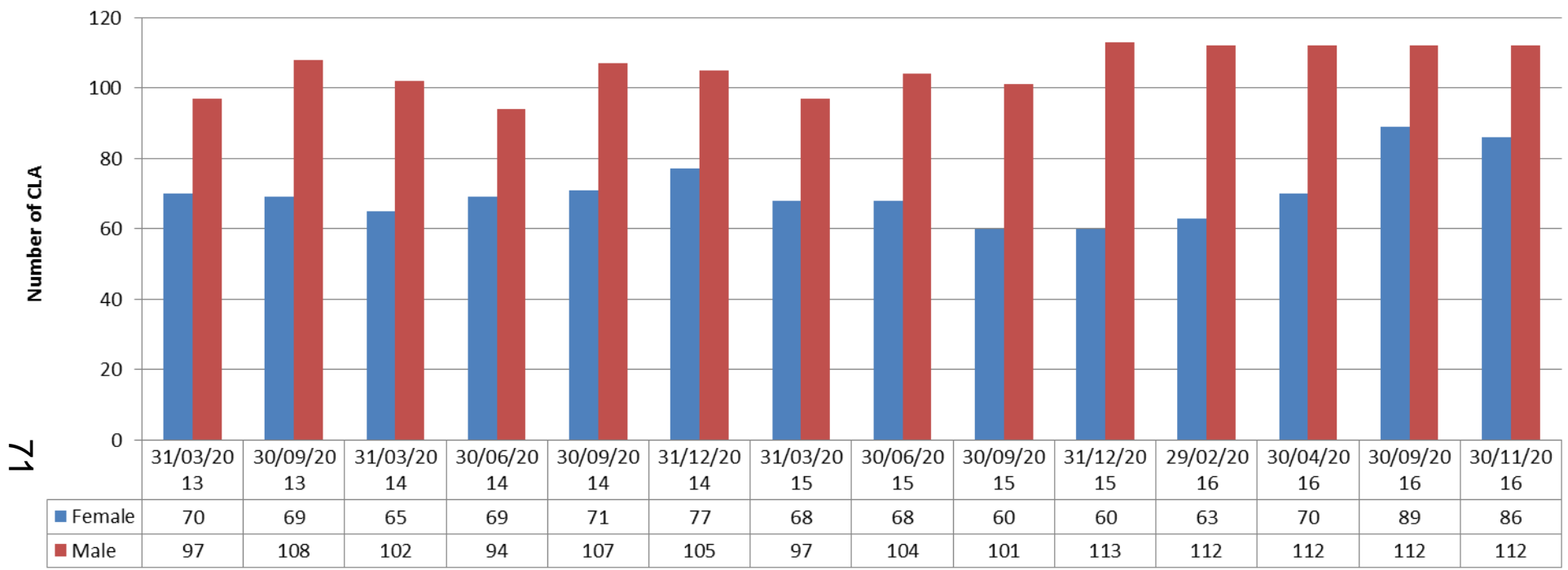
CLA by Age Group



The overall numbers of CLA have remained stable from the previous report, the main shift in age groups is a decrease of 3 CLA in the 10 – 15 year old category which is mitigated by an increase of 2 in the 16 to 17 year old category.

Comparator Info. for % of age of CLA at 31/3/2015 (Source: SSSA903)	Age at 31 March 2015 (years) (%)				
	Under 1	1 to 4	5 to 9	10 to 15	16 -17
England	5.0	15.0	21.0	38.0	22.0
London	4.0	10.0	16.0	38.0	33.0
Stat. neighbours avg.	4.1	9.9	16.0	37.1	32.9
Harrow	7.0	15.0	13.0	33.0	32.0
Harrow Apr-16	6.0	6.0	16.3	35.3	36.4

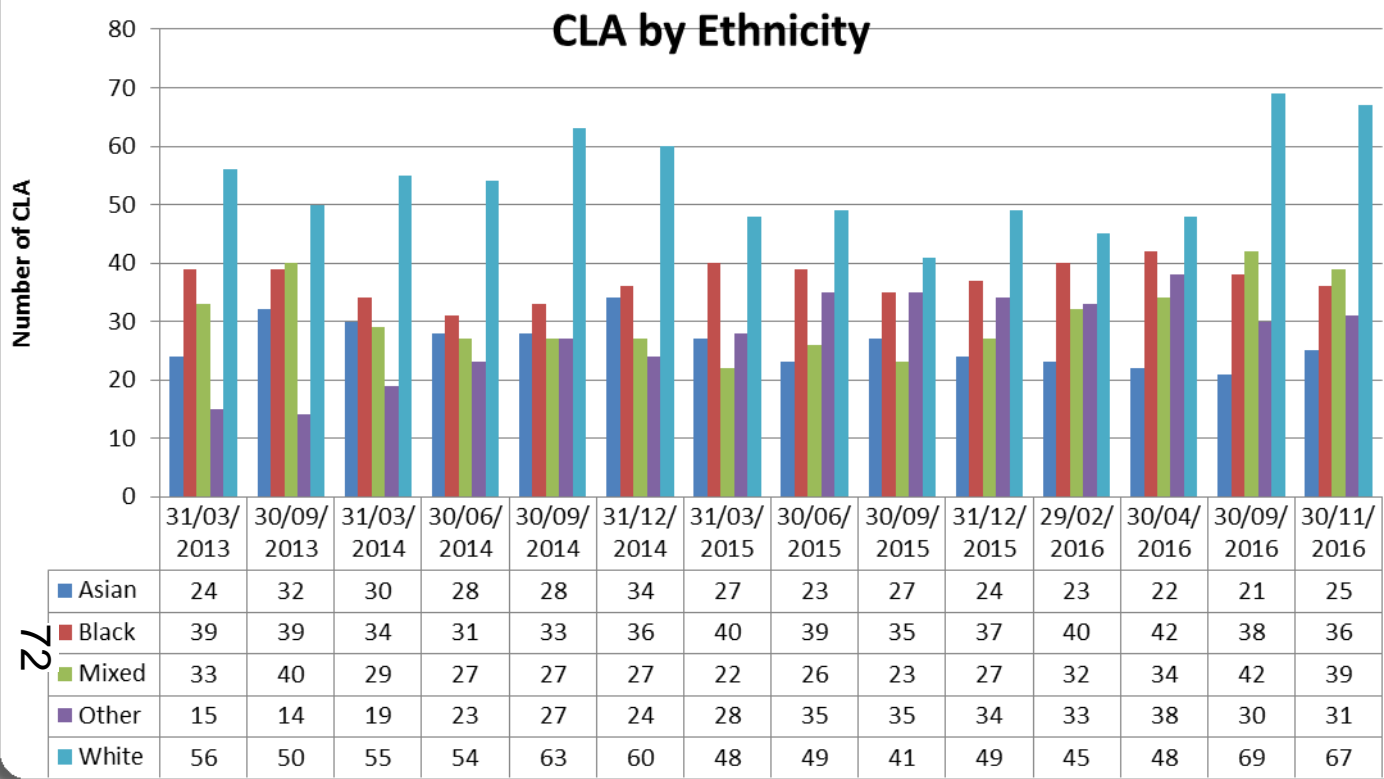
CLA by Gender



In line with our comparator data, Harrow has a higher percentage of males in care. While the overall number of males has remained stable, the number of females has varied with a 2 year peak of 89 CLA seen in September.

Comparator Info. for % of gender of CLA at 31/3/2015 (Source: SSDA903)	Gender (%)	
	Male	Female
England	55.0	45.0
London	58.0	42.0
Stat. neighbours avg.	57.8	42.2
Harrow	59.0	41.0
Harrow Apr-16	60.9	38.0

C3 – Children looked after after ethnicity. (Comparator info. source SSDA 903 March 2015)



72

As expected, Harrow's Black and Minority Ethnic groups is considerably higher than England and the statistical neighbour average.

Overall two thirds of Harrow's children looked after population are from BME groups.

The main shift from the previous report is an increase in Asian CLA with an additional 4 bringing the total to 25. The number of Mixed CLA has shown a decrease of 3.

Comparator Info. for % of ethnicity of CLA at 31/3/2015 (Source: SSDA903)	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups/Other
England	77.0	9.0	4.0	7.0	3.0
London	42.0	16.0	8.0	28.0	6.0
Stat. neighbours avg.	47.6	15.7	12.8	19.5	6.1
Harrow	29.0	13.0	16.0	24.0	17.0
Harrow Apr-16	26.1	18.5	12.0	22.8	20.7

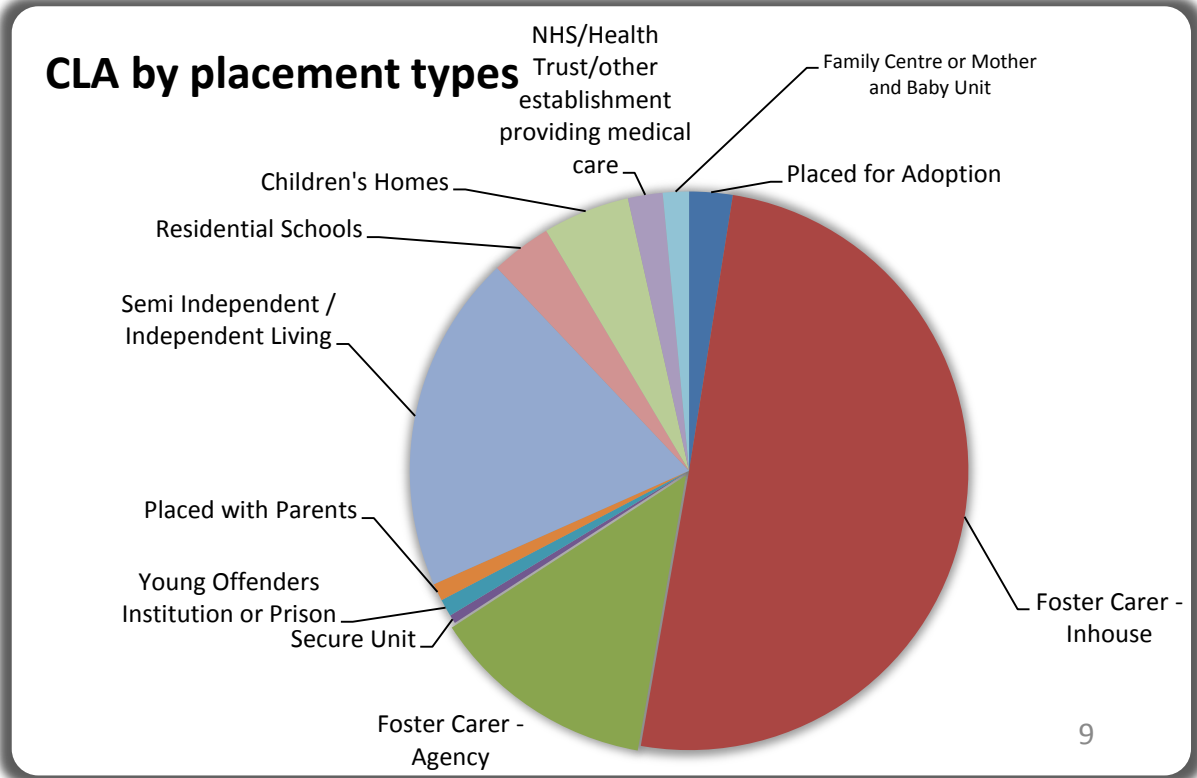
C4 – Children looked after after placement type

Placement Type	Jun-15	Sep-15	Dec-15	Feb-16	Apr-16	Sep-16	Nov-16
Placed for Adoption	7	7	10	9	6	4	5
Foster Carer - Inhouse	56	53	67	71	70	107	100
Foster Carer - Agency	29	30	23	20	29	25	26
Secure Unit	0	0	0	0	1	1	1
Young Offenders Institution or Prison	1	1	3	3	1	2	2
Placed with Parents	2	0	4	4	2	0	2
Semi Independent / Independent Living	31	27	32	33	33	36	39
Residential Schools	5	5	4	6	8	6	7
Children's Homes	13	13	17	16	16	13	10
NHS/Health Trust/other establishment providing medical care	0	1	0	0	0	4	4
Family Centre or Mother and Baby Unit	0	0	0	0	2	3	3
Grand Total	144	137	160	162	168	201	199

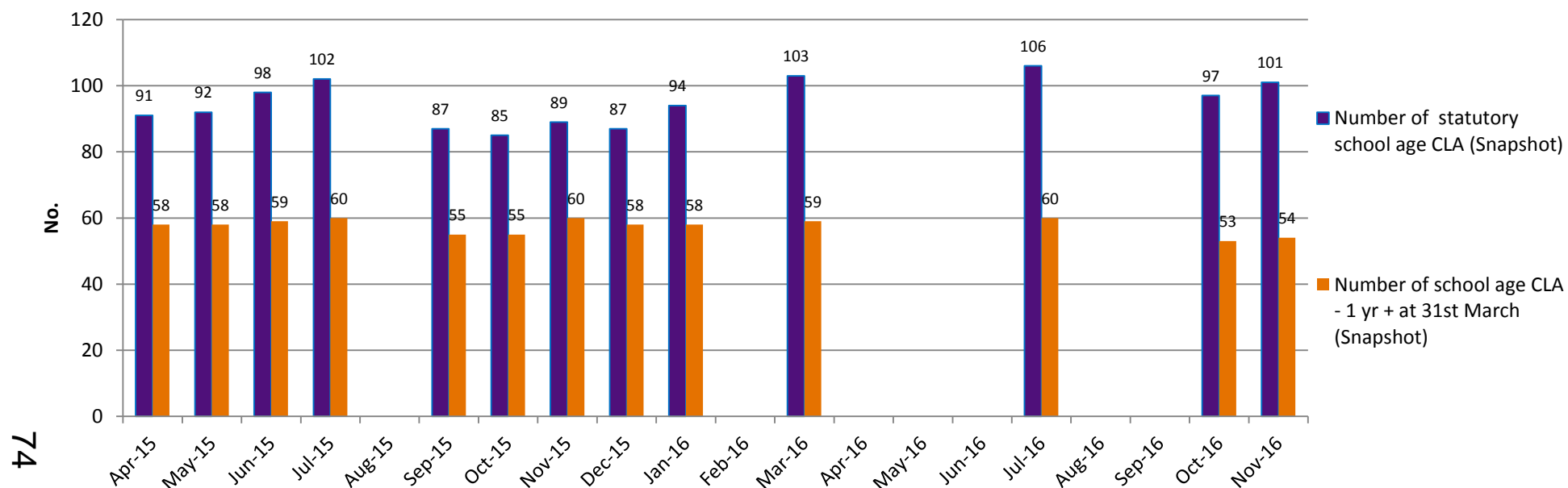
Harrow Placement Details at 30th November 2016

Overall numbers of CLA have shown a marginal decrease of 2 from the previous report. Despite 7 fewer placements, in house foster care remains the most common placement type accounting for over 50% of CLA.

The other main shifts were an extra 3 CLA in semi independent living and 3 fewer CLA in children's homes. Aside from this the overall placement figures have remained relatively stable with any shifts being small numbers.



School age LAC



74

PI Description	Mar-15	Jul-15	Dec-15	Mar-16	Jul-16	Oct-16	Nov-16
% of school age CLA (all CLA) permanently excluded this year (Sept to date)	0	1	0	0	0	1	1
% of school age CLA fixed-term excluded this year (Sept to date)	12.9	14.7	10.3	9.7	13.2	1	4
% absence from school (all CLA - (number of sessions missed))	11	14.2	13.4	14.6	11	9.3	11
% of CLA (all CLA) classified as persistent absentees	22.4	25.5	31	30.1	30.2	20.6	17.8
% of CLA (all school age CLA) with up to date PEP	68.2	48	49.4	57.4	83	End of term only	

At the end of November, there were 101 CLA of statutory school age being monitored by Welfare Call, 54 of whom have been looked after for over a year. There has been 1 permanent exclusion this academic year and 4 LAC had at least one fixed-term exclusion. 11% of sessions have been missed and 17.8% of LAC are classed as persistent absentees. The PEP indicator is updated at the end of each term. Harrow monitors all school children and not just those looked after 1 year plus.

CLA educational attainment trends

Calculations are based on eligible children in the cohort, not those who sat exams.

DfE indicators include only CLA who have been looked after for more than one year to measure outcomes. **Education data is updated annually**

CLA Looked after for over a year	2011	2012	2013	2014	2015	2016
Total Children in KS2 cohort (1yr +)	2	2	3	1	6	0
Attained at least Level 4 in Maths at end of KS2	50%	0%	67%	100%	83%	-
Attained at least Level 4 in Reading at end of KS2	0%	0%	67%	100%	83%	-
Attained at least Level 4 in Writing at end of KS2	0%	0%	67%	0%	50%	-
Attained at least Level 4 in Reading, Writing and Maths at end of KS2	0%	0%	67%	0%	50%	-
Total young people in GCSE cohort (1 yr +)	19	13	12	9	11	14
GCSE: Attained at least 1 A*-G	47.4%	46.2%	33.3%	66.7%	36.4%	71.4%
GCSE: Attained 5 or more A*-G	31.6%	23.1%	16.7%	33.3%	36.4%	35.7%
GCSE: Attained 5 or more A*-C	5.30%	0%	8.30%	0%	0%	14.3%
GCSE: Attained 5 or more A*-C INC Eng and Maths	5.30%	0%	8.30%	0%	0%	14.3%

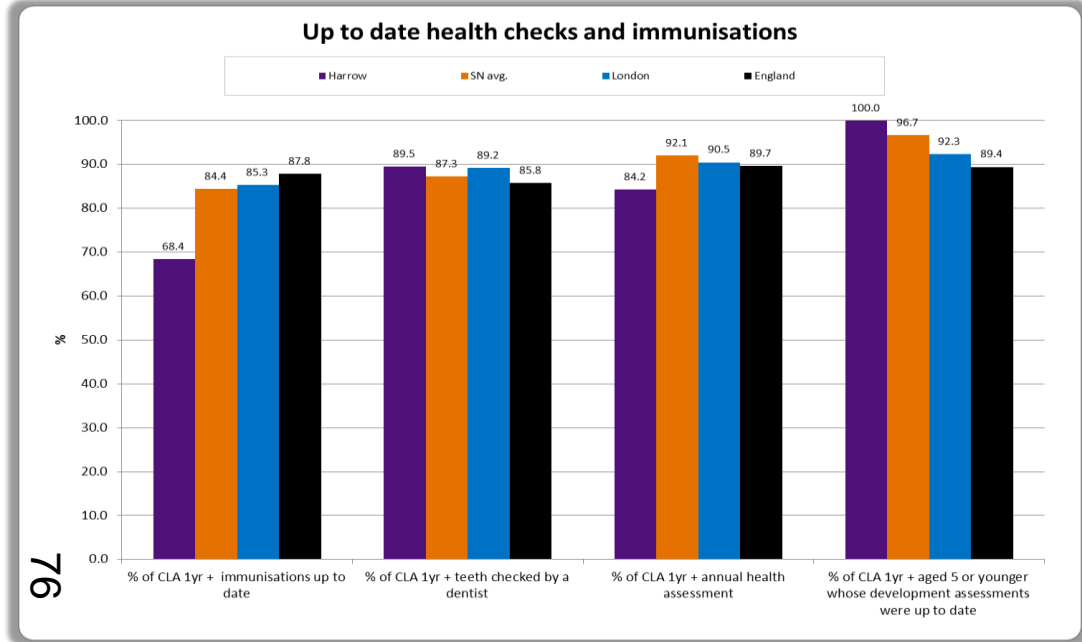
Detail for 2015-16 GCSEs

Ten of the 14 CLA for 1+ years sat GCSE exams. Five achieved five A*-G grades, and two achieved five A* to C including English and Maths.

	TOTAL IN COHORT	GCSE ONLY				
		Sat GCSE Exams?	1 A*-G	5 A*-G	5 A*-C	5* A-C inc Eng Math
All CLA	25	14	14	8	3	3
%	-	56%	56%	32%	12%	12%
CLA (1 YR+)	14	10	10	5	2	2
%	-	71.4%	71.4%	35.7%	14.3%	14.3%

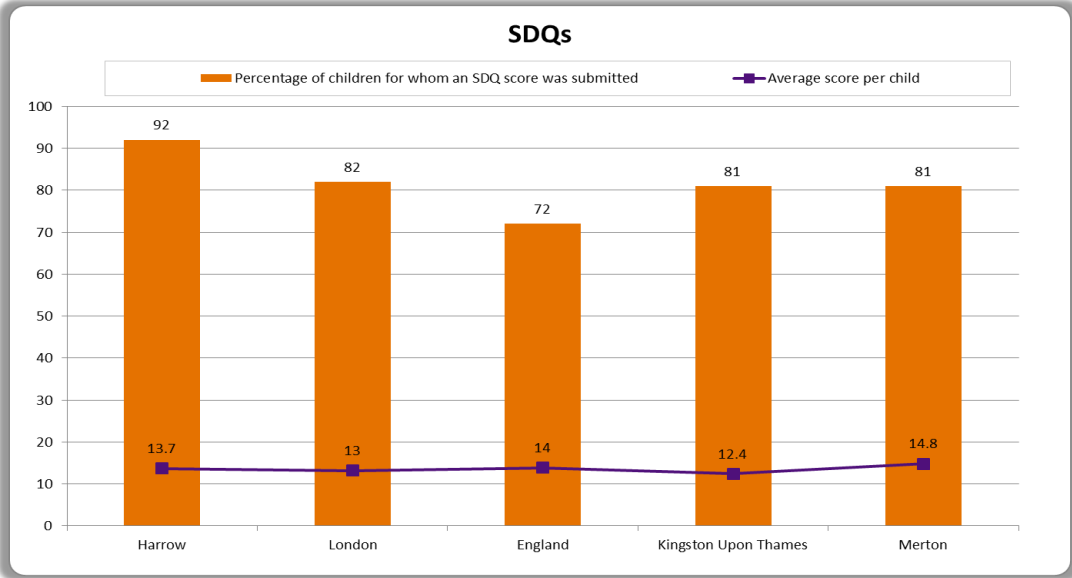
C7 - CLA Health

Monthly and quarterly monitoring of health and dental checks, strengths and difficulties questionnaires and immunisations will begin in 2016-17. Below is the most recent published data showing Harrow's performance at these indicators compared to London, England and statistical neighbours.



76

PI Description	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
% of CLA with up to date Dental Checks (CLA 1 yr +)	77.4	73.6	69.1	75.0	71.3	77.3	77.6	78.8
% of CLA with up to date Health Checks (CLA 1 yr +)	90.3	89.0	88.3	90.2	89.4	90.7	87.8	89.9
% of CLA (1 yr +) with immunisations up to date (calculated 1/4ly)			72.6					
% of all CLA aged 4-16 who have an up to date strengths and difficulties (SDQ) score (calculated 1/4ly).			69.0			76.4		

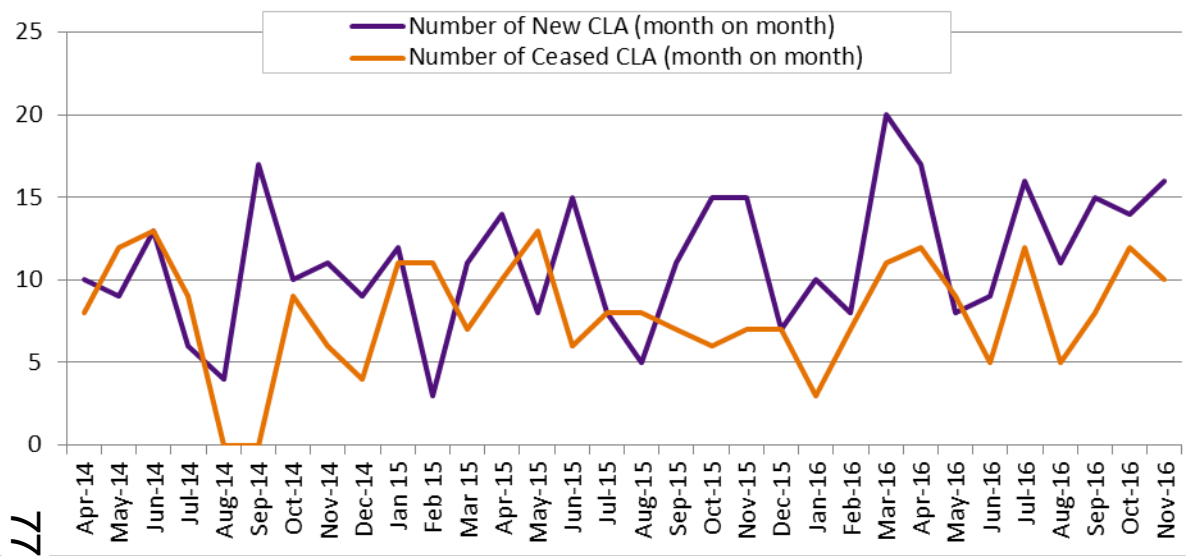


Latest comparative information (from 2014-15) shows that Harrow has performed well at annual dental checks for children looked after and completing SDQs, and well at health surveillance checks for LAC aged under 5 years (both better than London, England and statistical neighbours). We have performed less well at annual health checks and immunisations.

Note on SDQ scores: a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern.

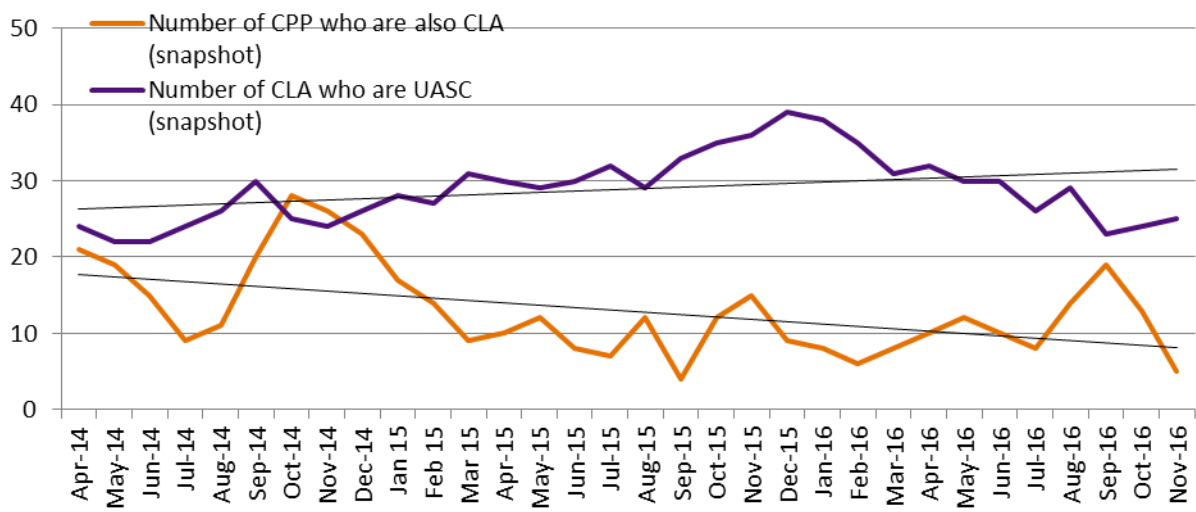
C8 – Number of new LAC, number of ceased LAC and number of children looked after who also have a child protection plan or are unaccompanied asylum seeking children.

Number of LAC starting and ceasing



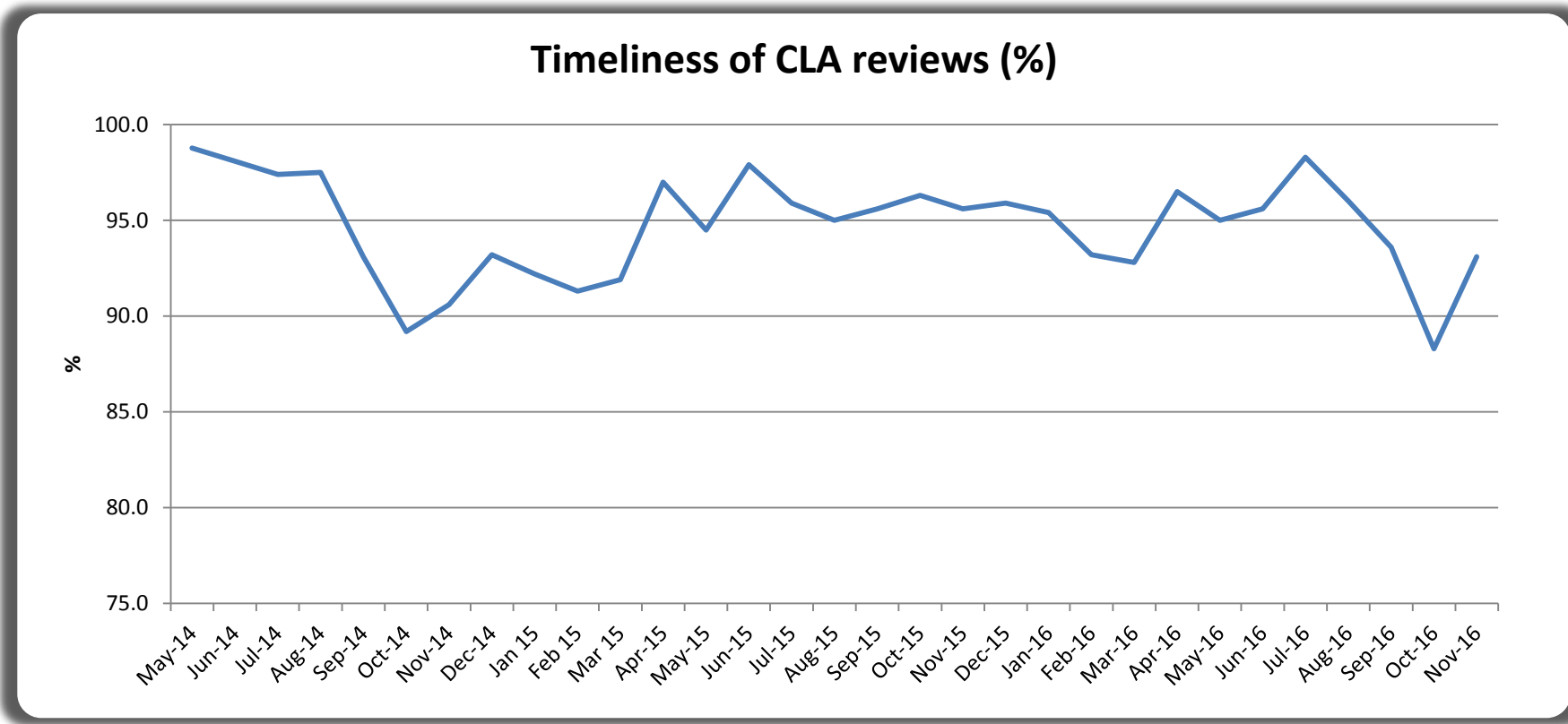
The number of new and ceased CLA continues to vary, the overall new CLA average has increased to 13.3 for 2016/17 compared to 11.3 the year before. Likewise the ceased CLA average has increased to 9.1 from 7.8 the year before

Number of LAC who are also CPP or UASC (snapshot)



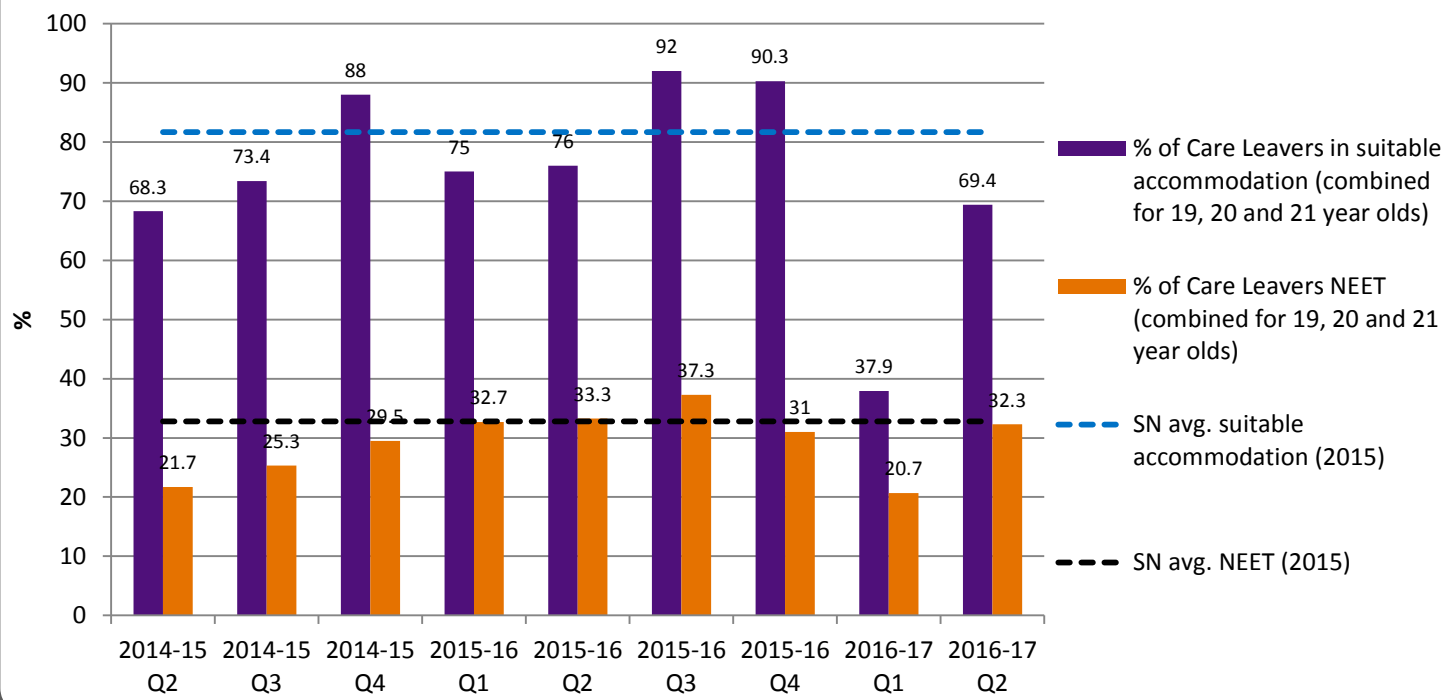
The number of dual allocated CLA who are also CPP has continued to decrease as the year goes on. The number of CLA who are UASC has continued it's decreasing trend

79



The timeliness of CLA reviews has increased from the previous month to 93.1% with 13 CLA having late reviews in the year

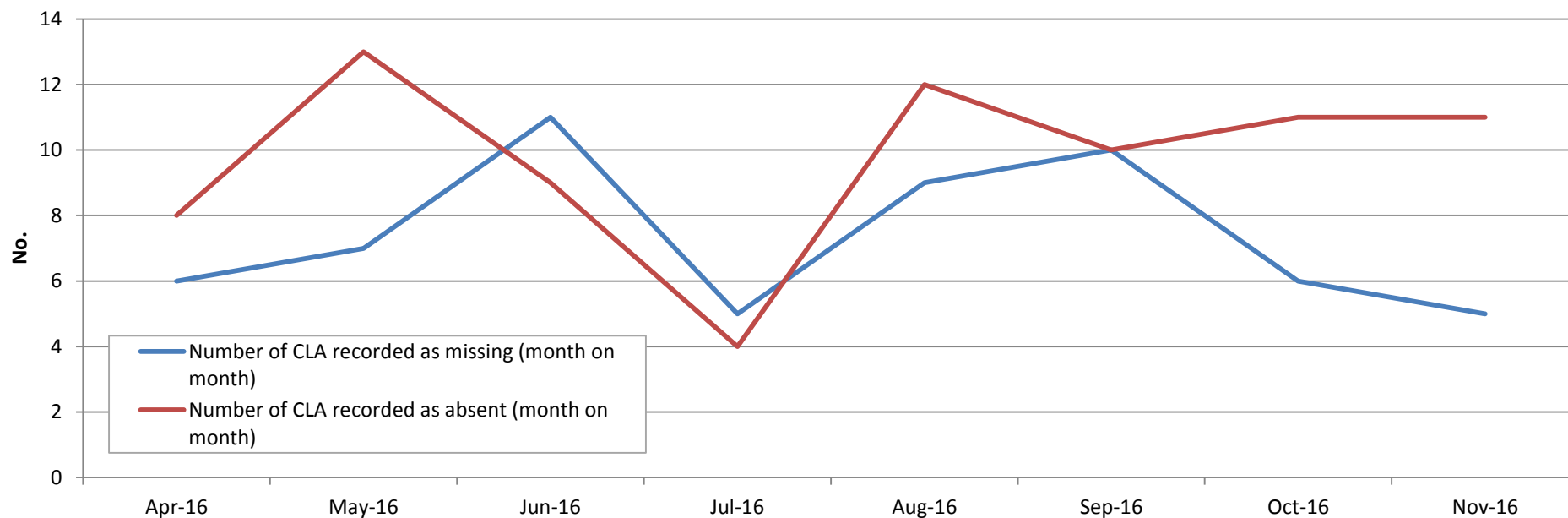
Care leavers suitable accommodation and NEET



88

There's no further update from the previous report as the indicators as calculated quarterly

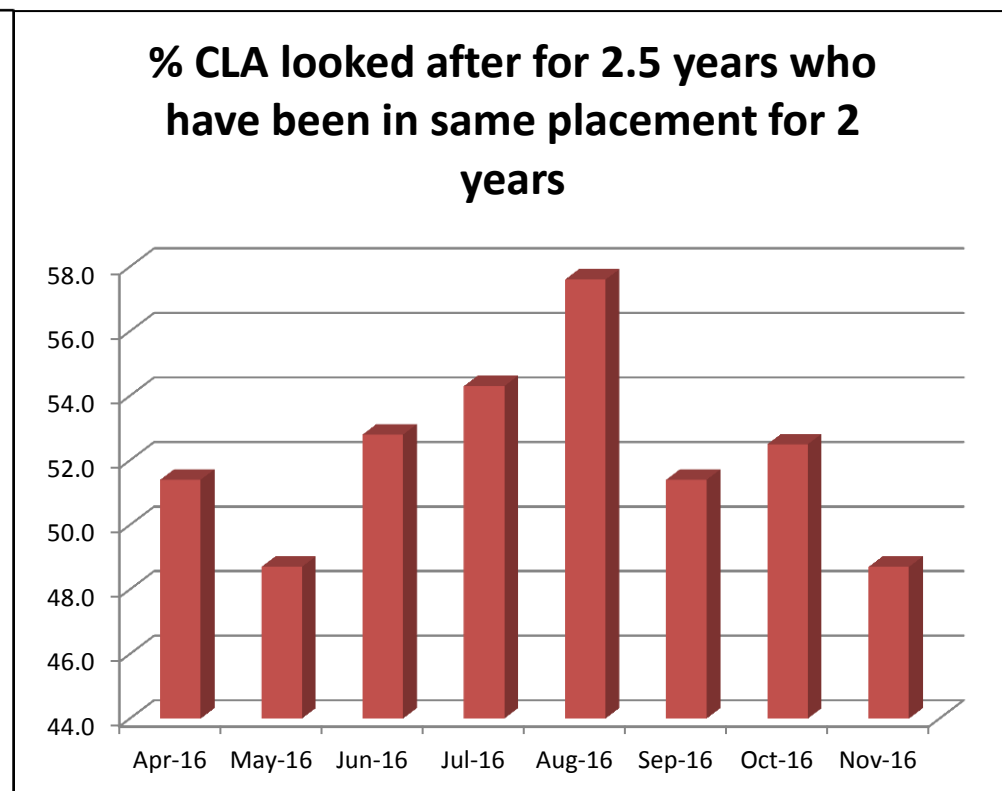
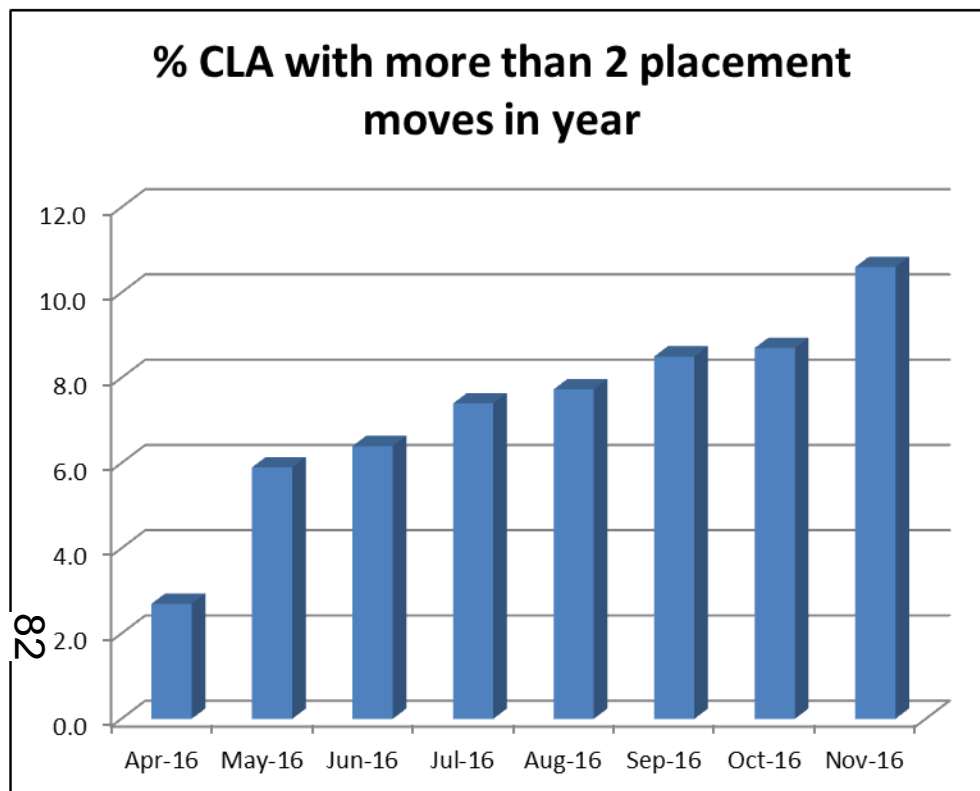
CLA recorded as missing or absent



81

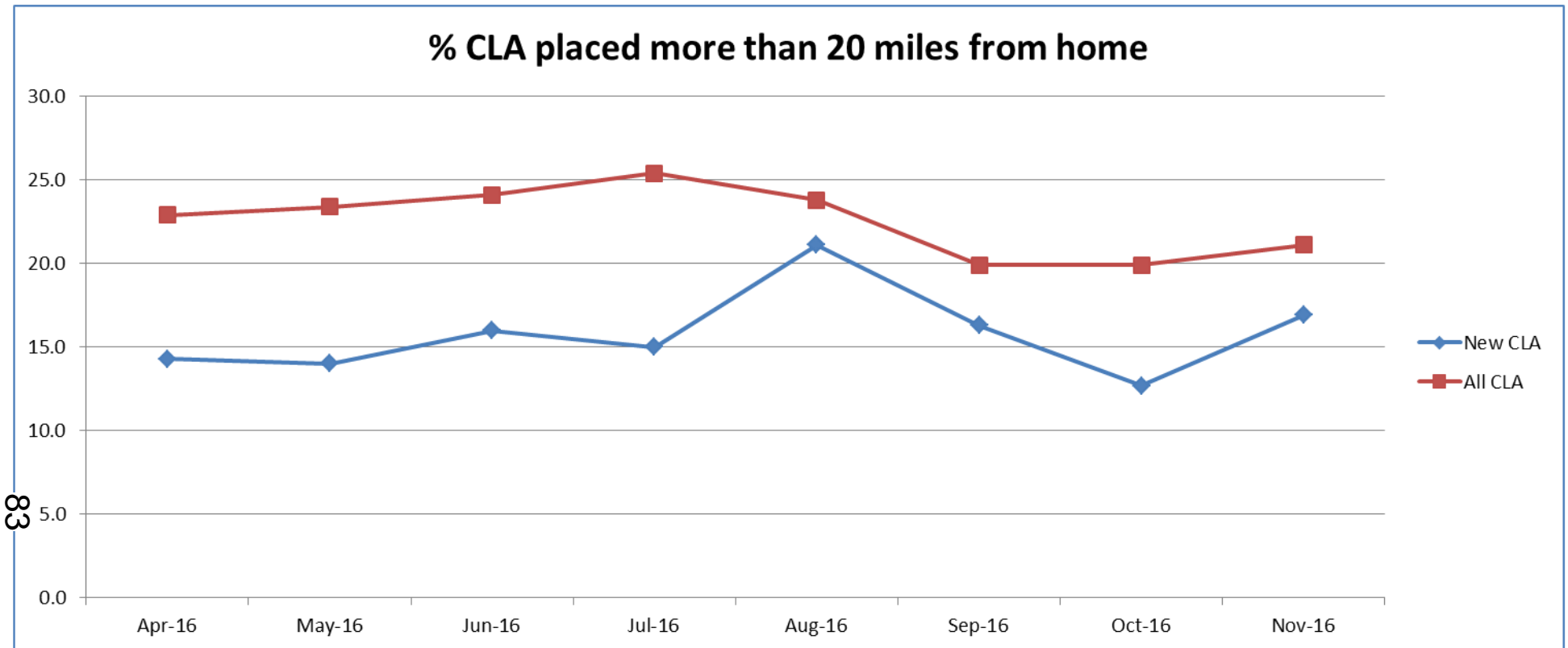
Overall numbers of missing and absent CLA has fluctuated throughout the year, currently the number of missing children is at a monthly low for November with the number of absent remaining stable from the previous month

	2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of instances of children in care reported as missing from placement (whereabouts unknown)	61	47	35	48	24	24		
Number of instances of children in care reported as absent from placement without authorisation (whereabouts known)	21	15	31	35	30	26		



The percentage of CLA with more than 2 placement moves has continued to increase throughout the year and currently resides at 10.6% with 21 CLA having more than 2 moves in the current year. There are 25 children who have had 2 placement moves in year which could potentially impact on the indicator should another move occur. The percentage of children looked after for more than 2.5 years have been in the same placement for more than 2 years has fluctuated throughout the year due to the small cohort involved, currently the score is 48.7% with 19 out of 39 children being in the same placement for 2 years. The overall score dropped 4% from the previous month due to one child who was in placement for over 2 years turning 16 and dropping out of the indicator.

C13 – CLA placed over 20 miles from home



The percentage of all new CLA in the current performance year has varied throughout the year, currently 16.9% of CLA who started in the year are placed more than 20 miles from home. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged around 22% throughout the year and is currently at 21.1%. In order to give a balanced view, these indicators exclude looked after children who are placed with parents, adopted or are unaccompanied asylum seekers.

This page is intentionally left blank



REPORT FOR: CORPORATE PARENTING PANEL

Date of Meeting: 10 January 2017

Subject: INFORMATION REPORT – Independent Review Officers’ Annual Report 2015/16

Key Decision: NO - INFORMATION ONLY

Responsible Officer: Chris Spencer,
Corporate Director, Peoples Services

Portfolio Holder: Councillor Christine Robson,
Portfolio Holder for Children’s Services

Exempt: No

Decision subject to Call-in: No

Wards affected: All

Enclosures: ‘Harrow Council – Children’s Services, IRO Annual Report 2015/16’

Section 1 – Summary and Recommendations

This report details information about the children looked after activity in Harrow during the period 1 April 2015 through to 31st March 2016 and is an evaluation of the work of the Independent Reviewing Officers (IRO).

Recommendations:

Panel is requested to consider and note the content of the report.

Reason: The local authority has a statutory responsibility to ensure that there are Independent Reviewing Officers reviewing the Care Plans for Looked After children and young people (see attached Appendix).

Section 2 – Report

Introductory paragraph

The appointment of Independent Reviewing Officers (IRO) is a statutory requirement and their role is integral in ensuring that the local authority provides a quality service to its Looked After population which is in line with the Council's vision and corporate priorities.

Current situation

See report attached.

Legal Implications

The role of the IRO is set out in Sections 25A-25C, Children Act 1989; statutory guidance issued under Section 7 of the Social Services Act 1970 – the IRO Handbook 2010 and the Care Planning, Placement and Case Review (England) Regulations 2010, in particular Regulations 36, 45 & 46 and Schedule 7.

Financial Implications

There are no financial implications as a result of this report.

Equalities implications / Public Sector Equality Duty

The looked after population comprises of children and young people from a wide background of cultures, ethnicities, languages and religions and part of the role of the IRO is to check that a child's needs are being met in all these areas.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

Section 3 - Statutory Officer Clearance

Information report only

Ward Councillors notified:	NO, as it impacts on all Wards
EqIA carried out:	NO

Section 4 - Contact Details and Background Papers

Contact: Barbara Houston, Quality Assurance Manager.
Telephone: 020 8736 6934
Email: barbara.houston@harrow.gov.uk

Background Papers: None.

This page is intentionally left blank



**Harrow Council
Children's Services
IRO Annual Report 2015/16**

Harrow Council – Children’s Services IRO Annual Report 2015/16

The Contribution of Independent Reviewing Officers to Quality Assuring and Improving Services for Children in Care

This Annual IRO report provides quantitative and qualitative evidence relating to the IRO Services in Harrow as required by statutory guidance.

The IRO Annual Report must be presented to the Corporate Parenting Board and the Local Safeguarding Children Board.

Purpose of service and legal context

The Independent Review Officers’ (IRO) service is set within the framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance which were introduced in April 2011. The responsibility of the IRO has changed from the management of the Review process to a wider overview of the case including regular monitoring and follow-up between Reviews. The IRO has a key role in relation to the improvement of care planning for children Looked After and for challenging drift and delay.

The National Children’s Bureau (NCB) research ‘The Role of the Independent Reviewing Officers in England’ (March 2014) provides a wealth of information and findings regarding the efficacy of IRO services. The foreword written by Mr Justice Peter Jackson; makes the following comment:

The Independent Reviewing Officer must be the visible embodiment of our commitment to meet our legal obligations to this special group of children. The health and effectiveness of the IRO service is a direct reflection of whether we are meeting that commitment, or whether we are failing.

The NCB research outlines a number of important recommendations with three having a particular influence on IROs work plan priorities:

1. Where IROs identify barriers to their ability to fulfil their role, or systemic failures in the service to looked after children, they must raise this formally with senior managers. These challenges and the response should be included in the Annual Report.
2. IROs method for monitoring cases and how this activity is recorded should be clarified.
3. A review of IROs core activities and additional tasks should be undertaken. There is a need to establish whether IROs additional activities compromise independence or capacity.

Key messages – learning and improvement

This Annual IRO report provides quantitative and qualitative evidence relating to the IRO services in Harrow, as required by statutory guidance.

Improvement priorities identified for 2015/16 included:

- Implement Action Plan relating to IROs from Serious Case Review June, 2015
- Review Dispute Resolution Protocol
- Review new Chair's Recommendations and Chair's Report templates
- Complete Quarterly reports to inform Annual report
- Improve information sharing between IROs and the Virtual School
- IROs to participate as CSE Champions in training and development opportunities across the Service

Professional Profile of the IRO Service

The IRO Service sits within Quality Assurance and Service Improvement with its core functions consisting of reviewing plans for children in care and monitoring the Local Authority in respect of its corporate parenting and safeguarding responsibilities. Their position within this service area has supported the IROs need for independence and challenge as their management line, up to and including the Head of Service, is different to that of the children and young peoples' social workers and managers.

The IRO Service is located in the Civic Centre. This location supports effective work with social work teams. The team has been stable for a number of years with children and young people experiencing continuity of IRO, although in the final quarter of the year a temporary IRO has covered for one of the part-time IRO posts. The IROs bring a wealth of knowledge and stability to the service which is additionally supported by the fact that there are now a number of Child Protection Conference Chairs who also have the skillset to chair Looked After Reviews. This helps to ensure that work is completed within timescales, particularly at points of pressure within the service.

IROs are part of Quality Assurance and Service Improvement and are qualified Social Workers. There are 3.2 permanent IRO posts which are currently covered by 4 members of staff, 2 full-time and 2 part-time. In terms of gender and diversity, the profile of the service does not reflect the Looked After population, most pertinently as the IROs are currently all female. However they do reflect diversity with regards to ethnicity and cultural backgrounds.

The IROs are managed by a part-time Quality Assurance Manager who provides them with professional supervision and working within Quality Assurance and Service Improvement ensures that there is a culture of continuous review and development of the service.

Administrative Support

The IROs are supported by 1.5 business support workers who administratively arrange the reviews, send out invitations and consultation documents and afterwards distribute the IRO recommendations and reports.

What else we have done

The IRO service has embedded the Cafcass and Independent Reviewing Officer Good Practice Protocol for Public Law Work. This has helped to ensure cases in proceedings are subject of robust analysis and challenge about the matters of critical importance to the child's safety, wellbeing and permanency needs.

Quantitative information - Looked After population and the IRO service

Key Messages

The Looked After population for 2015/2016 has ranged from 164 to 184. IRO caseloads have been between 49 – 63 per fte IRO. This compares well with the recommended case load of 50-70 set out in the IRO Handbook. A total of 580 Reviews were Chaired by IROs in the year ending 31st March 2016.

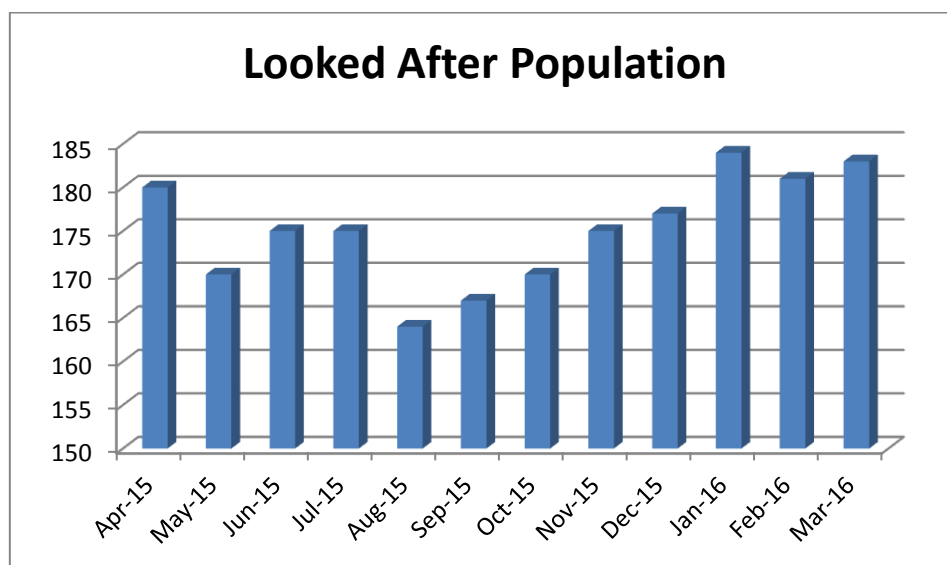
The majority of children and young people who started to be Looked After were aged equally in the cohorts 10-15 (27.9%) and 16+ (27.9%) years.

6.00% of Looked After Reviews concerned children and young people with a disability. In these circumstances the increased time required to elicit the wishes and feelings of a child with additional needs is to be recognised.

In terms of permanency outcomes during 2015/16, the majority returned home to live with parents or other person with parental responsibility, (38%) and a smaller number were adopted, (7.7%).

The vast majority of Reviews were held within timescale, (98.98%). Any Review that is likely to be out of timescale is discussed with the Quality Assurance Manager and it is only in the most exceptional of circumstances that a Review will go out of timescale, details of which would also be reported to the Head of Service for Quality Assurance and Service Improvement.

Looked After population during 2015/16:



The age profile of children and young people entering care during the period:

- 10.7% of children who started to be looked after during the year ending 31st March 2016 were aged less than 1.
- 13.6% of children who started to be looked after were aged 1 to 4.
- 20.0% of children who started to be looked after were aged 5 to 9.
- 27.9% of young people who started to be looked after were aged 10 to 15.
- 27.9% of young people who started to be looked after were aged 16 and over.

A national benchmarking survey (December 2013) identified that the average caseload for IROs ranged between 50 and 95. Within Harrow, IROs have had caseloads of between 49 and 63 per fte worker during the period 2015/16. Caseloads for IRO's in Harrow remain well within guidance requirements, and all IRO's have a balanced caseload so that complexity and distance are shared equitably across the service.

During 2015/16, IROs have continued to assume a number of other responsibilities with their Championing roles in the areas of permanency planning, Health Assessments, Personal Education Plans (working closely with the Virtual School), Participation and Child Sexual Exploitation. The IROs have received training around CSE and have started giving training sessions to staff including one IRO providing a session to foster carers. One IRO attends meetings with the Virtual School plus other key staff to take forward issues to do with education and Personal Education Plans, including issues to do with their completion and uploading on to the child's casefile in a timely manner. The IRO has also attended designated teachers events linking their role with education, the role of the IRO and looked after children procedures. One of the IROs has attended support group for foster carers to establish links and address any issues that they might have with regards to the role of the IRO and foster carer's experience of this. One IRO attended the Independent Visitor group and carried out training on the role of the IRO and the looked after review process.

IROs also have links with the social work teams and attend Team meetings, including with the Fostering Team, Children Looked After and Children in Need Teams, Leaving Care and Unaccompanied Asylum Seeking Children Team and the Children with Disabilities

Team. This helps to improve consistency within the social work teams and to build up good working relationships between the IROs and social workers. The IROs are also CSE Champions, involved in supporting and delivering on-going training sessions.

Permanency Outcomes

During the period 2015/16, the majority of children have achieved permanency through a return home to live with parents or relatives (41.9%) with 7.7% being adopted.

The profile in terms of children leaving care as at 31st March 2016:

- 41.9% Returned home to live with parents/relatives.
- 7.7% Adopted
- 16.3% Special Guardianship Order granted (14.0% to carers other than foster carers and 2.3% to former foster carers)
- 2.3% Residence Order granted
- 16.3% Moved in to Independent Living
- 0% Sentenced to Custody
- 0.8% Care taken over by another Local Authority
- 0.8% Transferred to care of Adult Services
- 13.1% Care ceased for any other reason

Entitlements and Advocacy

The All Party Parliamentary Group for Looked-After Children and Care Leavers Inquiry (2013) asked children and young people what the most important entitlements for looked-after children and care leavers were. The All Party Parliamentary Group selected the five that the children and young people said were most important for looked-after children and for care leavers.

IROs have routinely considered children and young peoples' experience of the ten entitlements and have raised issue with the local authority where appropriate.

IROs findings on the five entitlements for looked-after children for the year ending 31st March 2016

1. There is an expectation that all looked after children have a care plan that says what their needs are now, what will be done to meet those needs and the plans for their future. However there are occasions when IROs have highlighted that these need to be updated to reflect the child's current situation.
2. There is an expectation that all looked after children have a care plan that sets out their views, particularly for those aged 4 years and above.
3. 100% of children had information about their entitlements, including information about decision making processes and professionals' responsibilities to hold a review before any significant decision is made in relation to their care plan. This information is sent out by the CLA admin and includes 'The Young Person's Guide to Care Planning', 'CLA Guide Leaflet' and 'Independent Visitor Leaflet', complaints procedure information and for open to the Leaving Care Team, a copy of the Leaving Care Charter.

4. 7% of looked after young people aged 16-19 who received a £1,200 bursary to support them to stay in full-time education.
5. There is an expectation that when a social worker visits a child or young person they must speak to them alone unless the child or young person refuses, or it is not appropriate at that time or the social worker is unable to.

IROs findings on the five entitlements for care leavers

(As at 31/03/2016 there were 98 young people aged 16-19 open to the Leaving Care Team)

6. 100% of children had information about their entitlements, including their entitlement to a £2,000 setting up home allowance.

18% of young people received ILG grant of £2,000 for setting up home allowance, (all young people nominated for LOCATA) in the period 2015/16. The Leaving Care Charter is sent out to all relevant young people stating their entitlements.

7. 100% of young people had information about their entitlements, including information about what the local authority must provide to the young person in relation to help with costs of being in education or training up until the age of 21 (or 25 if the young person is still in education).
8. 100% of young people had information about their entitlements, including information about what help the local authority must provide in relation to the costs of getting and keeping a job (up until the age of 21 if the young person is in education, employment or training).
9. 100% of relevant young people (aged 16-21) have a Pathway Plan and received a copy of their Pathway Plan. They also all have a personal advisor (PA) or qualified social worker. The Pathway Plan is a holistic assessment and every young person completed 'my action plan' which is part of the Pathway Plan. There is also a mechanism to inform if they are dissatisfied with their Pathway Plan through the Participation Officer, Advocate, LINAB or Leaving Care Forum (held twice a year). There are no reports of any young people stating they were dissatisfied with their Pathway Plan.
10. 14% of young people are in higher education and provided with vacation accommodation (or money towards it).

Advocacy provision in Harrow is currently provided by Harrow Association of Disabled People (HADS) as part of commissioned services. The Youth Justice Board commissions advocacy services for young people detained in young offender institutions (YOIs) and secure training centres (STCs).

IROs routinely check that children and young people know about advocacy and how it can support them in having a real say in decisions affecting their lives. This is evidenced by the IRO recording within the Review report indicating when an advocate is involved.

There were 35 looked after children with an advocate during the period 2015/16.

These included:

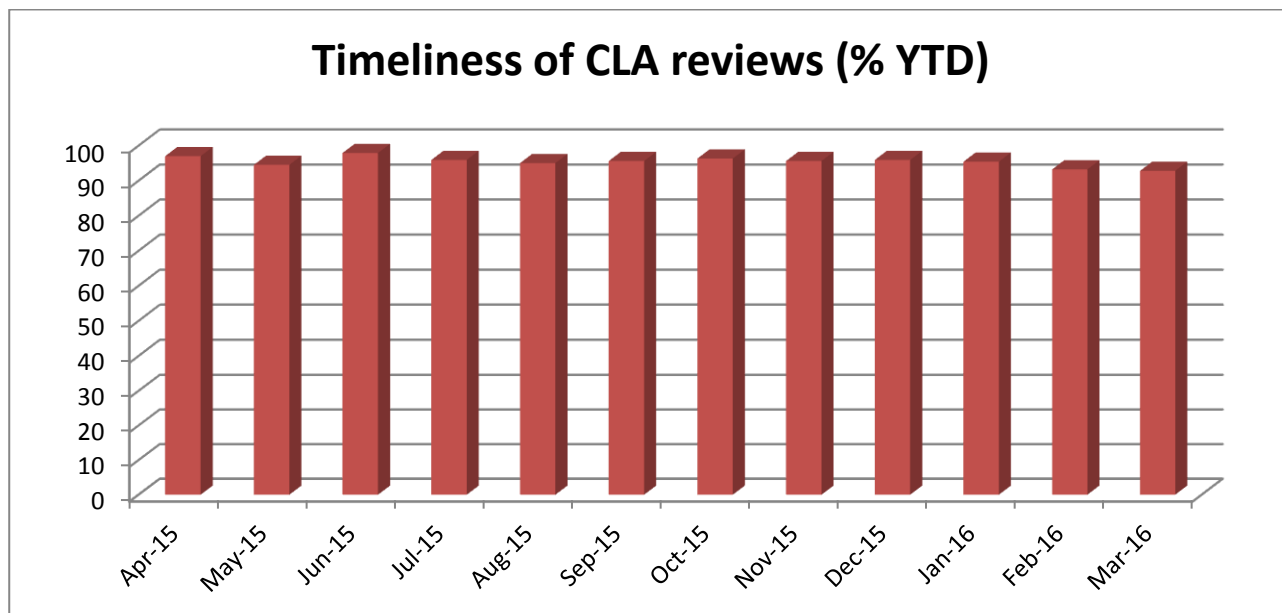
- 10 children with a registered disability, including 2 care leavers
- 9 unaccompanied refugee or asylum seeker children whose first language was not English
- 1 young offender
- There were 7 children and young people who were placed outside of Harrow.

IROs have helped to ensure that children have access to advocacy but it is important that they continue to discuss at Reviews and record in their reports whether a referral to an Advocate is appropriate, including when this has taken place. Advocacy can be essential for the children and young people and these processes can make a vital contribution to safeguarding and promoting their welfare and rights. The Children and Young Peoples Advocacy Report states that one of its priorities is to more widely promote the service so that all young people can have a voice.

Within the initial pack that is sent by the looked after administrators to all children when they first become looked after there is information on advocacy, The Harrow Children's Pledge, how to make a complaint and Independent Visitors. The Independent Reviewing Officers check within the Review as to whether a child or young person has received all of this information and whether they understand the information including the Harrow Children's Pledge.

Timeliness of reviews

98.98% of Looked After Reviews took place within the statutory timescales. IROs completed some reviews in a series of meetings to ensure the relevant people were involved and the meeting remained child focused and friendly.



Qualitative information - Achievements and impact of IRO service

Key Messages

IROs routinely check whether children know about individual advocacy and how to make a complaint. They also check at Reviews whether an independent visitor is needed, and any communication needs requiring additional or specialist support.

Children and young people's preparation and involvement in Reviews

89.76% of children and young people participated in their Reviews for the year ending 31st March, 2016. Participation includes attending and/or contributing to their Review.

IRO's have supported and encouraged young people to be actively involved in their review including a role in part chairing their own review or setting their own agendas wherever appropriate.

Quality of Care Planning

IROs continue to monitor the quality of care plans and raise through the Monitoring Forms and Dispute Resolution Protocol any concerns about the quality of care plans or the care planning process. Children and young people can expect to contribute to their care plan and to expect that they will have their own copy. IROs routinely check that the care planning process has helped children and young people to have their say about matters important to them and helped them to understand what is happening and why.

Progress-chasing Activities between Looked After Reviews

All children and young people are sent details of their IRO in the initial pack when they become looked after. IROs will follow up after Reviews on the most complex of cases and expect to be informed of significant meetings to do with a child and to be consulted with regards to changes in care planning, significant events or the disruption of a placement. IROs also aim to receive an update from the social worker at the midpoint between Reviews.

Management oversight

The revised statutory Guidance states that operational social work managers must consider the decisions from the Review before they are finalised. This is due in part to the need to ensure any resource implications have been addressed. Once the decisions are completed the Manager has 5 days to raise any queries or objections. This has been achieved by the IRO electronically sending a Task to the relevant manager once the decisions have been completed. The manager then has 5 working days to complete the Task if they are happy with the decisions or respond to the IRO if they do not agree with any of the decisions. The outcome of these across the period indicates that managers are overwhelmingly satisfied with the decisions made at Reviews.

Children's Views about their IRO and their review process

The Participation Officer has been supporting a system of feedback from children and young people to obtain their views. This also allows them to comment about their experience of their IRO. Moving forward for 2016/17, it is planned that the Participation Officer will meet individually with children and young people, shortly before one review a year to obtain more detailed information with regards to their views. Their views are also contained within the IRO reports following Reviews.

Examples of written feedback from children and young people:

I remember you from when I was looked after before and it's good to have the same person

My IRO listened to me and helped me get a laptop for my school work

I feel that I was listened to in my meeting

I am now able to go to the gym

I am now playing the drums after telling my IRO

I said in the Review I want to go home but I'm still here

The Review meeting helped me understand that I will be staying with my fostercarers until I am an adult

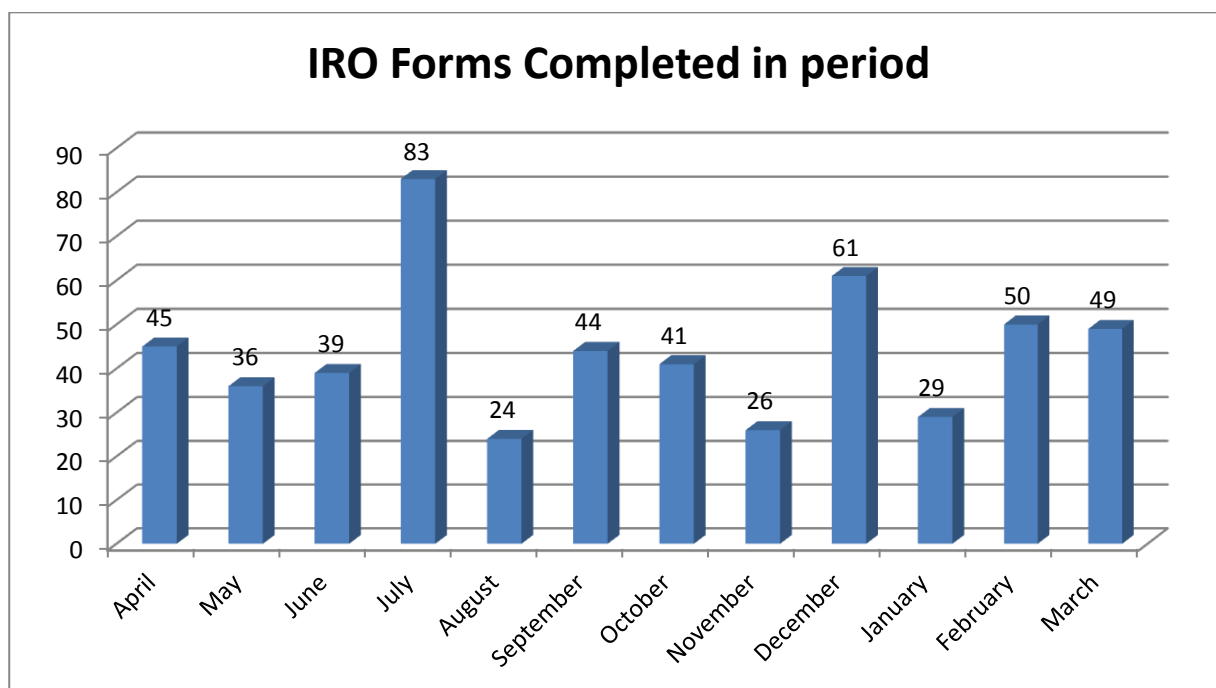
I like my IRO

Quality Assurance of the IRO Service

Identifying good practice, problem resolution and escalation

Over the past two years there has been extensive development of processes to highlight and resolve issues identified through the use of the IRO Monitoring Form and Dispute Resolution Protocol. The IROs also identify examples of good practice.

Monitoring Forms



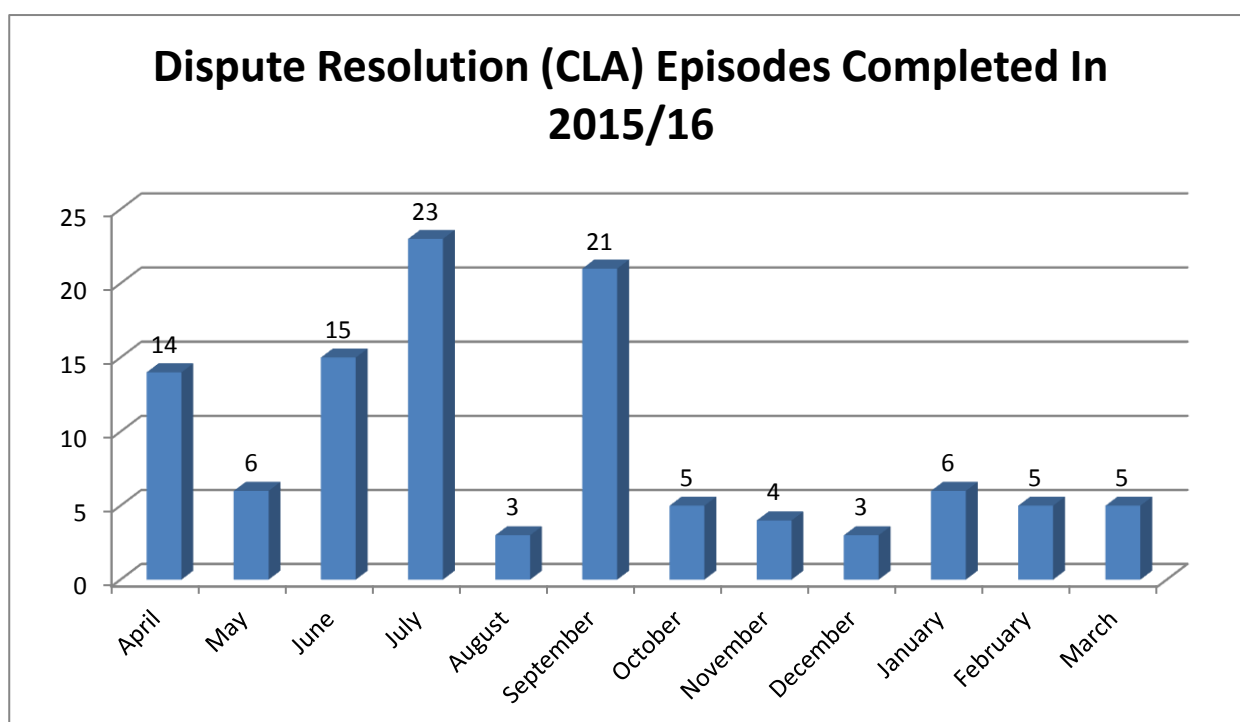
Key information obtained through the Monitoring Forms completed by IROs:

- By 2nd Review, there was a Permanency Plan in place for 87% of children. This meant that 13% did not have a Permanency Plan by 2nd Review. This was usually due to complex cases being in care proceedings, with assessments not yet completed and there therefore being more than one plan, dependent on the outcome of those assessments.
- With regards to social worker visits, across the year 83% took place within timescale. This meant that 17% of visits did not take place within timescale. This was addressed by the IRO, either through the use of the Monitoring Form or the Dispute Resolution Protocol.
- Across the year 81% of children and young people had an up-to-date Health Assessment at the time of their review. This meant that in 19% of cases a Health Assessment had not taken place or was outstanding. In June there had been the introduction of the Children Looked After Health team which marked a significant

improvement in the number of Health Assessments taking place in a more timely manner.

- Across the year 48% of children and young people had an up-to-date Personal Education Plan at the time of their review. This meant that 52% of cases either needed a Personal Education Plan to be completed or updated. It should be noted that there were some administrative challenges in ensuring that the Personal Education Plans were uploaded on to a child's caseload in a timely manner but this issue has been highlighted and is an on-going priority within Children's Services to ensure that Personal Education Plans are up-to-date and on casefiles.

Dispute Resolution Protocol



Key information obtained through the Dispute Resolution Protocols initiated by IROs:

- Throughout the year the majority of Dispute Resolution Protocols were raised and resolved at Stage 1, between the IRO and Team Manager (88%). These related to visits not being within required timescales; PEPs or Health Assessments having been completed but not being on the child's casefile; PEPs or Health Assessments being outstanding; Care Plans needing updating or completing and Pathway Plans needing completing or updating. All of these were resolved at Stage 1 by the outstanding actions being completed or dates set for required actions to take place and managers taking forward visit timescales to ensure these improved to the required levels.
- 11% of Dispute Resolution Protocols were resolved at Stage 2, between the Quality Assurance Manager and relevant Head of Service. One of the issues raised related to the need to secure a school place for a child who had changed placement and there had been a delay with regards to this. Following the initiating of the Dispute

Resolution Protocol a school place was promptly identified. Other Dispute Resolution Protocols related to visits not taking place within expected timescales and following the initiating of the Protocol the relevant managers ensured that visits took place in a more timely manner. One Protocol was initiated due to a delay in a young person who had been traumatised by his experiences in Afghanistan being referred to CAMHS. The social worker then liaised with CAMHS more proactively and an appointment was offered. Other Protocols were raised with issues to do with Health Assessments or PEPS being outstanding or not being on the child's casefile and as these had not been able to be resolved under Stage 1 of the Protocol they had progressed to Stage 2 where they were resolved with dates provided or action taken to put the necessary documents on casefiles.

- There was 1 Dispute Resolution Protocol that progressed to Stage 3, with the Divisional Director and was resolved at that stage. This involved concerns about the care planning for a young child and the delay in undertaking assessments to secure permanency. The outcome was that assessments were concluded which determined that the child should remain with the parent and they were moved in to the community with support.

Supervision and training

IROs have scheduled monthly supervision and adhoc supervision as required. This is provided by their manager. IROs have Appraisals and are encouraged to attend training to meet the requirements of HCPC requirements. Training has included CSE to improve the knowledge of the IROs in their role whilst also equipping them to be trainers to others.

Any resource issues that are putting at risk the delivery of a quality service

The IRO role is not to identify the resources needed to meet a young person's needs but to ensure that the team around the young person, their carers and the young person themselves understand the changing needs of the young person, and that services are appropriately identified and delivered. In addition their views on individual children and their care plans are fed in to the Child Care Planning Group which meets on a monthly basis, chaired by the Divisional Director, to ensure that planning is progressing in a timely manner so that permanency is achieved for looked after children as swiftly as possible.

Achievements for this last year

The further embedding of the Dispute Resolution Protocol as an effective tool in identifying and raising issues in relation to social work practice and care planning which has helped to limit drift and delay.

The development of Quarterly reports analysing the data and information from the Monitoring Forms and Dispute Resolution Protocol has helped inform key issues in practice and performance for looked after children. This information is disseminated to the senior management team within Children's Services to identify areas for development and improvement.

The continued use of the revised IRO recommendations and report templates. The templates are more focused and specific and support the making of SMARTER decisions. They are also quicker to complete, with less repetition and so support the IROs in working as efficiently as possible.

IROs having received training with regards to CSE and are now part of a wider group who can deliver training and advice to others.

Annual work programme with areas for improvement for next year April 2016 – March 2017

Targets for the following areas have been identified and the service expects to deliver improvements during the period, contributing to Key Measurable outcomes linked to the following:

- Improving the quality of IRO reports to ensure they have SMART recommendations.
- To continue to monitor Health Assessments/SDQs to ensure that they are supporting physical and emotional health outcomes.
- To continue to monitor the quality of Personal Education Plans and that they are being used to support children and young people attend and attain in their education.
- To monitor that where children have a period of missing from care, they have Return Home interviews and that there is an understanding of what they are running away from or running to in order to reduce repeat episodes.
- To continue to support and deliver training sessions with regards to CSE.
- To continue to monitor care planning and escalate through the Dispute Resolution Protocol and Care Planning Group, where there is unreasonable delay or no permanency plan by 2nd Review.
- To link with the Participation Officer, Complaints and Advocacy services to ensure there is continuous learning from feedback from children and young people; parents, professionals and carers.

Overview and Summary

In conclusion the IRO service continues to be vital in helping to ensure that care planning for looked after children progresses in a timely manner, including hearing the voice of the child and that there is a holistic approach to looked after children with consideration of their health needs, including mental health, as well as education, stability of their home and where possible contact with their family and that, where appropriate, there is independent escalation and challenge to achieve this.

These are challenging times for local authorities, with the reality of financial pressures and Harrow is no exception to this. Having such experienced, established and longstanding IROs has been very beneficial in providing more consistency for looked after children and has assisted with the process of challenge where it has been appropriate. However there continue to be areas for further development and improvement which include developing further recommendations from Reviews to ensure they are SMART, with clear measurable outcomes; continuing to monitor Health Assessments, SDQs and PEPs to support the process of ensuring that they happen on time and are fit for purpose; continued use of the Dispute Resolution Protocol and Monitoring Forms to highlight and resolve issues including around care planning; providing an important overview that children who go missing have Return Home interviews and there is an understanding of what they are running away from or running to; linking with the Participation Officer, Complaints and Advocacy services to ensure the child's voice is heard and there is continuous learning from feedback from children, young people and others and IROs continuing to support and deliver training with regards to CSE.

Barbara Houston
Quality Assurance Manager
3rd November 2016

**REPORT FOR: CORPORATE
PARENTING PANEL**

Date:	10 January 2017
Subject:	INFORMATION REPORT – Missing Young People
Key Decision:	No
Responsible Officer:	Chris Spencer, Corporate Director of Peoples Services
Portfolio Holder:	Councillor Christine Robson
Wards affected:	All
Exempt:	No
Decision subject to Call-in:	No
Enclosures:	Children looked After (CLA) Missing Children Report

Section 1 –Summary and Recommendations

This is an information report which outlines details of CLA Missing and the Council's actions in managing the associated risks.

Section 2 – Report

See Appendix attached.

Options considered

Not applicable as this is an information report.

Risk Management Implications

The Children's Services Risk Register has been updated to reflect the performance risks highlighted in this report.

Risk included on Directorate risk register? Yes

Separate risk register in place? No

Legal Implications

Not applicable as this is an information report.

Financial Implications

There are no financial implications arising from this report.

Equalities implications / Public Sector Equality Duty

Not applicable as this is an information report.

Corporate Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for families

The report focuses on the qualitative and quantitative measures of service delivery to vulnerable children, young people and families. These measures help to inform & improve service planning.

Section 3 - Statutory Officer Clearance

Name: Rob Stuckey	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date 23 rd December 2016		

Ward Councillors notified:	NO – relevant to all wards
-----------------------------------	-----------------------------------

EqIA carried out:

NO

EqIA cleared by:

N/A information report
only

Section 4 - Contact Details and Background Papers

Contact:

Tanju Mustafa

Violence Vulnerability Exploitation
Team Manager

020 8736 6617

This page is intentionally left blank

Children Looked After (CLA) Corporate Parenting Report

1.12.15 – 30.11.16: Missing Children

Introduction:

CLA by the Local Authority

CLA include all children being looked after by a local authority; those subject to court orders and those looked after on a voluntary basis through an agreement with their parents.

Nationally, there are 60 looked after children per 10,000 children in the population. The rate in Harrow was fairly stable historically and was substantially lower than England, London and statistical neighbours.

The rate of children ceasing to be 'looked after' has been increasing over recent years. Strong extended family networks are common amongst the local communities which could explain a lower figure in Harrow, but the incoming populations tend to be from communities with a tendency towards higher levels of vulnerability and consequently rates for children 'looked after' could increase.

The London Borough (LB) of Harrow is committed to responding and supporting CLA, reducing vulnerabilities and risks associated with CLA that go missing both at a strategic and operational level.

Demographics in Harrow

Harrow is an Outer London borough in North West London covering 50 square kilometres. Around 243,500 people live in Harrow. Compared to the London average and young people in there is a greater proportion of older people and a lower proportion of those in their 20s and 30s.

Young people: Almost one in four of Harrow residents are aged 18 or less. 27% of children and young people in Harrow are from a White ethnic group. The largest ethnic group is Asian at 37%.

Harrow remains one of the most ethnically diverse boroughs in the country. In 2011, 43% of the population were from an Asian/Asian British background, 42% from a White ethnic background and 8% from a Black/African/Caribbean/Black British ethnic background.

Harrow CLA Missing data (1.12.15 – 30.11.16)

Total Missing CLA & Non CLA in period

	Children Missing In Period	Missing Episodes in Period
Total	90	256
of which CLA	41 (45.6%)	160 (62.5%)
of which non CLA	49 (54.4%)	96 (37.5%)

Comments

- There were 90 children who had a total of 256 missing episodes in the period 1st Dec 2015 to 30th November 2016.
- 45.6% of children who had missing episodes were CLA while missing and 54.4% were non CLA.
- While fewer missing children were CLA, the CLA who were missing were responsible for the majority (62.5%) of missing episodes during the period. The average number of missing episodes was 3.9 for CLA compared to 1.7 for non CLA.
- The highest number of missing episodes for a single CLA during the period was a child with 19 episodes.

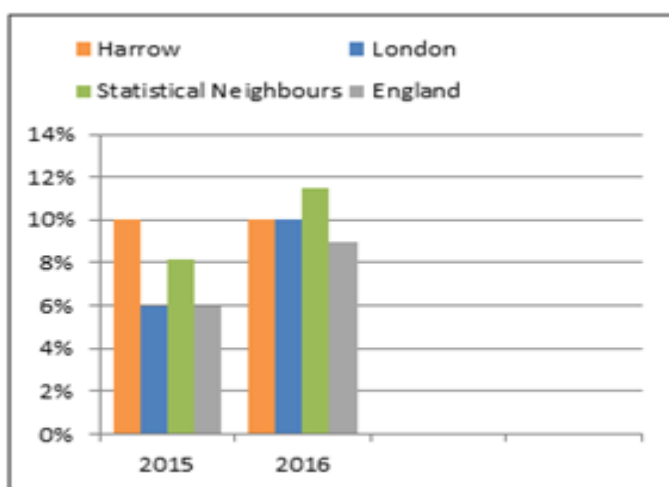
Total CLA missing period

	Count
Total CLA in period	319
of which had a missing episode	41
Percentage	12.90%

Comments:

- Although CLA had a high volume of episodes they only represent a small portion of overall looked after children. During the period there were 319 CLA in total of which only 12.90% had a missing episode.

CLA Comparative data - Percentage of CLA who had a missing incident during the year



Comments:

- Comparative CLA data between 2015 & 2016 highlights the following:
- Percentage of Harrow CLA who had a missing incident has remained at 10%
- London's CLA data highlights an increase from 6% to 10%.
- Statistical neighbours have shown an increase from 8% to 11.5%
- England has shown an increase from 6% to 9%.
- Overall, there is an increase in numbers across London, Statistical neighbours and England.
- Harrow remains at 10% below Statistical neighbours, on level with London but just above England.
- This is also in correlation with increasing Child Protection numbers in Harrow. Local Authorities response to CLA Missing. The training and awareness around CSE/ Missing and exploitation also ensures that there is a better method of referral pathways by carers to alert Police and Social Care when CLA are missing.

Harrow CLA Missing YP by gender

CLA Missing Gender	Missing CLA	Percentage	All CLA in period	Percentage	Difference
Male	23	56.10%	188	58.90%	2.80%
Female	18	43.90%	131	41.10%	-2.80%
Total	41		319		

Comments:

- With regards the demographic comparisons, looking at gender there's no real difference between the distribution of gender for CLA that went missing and the overall CLA population in the period.

Harrow CLA Missing YP by ethnicity

Ethnicity	Missing CLA	Percentage	All CLA in period	Percentage	Difference
Asian or Asian British	9	22%	49	15.4%	-6.64%
Black or Black British	12	29.30%	60	18.8%	-10.49%
Mixed background	7	17.10%	54	16.9%	-0.17%
Other Ethnic background	4	9.80%	57	17.9%	8.07%
White or White British	9	22%	99	31.0%	9.03%
Total	41		319		

Comments:

- With ethnicity, the majority of missing CLA is of Black/Black British ethnicity. Looking at the ratios, over 10% more of the missing CLA population are of black ethnicity compared to the overall population of CLA during the period. Also equally as interesting is 9% fewer of the missing CLA population are of white ethnicity compared to the overall population of CLA during the period.
- Black children are over-represented as missing in comparison with 8% Harrow population (see earlier Demographics).

Harrow CLA Missing YP by Age

Age Brackets	Missing CLA	Percentage	All CLA in period	Percentage	Difference
Under 1	1	2.40%	21	6.6%	4.18%
1 - 4	0		27	8.5%	8.46%
5 - 9	0		52	16.3%	16.30%
10 - 15	15	36.60%	95	29.8%	-6.82%
16+	25	61%	124	38.9%	-22.13%
Total	41		319		

Comments:

- With the age breakdown, a higher number of missing CLA are older in age compared to the total CLA population. In total, 22% more of the missing CLA population are aged 16+ compared to the total CLA population in the period.

Return Interviews on missing CLA children

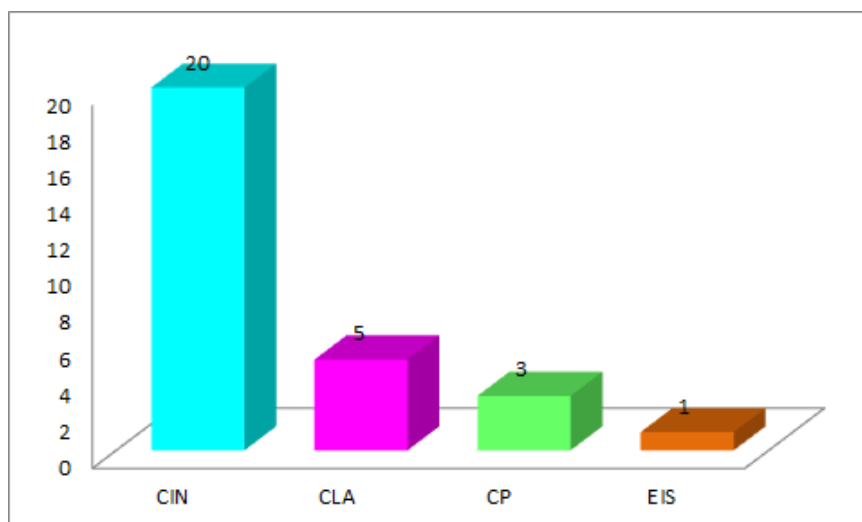
Return (RI) Missing episodes	RI completed within 72
256	203 (79.29%)

Comments:

- From the 256 CLA Missing children, 79.29% RI were completed within 72 hours.
- Where RI were not possible, this was due to CLA missing children with a number of episodes where they have not been in agreement for a RI and have been challenging to locate. The Children/Runaways Family Support Worker also commenced his role in January 2016 and has been successful in engaging children and building relationships with them which assists in communicating with them in instances where whereabouts are not always known. This correlates with the 16 plus who are more mobile and less likely to share key details of whereabouts.

CSE & CLA

Status	No. YP	%
CIN	20	69
CLA	5	17
CP	3	10
EIS	1	3



Status of CSE victims assessed at MASE between 1st September 2015 to 31st August 2016.

Comments:

- Total of 29 children were assessed at MASE for risk of CSE.
- 4 children (14%) were assessed as Low Risk and not made subject to MASE Review arrangements.
- 25 children (86%) were assessed as Medium Risk of CSE from the SAFEGUARD risk assessment and child protection strategy meeting where there were indicators of being a victim of CSE.
- 5 children were CLA.

- 24 (96%) children were subject to MASE Review arrangements lasting between 1- 3 months, before CSE risk was reduced.
- 1 Medium Risk child was subject to MASE Review arrangements for 5 months. Initially this child was made subject to a Child Protection Plan, then subject to CLA Care Plan and placed in a specialist CSE placement out of borough, where nil new CSE concerns have been highlighted.
- Overall the escalation to a CLA Plan is undertaken as a protective measure to safeguard children.
- The current care plans for MASE assessed children incorporate one to one direct work with the young person / parent/carer around healthy and safe relationships, and signs of exploitative mechanisms a perpetrator would use.
- CSE links to and YP going Missing (often known as a Missing 'episode'): initial analysis at the time of MASE referral highlights some links: 4 children were reported Missing between 1-2 occasions; a further 16 children had 3 or more occasions of being reported Missing.
- After exiting MASE there has been a 95% reduction in Missing episodes for those 20 YP where Missing episodes had been identified as vulnerability and thus a CSE indicator: just 1 child continues to have on-going reported Missing episodes, and is currently under a CLA Plan.
- Given the crossover with Missing episodes and CSE, the Missing Children/Runaways Family Support Worker ensures that MASE assessed children social care records have risk assessed Grab packs available to Police and Missing episodes are routinely reported by parents and carers. One to one safety work is also undertaken as part of the Return Home Interview for every missing child.

Youth Violence /Gang & CLA

Comments:

- 16 out of the 29 children have suspicions pertaining, gangs/criminality or youth violence. The profile of this individual is as follows:
- 16 years of age, black and on a CLA care plan.
- 25% of those young people at least one missing period exceeding 5 days or more

Case Study of a positive outcome for CLA missing child

- Child A is a CLA, 15 years of age. She was placed outside of London in a specialist CSE Placement. Her previous background was parental domestic violence resulting in being in LA care with shared parental responsibility under a Full Care order.
- Child A She was targeted by a male peer within the community who was 2 years older than her. He was a lone perpetrator and was also targeting other female peers known to Child A. She experienced a number of missing episodes, involvement with the Police, substance use, deteriorating school attendance and low self-esteem and isolation from her protective network. Using the SAFEGUARD CSE risk assessment she was assessed at MASE due to CSE. This resulted in a Police investigation led by the CSE Police. Child A's insight was limited as a victim of CSE and missing episodes were escalating.

- Child A was placed in a specialist CSE Placement and supported the Police investigation. She has now returned to the Harrow area accessing education, improved self-esteem and confidence with no evidence of the CSE indicators including missing episodes.

Prevention & Developments

- Since September 2014 Harrow's MASE Panel has been co-chaired between the South Harrow Police Detective Inspector responsible for CSE / Missing children in the borough alongside the designated Head of Service for Children's Social Care.
- The CSE Co-ordinator role was established in April 2015, based in the Multi-Agency Safeguarding Hub (MASH) 'front door' which also involved assessing and developing an understanding of Missing children, given this can be one of the indicators of CSE.
- In December 2015 the Local Authority, supported by the Harrow Safeguarding Children's Board (HSCB) trained and developed 60 CSE Champions across the Harrow partnership. The training was delivered by Parents Against Child Sexual Exploitation (PACE). A CSE Champion would act as a conduit within their respective team/ agency as key CSE lead. The CSE Champion would also be expected to deliver training within their own team/agency to raise awareness around CSE and missing procedures. The CLA Team currently has a CSE Champion who continues to support children, colleagues, professionals and raise awareness with partners.
- CSE Training by PACE was also delivered to all Harrow Foster Carers to assist them in identifying CSE and responding confidently. An on-line course has also been set up to widen accessibility to CSE training.
- In January 2016 Children/Runaways Family Support Worker was appointed to the Harrow Multi-Agency Safeguarding Hub (MASH) to engage with Missing children and complete Return Interviews (RI) and ensure they have an up to date Grab Pack with Police colleagues that can be used to locate them when missing. Children reported missing remains a priority focus. The profile of these children is subject of multi-agency oversight through daily operational monitoring and monthly overview meetings.
- In April 2016 the Violence Vulnerability and Exploitation (VVE) Team was formed as part of the MASH to incorporate the Local Authority Missing Children/Runaways Family Support Worker and the Gangs Co-ordinator posts alongside the CSE Co-ordinator role. This has reinforced the Local Authority's role in responding and supporting CLA children that go missing and reducing their vulnerabilities.
- The VVE team's primary focus is to ensure collaborative working across these key areas, which research shows are often inter-related and that any overlap is identified as early as possible. This also serves to develop key themes and trends, improve collective response through an informed understanding of the problem profile in respect of young people that go missing and experiencing harm.
- Daily reports from the Local Authority's performance data team ensures that the information regarding Missing children can be picked up and responded to in a timely manner. This is also further reinforced by daily Police notification reports of Missing

children and weekly Missing meetings with Heads of Service to scrutinise responses to missing children, including CLA.

- The VVE Team will also attend the following panels where Missing CLA children may be discussed:

Missing Children's Panel – Weekly

Multi-Agency Sexual Exploitation Panel (MASE) – Monthly

Children at Risk Monthly meeting – Monthly

Risk Vulnerability Management Panel (RVMP) – Monthly

Gang's Panel – Monthly

Prevent – Monthly

Serious Incidence Group (SIG) – Monthly

This ensures that all respective panels and partners are not working in silos in respect of CLA missing children. This also supports the gathering of soft intelligence & mapping of children by the VVE Team.

Summary

- Harrow CLA children had less missing episodes than Non CLA children. However, CLA children had more reported missing episodes, which would increase the risk to the child. These are usually indicators for a child that they are likely being pulled away from their placement. Although CLA had a high volume of episodes they only represent a small portion of overall looked after children. During the period there were 319 CLA in total of which only 12.90% had a missing episode which in comparison demonstrates this is statistically low in context with total number of CLA children.
- There is an increase in comparative missing CLA data with numbers across London, Statistical neighbours and England. Harrow remains at 10% below Statistical neighbours, on level with London but just above England. This is also in correlation with increasing Child Protection numbers in Harrow. The training and awareness around CSE/ Missing and exploitation also ensures that there is a better method of referral pathways by carers to alert Police and Social Care when CLA are missing.
- Demographic comparisons, gender there's no significant difference between the distribution of gender for CLA that went missing and the overall CLA population in the period. With ethnicity, the majority of missing CLA is of Black/Black British ethnicity. Black children are over-represented as missing in comparison with 8% Harrow population. In terms of age, more of the missing CLA population are aged 16+ compared to the total CLA population in the period. This is likely due to more agency and peer associations. The transition from adolescence to adulthood is also a key stage of transition and independence.
- A missing child can be a significant indicator of CSE. Looking at the children presented at MASE in the year period, CLA children do not have a significant representation. Children that have been CIN/CP have been escalated in care plans to CLA as a protective measure to reduce missing episodes in specialist placements. In terms of what works for missing children, this would be a risk assessed placement, primarily where the child has CSE vulnerabilities as they may well be targeted by other children in placement. Peer on peer

exploitation exists and this needs to be fully considered when a placement is being sought for a child. Partners a Closure order was obtained from the court, meaning that only named individuals could enter the property. This has acted as a form of disruption for the child to visit these premises which was a positive outcome.

- In terms of Locations or 'Hot spots' – a number of missing children including a CLA child was frequently found at one known address within Harrow. Following actions supported by Multi- Agency partners.
- There are CLA children, primarily male that have associations with gangs and involved in youth violence and criminal behaviour. This will generally form the cohort of repeat missing episodes where it will make locating the child challenging. This also makes it very difficult in completing RI when the child is not in agreement to meet with professionals or disclose whereabouts.
- The VVE Team works closely with all teams and key partners, not to simply reduce missing episodes for CLA children but also to analyse and establish contextual risk analysis that better informs safety planning for children.

Recommendations

- Risk Assessment of proposed placements to avoid placing at risk children together and increase risk
- Specialist CSE Placements - Noticeable impact of CSE Placements – reduction in missing episodes
- On-going Mapping of Missing CLA children
- On-going support and analysis by the VVE Team on missing children and key themes.
- Annual training for Foster carers around VVE.
- Limitations – 3 team members, so it creates challenges in terms of geography with relation to looked after children outside of borough to conduct all interviews with a 72 hour period.
- Review of care plans where children are returning to parents/friend/family members in repeat missing episodes.
- Continue to incorporate views of children in RI and into care plans.

Glossary

CIN Child in need

CP Child Protection

CLA Child Looked After

CSE Child Sexual Exploitation

EIS Early Intervention Service

Grab Pack - The Metropolitan Police developed a 'Grab Pack' for use by themselves and Local Authorities to help gather essential information when trying to identify and locate missing children and young people. The HSCB adapted the pack for multi-agency use, so that any agency, school or voluntary sector service could contribute quickly to the process of describing and locating the child/young person. This can be used when it is anticipated that a child/young person might go missing or in response to an unexpected missing or absent episode.

HSCB Harrow Safeguarding Children's Board

MASE Multi Agency Sexual Exploitation Panel

PACE Parents Against Child Sexual Exploitation

VVE - Violence Vulnerability & Exploitation

CSE SAFEGUARD TOOL – This is a CSE Risk Assessment tool adapted from the CSE Metropolitan Police Protocol. This has been adapted by the HSCB and CSE Co-ordinator for professionals and colleagues to use across Harrow in detecting CSE but also developing a risk assessment on children where there are CSE concerns.

- Sexual health and behaviour
- Absent from school or repeatedly running away
- Familial abuse and/or problems at home
- Emotional and physical condition
- Gangs, older age groups and involvement in crime
- Use of technology and sexual bullying
- Alcohol and drug misuse
- Receipt of unexplained gifts or money
- Distrust of authority figures

CORPORATE PARENTING PANEL – 2016/2017

AGENDA TRACKER

Meeting Date	Agenda
10 January 2017	Annual Health Report for Children Looked After in Harrow Report on Missing Children Independent Review Officer Annual Report
28 March 2017	Corporate Parenting Strategy
To be allocated	Annual report on Housing for Children Looked After

This page is intentionally left blank