

Corporate Parenting Panel

AGENDA

DATE: Tuesday 9 January 2018

TIME: 7.30 pm

VENUE: Committee Room 5, Harrow Civic Centre, Station Road, Harrow, HA1 2XY

MEMBERSHIP (Quorum 3)

Chair: Councillor Aneka Shah-Levy

Councillors:

Simon Brown	Janet Mote (VC)
Mrs Christine Robson	Lynda Seymour
Anne Whitehead	

Non-Voting Advisory Member:

Valerie Griffin

Reserve Members:

- | | |
|---------------------------|----------------------|
| 1. Sue Anderson | 1. Christine Bednell |
| 2. Ms Pamela Fitzpatrick | 2. Ameet Jogia |
| 3. Margaret Davine | |
| 4. Kairul Kareema Marikar | |

Contact: Daksha Ghelani, Senior Democratic Services Officer
Tel: 020 8424 1881 E-mail: daksha.ghelani@harrow.gov.uk

Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:
<http://www.harrow.gov.uk/site/scripts/location.php>.

Filming / recording of meetings

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

Meeting access / special requirements.

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Friday 29 December 2017
[Published on 22 December 2017]

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 - 10)

That the minutes of the meeting held on 30 October 2017 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS *

To receive any public questions received in accordance with paragraph 16 of the Executive Procedure Rules.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, 4 January 2018. 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 (CLA) ANNUAL REPORT (Pages 11 - 54)

Report of the Central and North West London NHS Foundation Trust (CNWL)

8. INFORMATION REPORT - HARROW VIRTUAL SCHOOL: HEADTEACHER'S END OF ACADEMIC YEAR REPORT 2016/2017 (Pages 55 - 76)

Report of the Corporate Director of People.

9. INFORMATION REPORT - ACTIVITY AND PERFORMANCE (Pages 77 - 100)

Report of the Corporate Director of People.

10. CORPORATE PARENTING PANEL FORWARD PLANNER (Pages 101 - 102)

For consideration.

11. ANY OTHER URGENT BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - 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.]

CORPORATE PARENTING PANEL

MINUTES

30 OCTOBER 2017

Chair: * Councillor Aneka Shah-Levy

Councillors: * Simon Brown * Lynda Seymour
* Janet Mote * Anne Whitehead
* Mrs Christine Robson

**Non-Voting
Advisory Member:** Valerie Griffin

* Denotes Member present

160. Attendance by Reserve Members

RESOLVED: To note that no Reserve Members had been nominated to attend the meeting.

161. Declarations of Interest

No declarations were made.

162. Minutes

RESOLVED: That the minutes of the meeting held on 14 June 2017 be taken as read and signed as a correct record.

163. Public Questions, Petitions and Deputations

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

RESOLVED ITEMS

164. Information Report - Participation

The Panel received a report from Shana Hart, Participation Officer, on the range of activities and engagement work with Looked After children and Careleavers. She listed a great variety of opportunities including a visit to Lords to learn about playing cricket, a trip to the Sky offices in Isleworth to learn about media work, horse-riding, go-karting, trampolining, roller-blading, a theatre trip, football training and baking classes; a visit to the UK Street Dance championships was also planned. The children and young people had also attended various sessions focused on safety and wellbeing, including health and personal hygiene, e-safety, sex education and anti-bullying. Consultation exercises also took place to obtain feedback from the children and young people on these experiences and their views on how the programme and support could be improved. The Virtual School Headteacher had attended one of the CLA activities. Overall, 43 different activities had been organised in the period, involving 91 volunteers and the participation of corporate parents at some events.

There were six children and young people in care present at the meeting for this item, and they gave their views on the programme of activities. In response to a suggestion that paint-balling be included, it was explained that as well as the genuine health and safety concerns about this activity, the cost of about £65 per participant meant it was difficult to afford. There were alternatives which were cheaper and safer, such as "Laser Tag" games. Councillors at the meeting suggested other activities such as water-based sports in the Lee Valley and a new crazy golf centre in Stanmore. While the Lee Valley option had been considered, the cost of transporting the children and young people long distances was an issue.

Shana Hart reported on fund-raising activities which had generated £2,600 in each of the last two years; this had included a successful celebration event held during the previous week. She commended the generosity of the Borough's residents and businesses in supporting these efforts. In terms of work with other boroughs, there had been a useful "LEAP" workshop held jointly with Hillingdon children and young people in care to improve conflict management skills, and Shana Hart met with other Participation Officers across London to share best practice.

In response to questions from members of the Panel, the following points were made:

- a) While the formal consultation data suggested that only a third of the children and young people knew they had a care plan, the answers to such consultation questions were often conditioned by misunderstandings of the terminology and the fact there were a number for whom English was not a first language. In practice, the understanding that care and support arrangements were in place was at a higher level even if the children and young people did not use, or respond readily to, the formal terms of "care plans".

- b) There were clear arrangements in place to deal with situations where there were difficulties in the relationship between a carer and the child or young person.
- c) Some of the young people preferred not to engage in the activity programme; this was respected by staff, but efforts were still made to discover ways in which they would be more comfortable being involved.
- d) There were opportunities for the children and young people to learn from the experiences of adults who had been in care as children and had gone on to achieve successes in their later lives; one example was hearing from someone who had obtained a doctorate at University. The annual celebration event included a motivational speaker.

Two of the young people present then spoke about their work in a local hairdresser's and nursery. Arrangements had been made with two local chefs to hold a cookery session at their restaurant. It was hoped the kitchens at Shaftesbury School could be used for similar sessions in future.

The Panel thanked the children and young people for attending and participating in the meeting. They were encouraged to express their opinions about the care and support provided to them and to suggest any ways in which problems could be addressed and services improved.

It was agreed that the updated programme of activities would be circulated to Panel members on a monthly basis so that they could decide whether to ask to be involved on particular dates.

RESOLVED: That the report be noted.

165. Information Report - Health of Children Looked After

Zoe Sargeant, Head of Children's Services and Operations, Central and North West London Health Trust, introduced the report and underlined the key issues arising. All the targets for initial and review health assessments had been met in the period May to September 2017, an indication of improvement in process and performance. She was pleased to report that the established TB process had now been reinstated with the Northwick Park Hospital TB team. Training had been delivered for the Harrow Council partnership induction for new social workers. The CLA health team provided training to social workers and partners regarding the adoption medical advice process; over 25 people had attended and the feedback had been positive. In terms of emotional health, referral processes and pathways were in place for children referred to Harrow Horizons – Barnardo's. The number of children referred and the outcomes of referrals were being monitored. Harrow Horizons attended joint meeting between CLA health, education, CLA Team Manager and YOT. There had been a successful event attended by over 40 care leavers which had involved a health quiz and many participated in having their of heights and weights checked.

Laurie Ward, Specialist Nurse for Children Looked After, explained the approach to engaging children and young people in health assessments; even if there was some resistance to the offer of appointments, staff would seek to carry out a telephone interview and failing this, carers and social workers would seek to engage the child or young person directly. Recently, a new health diagnostic tool had been designed so that young people could more easily assess their own health. A copy of the Young Person's Health questionnaire had been made available with the agenda.

In response to a question from Councillor Mote about the BCG vaccine, it was confirmed that due to global shortages of previous licensed vaccines, NHS England had sanctioned the use of an alternative which was not licensed at this stage but had been judged as safe. The issue had been discussed at the Health and Wellbeing Board.

Councillor Mote asked about whether consideration had been given to financial incentives to encourage engagement in health assessments. While the option had been considered, it had been decided that alternative approaches were more appropriate in the long run.

In response to Councillor Seymour's query about the flu jab, it was explained that this was sometimes used in cases of a particular health issue, but not as a matter of course unless as part of the school health flu vaccination programme.

Councillor Whitehead asked about whether a smartphone app could be used as a more effective approach to health assessment. It was confirmed that this option was being explored, including the "NHS Go" app which had been specifically designed for young people. A "handy hints" leaflet was also available specifically for young people.

In response to Councillor Mote's question about health assessments for children and young people placed out of the Borough, it was reported that the relevant NHS directive in this respect was not that clear and, as a result, practices varied across different areas, with only some health staff travelling across Borough boundaries. The local approach was a pragmatic one of accepting that travelling to neighbouring boroughs was reasonable. It was underlined that, at worst, this only involved a few days' delay.

Councillor Robson suggested that the question in the health questionnaire about self-harm, should be reworded.

RESOLVED: That the report be noted.

166. Information Report - Children Looked After: Performance and Activity Report

The Panel received a report on activity and performance in respect of services for Looked After children and young people in the period to the end of September 2017 (a replacement for Page 3 of the report, including the relevant headings, was tabled). The Head of Business Intelligence introduced the report, explaining that apparent decrease in the number of Children

Looked After was simply a timing issue rather than an underlying trend. The principal area of concern was the rate of persistent absence from school when compared to statistical neighbour authorities.

In response to Councillor Robson asking whether the persistent school absence was related to particular children in particular age groups, it was reported that the primary causal factor appeared to be turbulence in care placements. Those with stable, long-term placements tended to have more reliable school attendance and better educational outcomes. Val Griffin spoke of her experience as a foster carer in supporting school attendance and attainment; training on how to deal with challenging behaviour had been available to carers. The Head of Service, Corporate Parenting, reported that there was a dedicated training and development officer in the team to support the needs of carers. The Divisional Director, Children & Young People Services, acknowledged that there was a need to tackle the levels of persistent school absence; in this regard, the Virtual School Headteacher would be reporting to the next meeting.

Councillor Whitehead asked about the impact of bullying on the level of school absence and resistance, and suggested that it would be effective if other young people were engaged to mentor and support children and young people going through these difficulties. It was acknowledged that there were quite complicated factors at play in these situations and there may well be circumstances which would make this support role quite challenging for a young person. The Council used an “independent person” scheme locally to provide mentoring and support to children and young people beyond their carers and staff in the Children looked After service.

The Head of Business Intelligence referred to the improved speed of placement of children into adoption and special guardianship. The Divisional Director pointed out that while this was positive for the children and families involved, it would mean the residual cohort of children in care could become more less “stable” and therefore more challenging.

In response to Councillor Brown’s query, it was confirmed that Coram would continue to be involved in adoption services under the new “regional” arrangements since it would act as the hub for a number of authorities. The Council would therefore retain the benefits of the existing services and be able to build on these.

RESOLVED: That the report be noted.

167. Any Other Business

(a) Department for Education Consultation

The Divisional Director, Children & Young People Services, reported that the Department for Education had issued a consultation document on corporate parenting principles, the local offer to care leavers, and extending support from local authority Personal Advisers to all care leavers up to age 25; the consultation deadline was before the end of November 2017. The document appeared to mirror quite closely the

Council's existing practices and policies in this area, and it was therefore expected that the response would support the thrust of the ministry's proposals. The document would be circulated to members of the Panel.

(b) Agenda Tracker

It was agreed that the allocation of items for the next two meetings of the Panel be as follows:

9 January 2018: Independent Review Officers: Annual Report
Health Needs of Children Looked After
Virtual Headteacher's Report

27 March 2018: Safeguarding (*to include updates regarding Child Sexual Exploitation and Missing Young People*)
Care Leavers
Crime/YOT

Officers Present

Harrow Council Officers:

Paul Hewitt - Divisional Director, Children & Young People Services
Peter Tolley - Head of Service, Corporate Parenting
David Harrington - Head of Business Intelligence
Shana Hart - Participation Officer
Frankie Belloli - Senior Democratic Services Officer

Health Authority Representatives:

Zoe Sargent - Head of Children's Services and Operations, CNWL
Laurie Ward - Specialist Nurse for CLA, CNWL

(Note: The meeting, having commenced at 6.39 pm, closed at 7.59 pm).

(Signed) COUNCILLOR ANEKA SHAH-LEVY
Chair

**REPORT FOR: CORPORATE
PARENTING PANEL**

Date of Meeting:	9 January 2018
Subject:	INFORMATION REPORT – Harrow Children Looked After Health (CLA) Annual Report
Responsible Officer:	Zoe Sargent, Head of Children’s Services and Operations, CNWL NHS Foundation
Exempt:	No
Decision subject to Call-in:	No, as the report is for information only
Wards affected:	All
Enclosures:	Harrow Children Looked After (CLA) Health Annual Report

Section 1 – Summary

This report sets out the delivery of health services to Harrow’s Children Looked After (CLA) during 2016/17 in line with national guidance. It reviews performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

FOR INFORMATION

Section 2 – Further Information

The annual report has been presented to the commissioners of Harrow Council and Harrow CCG. It is due to be presented at the Health and Well-Being Board in January 2018.

Section 3 – Financial Implications

Not applicable.

Section 4 - Equalities implications

Not required.

Section 5 – 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

The report focuses on the service delivery from health to Children Looked After, a vulnerable group of children including those from the local community.

Section 6 - Contact Details and Background Papers

Contact: Emma Hedley, Named Nurse for Children Looked After Harrow,
01895 484945

Background Papers: Corporate Parenting Panel Reports -
October 2016 and March 2017

October 2016

<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=788&MId=62858&Ver=4>

March 2017

<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=788&MId=62860&Ver=4>

Children Looked After Health Report

15.12.17

Targets

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

Month 2017	Target For IHA's	Target for RHA's 100%	Number seen in timescales	
October	100%	100%	69% IHA	80% RHA
November	100%	100%	71% IHA	83% RHA

Monitoring

Bi-monthly monitoring meetings continue with the CCG and Harrow Council.

Monitoring of TB and blood screening referrals.

Meeting with Senior Performance Analyst to look at improving data collection and monitoring.

Presented at Harrow Joint Commissioning Executive Meeting to update on CLA service

Work Undertaken

We have attended all strategic and partnership meetings to best support the health needs of children looked after, these include MASE (multi agency sexual exploitation) panel, Children at Risk meeting, adoption and fostering panel, health and YOT meeting, quarterly CAMHS meeting and have invited Harrow Horizons to attend.

Training

Induction training delivered to 10 Social Workers and students.

Foster Carer training session regarding weaning delivered. Positive feedback received.

Attended Independent Reviewing Officers team meeting.

All team members have completed Mosaic training.

Named Nurse attended London learning event for Named and Designated CLA nurses.

Voice of the child and Care Leavers Update

We are currently completing our annual client satisfaction survey.

Met with young people at the last Corporate Parenting Board.

Attended the CLA awards ceremony at the Hive. This was a wonderful celebration.

Health Assessments – Creative Working and Advocacy

Child placed out of borough but receiving borough unable to complete health assessments for other authority children. GP unable to complete also. Through liaison with Social Worker and Foster Carer a health assessment was arranged for when the child came back to Harrow for contact with birth family. Health assessment successfully completed.

Child placed out of borough and receiving borough unable to complete initial health assessments (IHA) for other authority children placed in their borough. Liaison with child's GP who also was unable to complete health assessment. Liaison with Named Nurse, Designated Nurse, Designated Doctor and Team Manager where child placed to address concerns regarding missing episodes as child known to MASE panel in both boroughs. Informed Designated Nurse for Harrow – through partnership working the receiving borough has agreed to arrange appointment for IHA for our Harrow child.

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

www.cnwl.nhs.uk



Future Plans

To continue to work in partnership with Harrow Council to improve timeliness of requests for IHA's. Annual client satisfaction survey to be completed January 2018.

Report by Emma Hedley – Named Nurse for Children Looked After Harrow, CNWL.
15th December 2017

Appendix 1

An example of multi-agency work in enabling a previously non-compliant young person to access health services.

Liaison between CLA Specialist Nurse and other Professionals

CLA Nurse has ensured that all workers are made aware of all hospital appointments to ensure support in attendance. Liaison between CLA Nurse, YOT Worker, Residential Home Workers, Social Worker, and Respiratory Clinic secretary enabled a non-compliant young person to feel empowered to attend a hospital appointment himself.

Immunisations

Through liaison by CLA Nurse the young person has now commenced his immunisations, through support from home care workers and YOT worker. Further liaison was required by the CLA Nurse with the Practice Nurse prior to his next appointment, to ensure further immunisations are carried out. CLA nurse notified by YOT worker that young person's birth mother had made him anxious about further immunisations. Telephone conversation with young person.

Dentist

Young person has attended the Dentist for the first time in 11 years and was accompanied by Home Care Worker following support and liaison from the CLA Nurse who has now referred the young person to the specialist dental service.

Emotional Health

Young person has been referred to CAMHS (Co-ordinated response between YOT CAMHS Nurse, CLA Nurse and CAMHS)

Smoking

Young person smokes tobacco and wants to start vaping: CLA nurse liaison arranged a meeting with the young person, GP, Smoking Cessation service and Social Worker/YOT worker

Vision

Workers have made an appointment with the Optician for the young person following communication with the CLA Nurse and supporting professionals.

Education

Social Worker and YOT Workers have enabled young person to start an apprenticeship/college which he is attending. This has been achieved through joint working with the young person, CLA Nurse, YOT workers and Social Worker.

Annual Report

Children Looked After Health Service (Harrow)

2016/17

Annual Report 2016/17

CLA Health Service (Harrow)

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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 2016/17 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 second Annual Health Report for the Harrow CLA service. An OFSTED inspection was undertaken in February 2017 and services for CLA were rated as good.

The key points below provide a short summary of areas covered within the main report. The report outlines information on CLA demographics and provides benchmarking of local data against national statistics.

Harrow is the 12th largest borough in London with both high levels of affluence alongside significant levels of deprivation. It has an ethnically diverse population with 63.8% of its population from the BME (Black and Minority Ethnic) communities.

At the end of 2016/17, there were 211 children looked after by the London Borough of Harrow which represents the highest number in the last 3 years. Despite this significant increase, CNWL has maintained 93% achievement with regard to Review Health Assessments (RHA's) being undertaken on time.

The report looks at other clinical activity including immunisations where it is noted that there has been an almost 10% increase in the number of CLA with up to date immunisations since CNWL took over the service 2 years ago. Dental checks have increased 4.6% since last year and 100% of children under five have had up to date developmental assessments.

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.

We had a 1 year celebration of the service which was well attended and highlighted the strength of partnership working.

Service improvements include the introduction of the process for requesting adoption and medical advice, reminder system where requests not made in timescales, medical summaries requested for all CLA from their GP, and the redesign of the health recommendations form. Other new ways of working include the introduction of a peer support group and the development of a carer's information form. The Strengths and Difficulties Questionnaire, (SDQ) process was implemented resulting in a completion rate of 90.6%, an increase of 49.6% from last year due to a concerted effort from the social workers and CLA health team.

During the second year of the service the CLA health team met their Key Performance Indicators (KPI) of 100% every month with the exception of June 2016 where 93% of RHA's was achieved.

We have worked with CLA and Care Leavers to obtain their views about the service and CLA have been involved in the development of health passports and a health questionnaire for non-attenders. The CLA health team have undertaken a survey focusing on the health needs of CLA and have also completed our first client satisfaction audit.

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

2 Local Information

The term 'Looked After Children' (LAC), 'Children Looked After' (CLA) and 'Children in Care' (CIC) are all used to refer to children who are placed into the care system. The term 'Looked After Children' is currently used within statutory and government documents and is used widely to refer to teams working with this group of children. However, some Local Authorities prefer the term 'Children Looked After' and teams are thus named to reflect this. In the past the use of 'Children in Care' became popular, so may also be a preferred term within some organisations.

The terms are, therefore, interchangeable, however, in Harrow this group of children are referred to as 'Children Looked After.'

2.1 Demographic Information

The London Borough of Harrow (LBH) 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 and is the 12th largest borough in Greater London in terms of size. Harrow has both 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. Harrow is a diverse borough, having 63.8% of its population from the BME (Black and Minority Ethnic) communities

The LBH has a population of 239,056 (2011 census); Harrow JSNA (2016) states that around 243,500 people live in Harrow and just over half of them are female. Harrow is home to 55,800 children aged 0-17 and seven percent of the population are children under 5 years old. The percentage of children living in poverty is just slightly below the England average

<https://www.harrow.gov.uk/jsna>

<https://www.gov.uk/government/news/child-health-profiles-2016-published-by-public-health-england>

Looked after children continue to be included in the JSNA priority themes as in last year's annual report:

2.2 Benchmark with National Data including UASC data

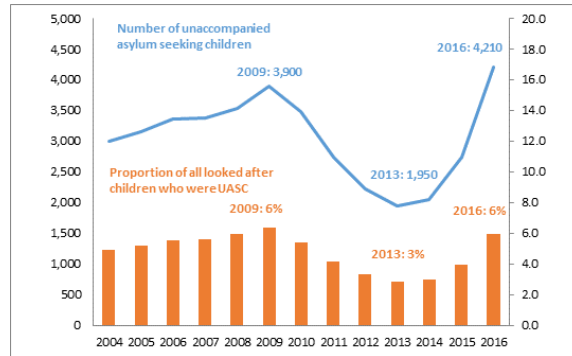
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556331/SFR41_2016_Text.pdf

2.2.1 – National data published March 2016 quoted below from above link:

- *The number of looked after children has continued to rise; it has increased steadily over the last eight years. There were 70,440 looked after children at 31 March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. The rise this year reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children.*

- In 2016 the number of looked after unaccompanied asylum seeking children increased by 54% compared to last year's figures, up to 4,210 children at 31 March 2016 from 2,740 in 2015 and up from a low of 1,950 in 2013. At 31 March 2016, unaccompanied asylum seeking children represented 6% of the looked after children population. Unaccompanied asylum seeking children are predominantly male, 93% in 2016 (up from 88% in 2012), and 75% are aged 16 years or over.

Figure 2: Increase in UASC nationally



- In the latest year, we have seen a rise in the number of unaccompanied asylum seeking children in care, with 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care. Many of the changes seen in the characteristics of the looked after children population as a whole have been influenced by this increase, for example with a rise in the number of children aged 16 and over, and a rise in the number of children with an ethnic background of 'Any other Asian', 'African' or 'Any other ethnic group'. If we remove unaccompanied asylum seeking children from the count of looked after children, we see that there has been a decrease in the looked after children population of 500 (1%) since 2015.

2.2.2 - National data for LAC show that 56% were male and 44% female which has remained fairly consistent over the last 6 years. The age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012.

2.2.3 – Over the last year we can see a rise in the numbers from some minority ethnic groups, in particular 'Any other ethnic group', 'African' and 'Any other Asian background' (excludes Indian, Pakistani or Bangladeshi). This is likely to reflect the increase in the numbers of unaccompanied asylum seeking children.

2.2.4 - National figures show that "Most looked after children are up to date with their health care. Of the 48,490 children looked after continuously for 12 months at 31 March 2016:

- 87% are up to date on their immunisations
- 90% had their annual health check.
- 84% had their teeth checked by a dentist

2.3 Local Statistics (age/gender/ethnicity)

The following information and data has been provided by Harrow Council, (Corporate Parenting report April 2017)

Numbers of CLA have remained stable since last quarter but do represent a 3 year high of 211. The numbers of CLA 1yr+ have also seen an increase from last quarter. The overall rate of CLA per 10,000 children (Harrow rate - 37) remains below the national (60) and statistical neighbour (41) average. There are no significant changes to the profile of the CLA cohort. However comparator data published for 2015-16 shows

Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. 44 children will be turning 18 this year and eligible for leaving care services.

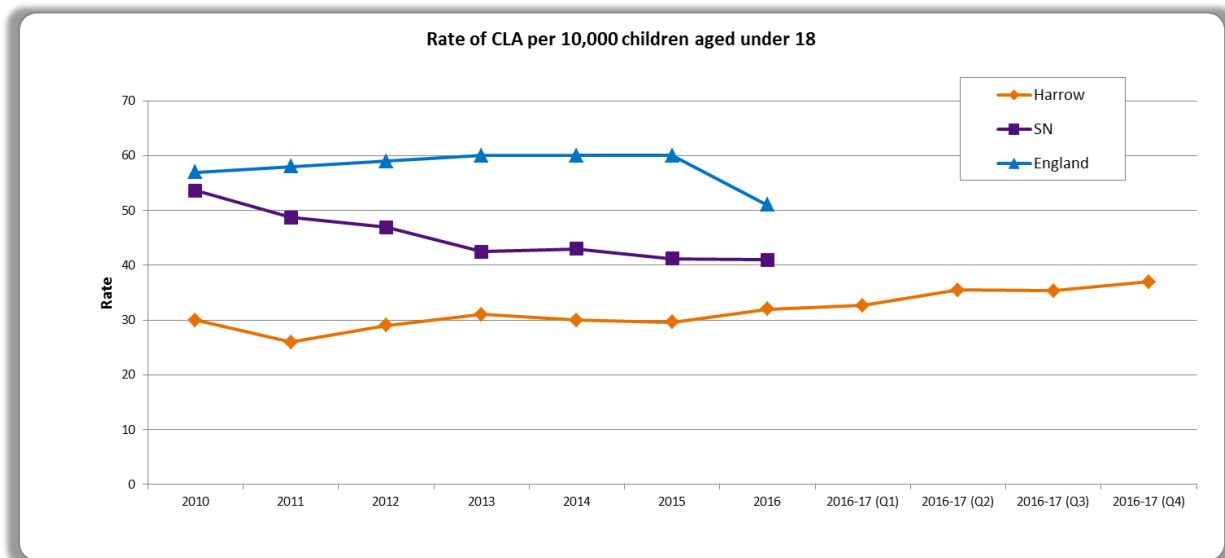
Harrow has a higher percentage of males in care.

CLA by ethnicity compared with statistical neighbour average show a very different picture due to the make-up of Harrow's population. More than two thirds of Harrow's CLA population is from BME (Black and Minority Ethnic) groups and in line with the local population breakdown though Mixed, Black British and Other Ethnic Backgrounds are overrepresented.

Harrow has a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi- independent placements)

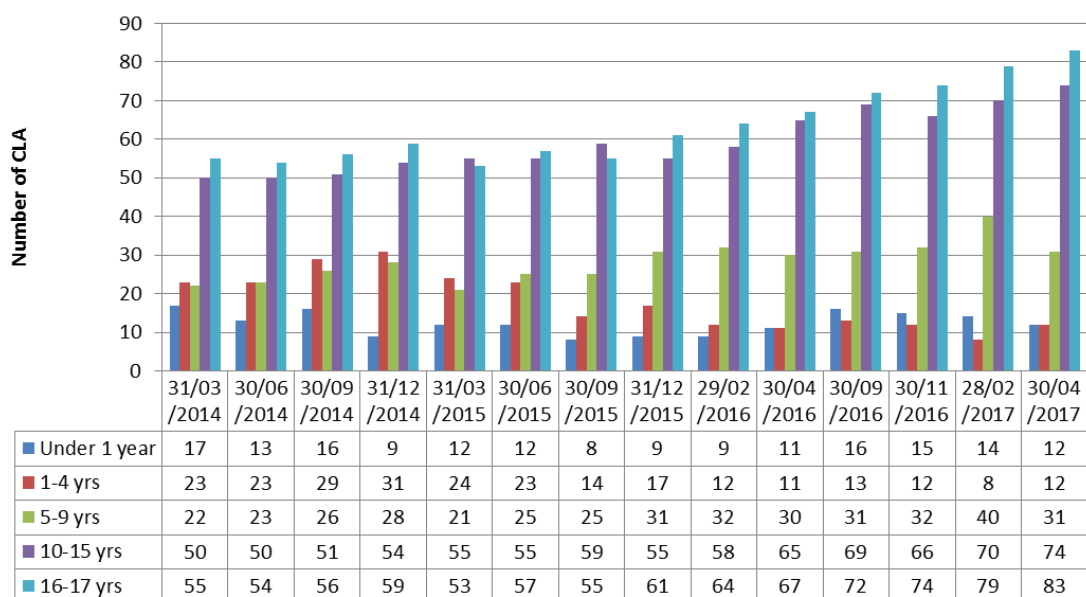
A higher proportion of care leavers were in suitable accommodation and in employment education and training at 31/03/2016 compared to statistical neighbour averages.

Harrow have had a similar proportion of CLA who had a missing episode in the year compared to previous year whilst statistical neighbours' and England trend is an increase from previous year.



CLA numbers have continued to increase throughout the current year with overall numbers showing a gradual increase from 2012. The overall numbers of CLA and CLA 1year+ have increased. The rate of CLA per 10,000 is increasing but continues to remain below the England and statistical neighbour averages.

CLA by Age Group

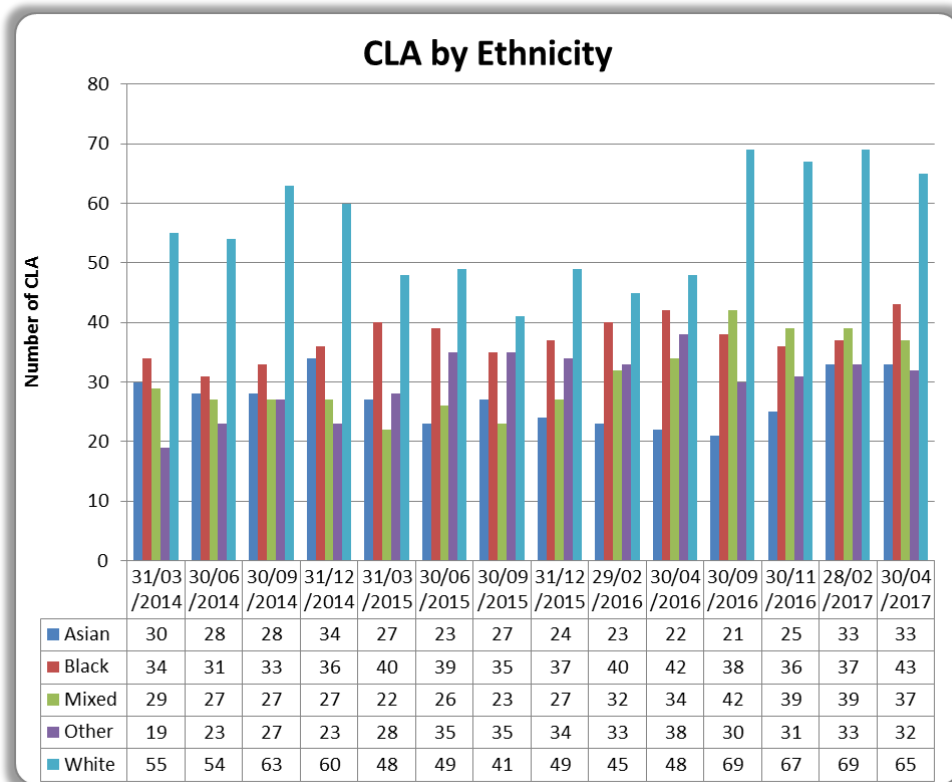


Comparator data has been published for 2015-16, this shows Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. Higher numbers of CLA aged 16+ will continue to have an impact on leaving care services. 44 children will be turning 18 this year.

Comparative data (%) year ending March 2016	Age				
	Under 1	1 to 4	5 to 9	10 to 15	16+
Harrow	5	6	18	33	39
Stat Neighbour	4	9	16	38	34
England	5	13	20	39	23

Comparator data shows Harrow has a higher percentage of males in care. This number has increased in the last 2 quarters to a peak of 128, whilst the number of females has remained moderately stable since September 2016.

Comparative data (%) year ending March 2016	Gender	
	Male	Female
Harrow	64	36
Stat Neighbour	59	41
England	56	44



In line with population projections, Harrow's Black and Minority Ethnic groups are considerably higher than England and the statistical neighbour average.

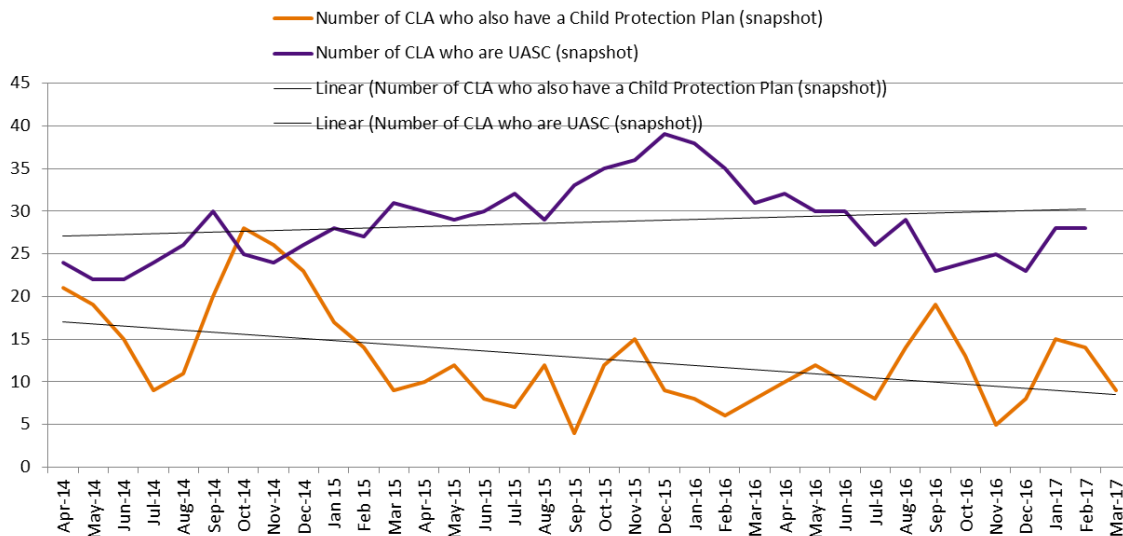
Overall two thirds of Harrow's children looked after population are from BME groups and more in line with the local population breakdown, Mixed, Black British and other ethnic backgrounds are overrepresented in the LAC cohort.

Comparative data (%) year ending March 2016	Ethnicity				
	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
Harrow	28	20	13	23	17
Stat Neighbour	47	17	12	18	7
England	75	9	4	7	3
Ethnic breakdown of young people aged under 18, 2011	30.9	9.5	42.6	12.2	4.5

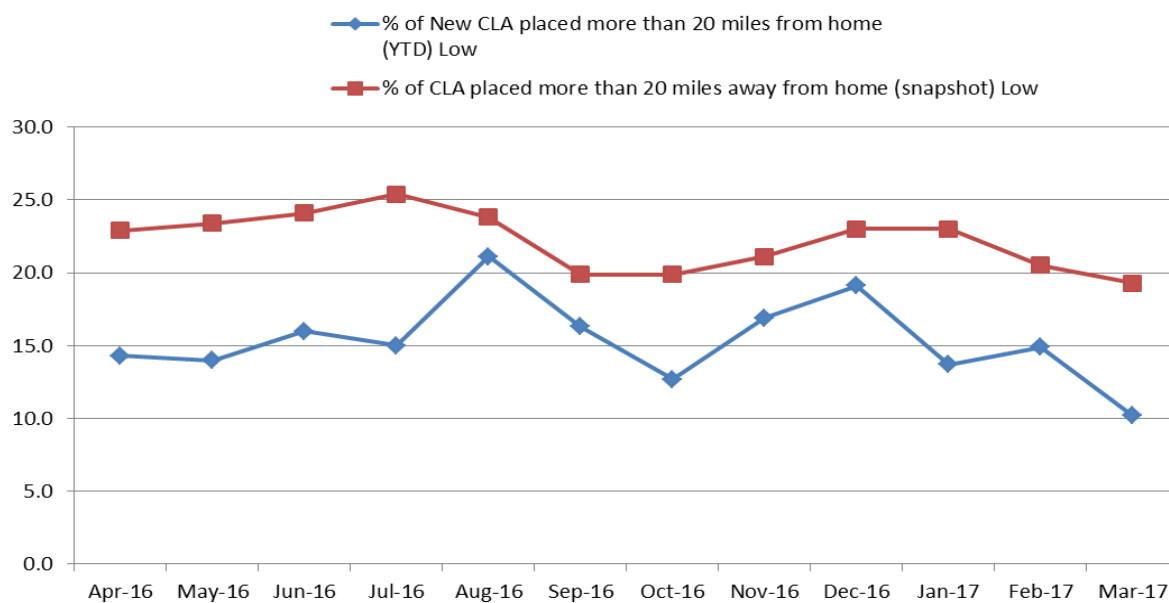
Harrow borough have also got a smaller number of Unaccompanied Asylum Seeking Children (UASC) compared to statistical neighbours in Hillingdon. The numbers over the year have remained stable at an average of 30 with a high of 32. This equates to 3 new UASC being looked after by Harrow each month. However as these children enter the UK with significant needs, this will have an additional impact upon services. Of the 100 children who have remained looked after for over 12 months 11 (11%) are UASC.

The number of dual allocated CLA who also have a Child Protection Plan has decreased. The number of CLA who are UASC has remained stable at 28.

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



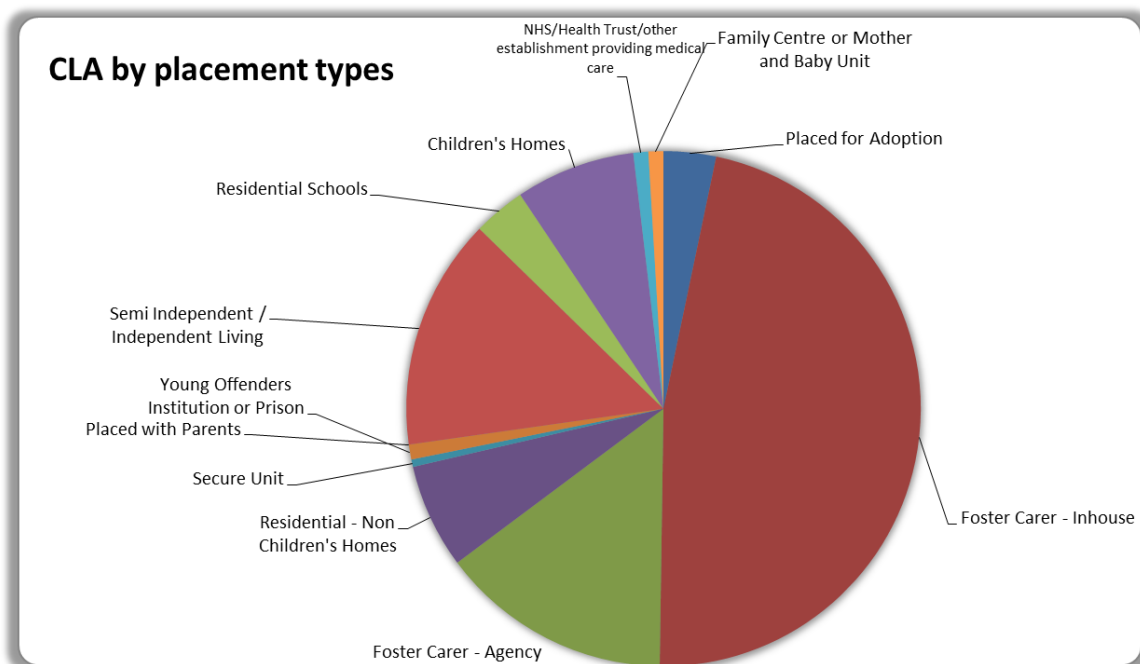
% CLA placed more than 20 miles from home



The percentage of all new CLA in the current performance year has varied throughout the year, currently 10.2% 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 22.2% throughout the year and is currently at 19.3%. In order to give a balanced view, these indicators exclude looked after children who are placed with parents, adopted or are unaccompanied asylum seekers.

The chart below shows Harrow CLA placement details at 31st March 2017

There are no significant changes to placement types. In house foster placements remain the most common placement type accounting for 46.9% of all placements. Slight increase in children in residential placements. Comparator data with statistical neighbours shows Harrow to have a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi-independent placements)



3 Service Summary

3.1 Staffing

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

3.1.2 – 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.

3.1.3 - 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. They fulfil the requirements of the Competency Framework (RCGP/RCN/RCPCH 2015). They undertake regular appraisals and as required are subject to revalidation.

Current Staffing

3.1.4 - Nursing Team

Designated Nurse for CLA – 30 hours per week

Specialist Nurse for CLA – 37.5 hours per week

3.1.5 - Medical Team

Designated Dr for CLA / Medical Advisor for Adoption and Fostering – 1PA per week

GPwSI – 3 PA's per week

3.1.6 - Administrative Team

Administrator for CLA – 37.5 hours per week

We successfully recruited to the GPwSI post in March 2016 and again in September 2016.

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 third year due to the small numbers of PA's for the Doctor posts.

3.2 Supervision

3.2.1 -The Specialist Nurse and Administrator for CLA are managed and supervised by the Designated Nurse. The Designated Nurse meets with The Designated Nurse for Hillingdon every month for supervision. All staff have annual appraisals, monthly 1:1s and ad hoc meetings as part of learning, development and supervision.

3.2.2 - The Harrow team is co-located with the Hillingdon CLA team, and peer safeguarding supervision is undertaken within this forum. Complex cases such as children at risk of sexual exploitation are discussed and time for reflection offered. The nurses have access to discuss any safeguarding issues with the Harrow Safeguarding Children Team. (Designated Nurse for Safeguarding Children)

3.2.3 - 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.

3.2.4 - The Nurses receives individual clinical supervision every 6-8 weeks. However arrangements are in place for case discussion and debriefing on a daily basis.

Clinical staff also receive support from external meetings

- Quarterly North West London LAC peer group meeting
- Quarterly London LAC Nurse meeting
- Quarterly CoramBAAF London health group
- Annual RCN LAC forum
- Annual CoramBAAF conference

3.2.5 - The Designated Doctor and Nurse meet on a weekly basis to review and discuss cases, quality assure work undertaken and ensure consistently high quality health assessments. This well established meeting provides opportunity to discuss any concerns, compliments, areas for development and strategic issues to be addressed.

3.2.6 - The Designated professionals attend Brent, Harrow and Hillingdon (BHH) safeguarding meetings every two months. In addition, this year, LAC meetings have been set up with the Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Collaborative (CWHHE) on a quarterly basis.

3.3 Governance & Reporting Arrangements

3.3.1 - In terms of reporting arrangements, the CLA health team are accountable to the Head of Children's Services and Operations (CNWL) and 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.

3.3.2 - The CLA health team have identified the late requests for health assessments and the lack of sharing of health information between health providers as a risk, and both of these are now on the CNWL risk register.

3.3.3 - For Harrow CCG, the health team have continued to strengthen the partnership working, and to inform them of any issues relating to the CLA service and any areas for commissioning to consider.

Joint monthly monitoring meetings held at Harrow Council and 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.

3.3.4 – 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 continues to be very positive about the health team being accessible every week for the Social Workers.

3.3.5 - 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.

3.3.6 – CNWL have 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. The CLA health team are due their 2nd peer review in April 2017.

4 Performance Indicators

4.1 National Targets

4.1.1 – Local Authorities are required to report on eleven performance indicators ie the National Indicator Set (NIS), which refer to looked-after children or care leavers.

4.1.2 – The health outcomes are reported on a follows:

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 4 or younger at 31 March
 Number of children aged 4 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' 2016

4.2 Local Targets

Outline of Targets Set by Harrow CCG and Harrow Council

4.2.1 – During 2016/17 the following targets were set by Harrow CCG and Harrow Council as set out in the joint specification.

To complete 100% 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 3 working days.

Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

4.2.2 – Review Health Assessments (RHAs)

To complete 100% 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.

Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The health team have achieved all targets for RHA's set within the agreed service specification with the exception of June 2016.

5 CLA Provider Team Clinical Activity

5.1 Health Assessments

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

5.1.2 – Initial health assessments are undertaken at 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.

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

5.1.4 - 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
- To report up to date developmental assessments

5.1.5 - 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 April 2016 – March 2017.

5.1.6 Initial Health Assessments (IHAs)

A total of 194 requests for IHAs were received compared to 109 in 2015/16

A total of 154 children were seen for IHAs from April 2016-March 2017.
(This includes 1 child from another authority placed in Harrow)

The following table shows a comparison to previous years.

Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
No Data	No Data	9	7	5	12	15	8	9	7	13	3	88
Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	
19	5	17	8	13	12	13	13	11	16	17	10	154

CNWL took over the service in June 2015 a total of 130 children were seen for IHA's (June – March) compared to 88 during 2015/16, an increase of 47.7%

Of the 40 children not seen for IHAs, these included those who became no longer CLA as well as those children who were seen in April 2017. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 154 (100%) IHAs, 83 (54%) were seen within 20 days of the child becoming LAC compared to 50% in 2015/16

Of the 70 not seen within 20 days of request, exceptions within KPIs applied.

5.1.7 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, children who were missing, interpreters who DNA and children who changed placement.

5.1.8 Review Health Assessments (RHAs)

A total of 208 requests for RHAs were received during 2016/17 compared to 145 requests in 2015/16.

A total of 148 children were seen for RHAs compared to 114 during 2015/16, an increase of 30%.
(This includes 4 children from another authority placed in Harrow)

The following table shows a comparison to the previous year.

Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
7	4	15	12	17	10	6	13	9	6	13	13	125
Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	
12	19	15	11	16	9	7	10	11	12	7	19	148

Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 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 100 children 93 (93%) had an annual health assessment within time scales. Of the 7 not seen within timescales, exceptions within KPIs applied.

England 2015/16	Statistical Neighbours	Harrow 2014/15	Harrow 2015/16	Harrow 2016/17	Number of CLA
90.0%	93.9%	82.5%	93.7%	93.0%	93/100

The table above shows a comparison to previous years of RHA's being undertaken within time scales. CNWL have maintained the 93% achieved last year, this is higher than the England average but slightly lower than statistical neighbours.

5.1.9 Issues contributing to the overall performance

There is an established process to ensure that RHA requests are received giving 12 weeks' notice.

Overall, data analysis 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 and text 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.

5.1.10 Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2017/18. The Designated Nurse produces monthly breach reports for the Senior Managers in Harrow Council.

5.1.11 Quality of Health assessments

Quality improvement has been driven by the needs of the CLA population who require a high quality health assessment, to ensure that health needs are identified and recorded as SMART actions on the health recommendations. 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). Health assessments undertaken by the Designated Doctor or Nurse in their provider roles are graded independently.

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. This often results in a 'thank you' email from the recipient.

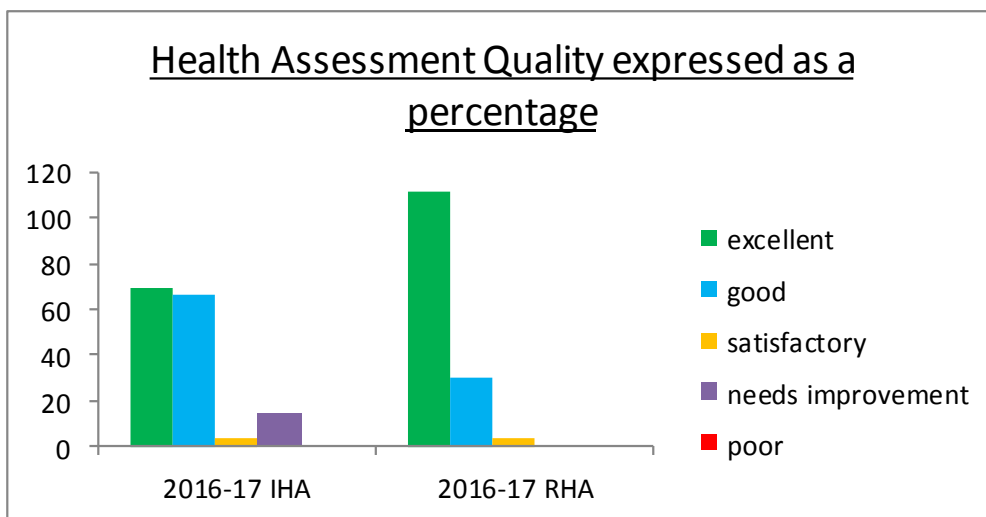
A poor, needs improvement or satisfactory health assessment from within CNWL results in action being taken in the form of training from the CLA team. One received from out of borough may result in a letter to the relevant professional, a note not to use that provider where possible in the future or if poor, a return of the paperwork for more thorough completion.

2016-17 154 IHA's - 45% excellent, 43% good, 9% satisfactory, 2% needs improvement 1% (2 health assessments were not graded, 1 child's neonatal summary and 1 health questionnaire)

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 88% of IHA's graded as excellent or good and 96% of RHA's graded as excellent or good.

2016-17 148 RHA's – 76% excellent, 20% good, 2% satisfactory, 2% (3 health assessments were not graded 3 health questionnaires)

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.



The Designated Nurse for Safeguarding Children (Harrow CCG) has planned to undertake a dip sample of quality of health assessments during 2017.

5.2 Immunisations

5.2.1 - The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. Of 100 CLA 76 (76%) 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
87.2%	82.10%	66.1%	72.6%	76.0%	76/100

Nationally, 87% are up to date on their immunisations, down slightly from 88% last year.

The above table shows that the rates of immunisation for Harrow CLA are below both our statistical neighbours and the national average. There has been an improvement of 3.4 % from 2014/15 and almost a 10% increase in the number of CLA with up to date immunisations since CNWL took over the service, this continues to be an area the CLA health team has prioritised for 2017, to ensure that we are safeguarding our children from preventable infectious diseases.

5.2.2 –The CLA health team identified 44 CLA who were not up to date with their immunisations. A letter was sent to their carers to encourage them to book an appointment with their GP. A copy was also sent to the child’s Social Worker and Independent Reviewing Officer.

5.2.3 - The CLA health team works closely with the TB service at Northwick Park Hospital and has implemented a process for all UASCs to be referred for new entrant TB screening. Recently this has been replaced with a directive from NHSE, where for those over 16 who are eligible for IGRA screening, are referred to their GP. In response to this change the CLA health team are undertaking a project to ascertain the impact on our UASC.

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

5.2.5 – The immunisation status of all CLA having a health assessment is reviewed, information is requested from their GP and subsequently arrangements are 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.

5.2.6 – A letter is sent to all GPs with a copy of the health recommendations and this has led to faxes/emails being received from the GPs with additional data about immunisations which in turn has been updated on SystemOne.

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

5.2.8 – Meeting with Dr Small (Named GP for Safeguarding Children Harrow CCG) to discuss improving immunisations for UASC and the need for additional training for Harrow GP’s.

5.2.9 – Specialist Nurse, GPwSI for CLA, Infectious Diseases Consultant and TB Registrar met with the Northwick Surgery GP’s to discuss the health needs of UASC including immunisations, TB Screening and screening for blood borne infections.

5.3 Dental Checks

5.3.1 - 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).

5.3.2 – 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.

5.3.3 – The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. Of the 100 children, 93 (93%) were recorded as having a dental check compared to (88.4%) during 2015/16 an increase of 4.6% which is higher than both the England and statistical neighbours average.

5.4 Developmental Assessments

All CLA aged 4 or younger are required to have their developmental assessments completed. 100% of Harrow's CLA were up to date with their developmental assessments which is the same recorded figure as last year.

5.5 Local Requirements

Registration with a General Practitioner

5.5.1 - 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 154 CLA seen for IHA, 13 children (8%) were showing as not registered with a GP.

5.5.2 - Of the 13 children not registered with a GP at IHA

- 5 were new born babies and had not been registered with the GP yet but had an appointment to be registered.
- 8 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

Optician Checks

5.5.3 – 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.

	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
IHA	62%	0%	64%	100%	29%	44%	40%	45%	20%	70%	55%	57%
RHA	88.9%	78%	100%	100%	80%	67%	60%	75%	83%	75%	100%	82%

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21st September 2017

6 Other Clinical Activity

6.1 Sexual Health

6.1.1 – 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.

6.1.2 - 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'

6.1.3 – 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.

6.1.4 – Links have been made with the Harrow sexual exploitation manager (CSE) and the Gangs Co-ordinator

6.1.5 – 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.

6.1.6 – The Specialist Nurse for CLA regularly attends Harrow Council's MASE panel and the Children At Risk Panel. Following these meetings, the CLA are discussed with The Designated Nurse and a plan devised.

6.1.7 – The CLA nurses assess all CLA A&E attendances received from the Paediatric Liaison Health Visitor who is based at Northwick Park A&E department. The CLA nurses follow up any concerns with social care and attend strategic meetings in serious cases.

6.1.8 – Information shared with the Harrow CSE Manager via The Safeguarding Children Advisor for CNWL to help with mapping cases to assist in the development of the profile around harmful and sexual behaviour in children and young people, to inform the collective strategy.

6.1.9 – Designated Nurse assisted children and young people's participation worker by sharing resources for sexual health and relationships and child sexual exploitation for her session with young people aged 15+ who are looked after.

6.1.10 – The CLA health team have referred young people to local sexual health clinics and local support groups to support them with their sexual health and understanding their sexuality.

6.1.11 – Creative Working

GPwSI and Specialist Nurse for CLA undertook a joint IHA for a young person with complex needs as the Specialist Nurse had attended the MASE panel where the young person was discussed.

6.2 Teenage Pregnancies

6.2.1 - The CLA health team work closely with Social Workers and sexual health services to prevent unwanted teenage pregnancies within the CLA population.

6.2.2 - The CLA team ensure that each child who is seen for a health assessment is provided with sexual health and relationships advice which promotes positive sexual health messages such as contraception and prevention of sexually transmitted infections.

6.2.3 - The team refer to sexual health services should they consider that a young person is at risk of pregnancy.

6.2.4 - The CLA health team will also work with Social Workers in cases where young people are at particular risk. This is especially important for those young people who are pregnant or have experienced a termination of pregnancy as research shows that they are at risk of a second pregnancy within 12 months.

6.2.5 - The following data for all of Harrow's under 18-year population is taken from CHIMAT report dated March 2017:

In 2014, approximately 11 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is lower than the regional average (approximately 22 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 23 per 1,000).

6.2.6 – The Specialist Nurse for CLA has liaised with the Teenage Pregnancy Midwife at Northwick Park Hospital and discussed two young people who are pregnant.

6.3 Substance Misuse

6.3.1 - National data shows: *“The percentage of children looked after who were identified as having a substance misuse problem was similar to the previous year. Of the 48,490 children looked after for at least 12 months in the year ending 31 March 2016, 4% were identified as having a substance misuse problem. Half of these (50%) received an intervention for their substance misuse problem, compared to 48% last year, and down on the 56% receiving an intervention in 2014. A further 40% were offered an intervention but refused it, up slightly from 38% last year and up from 34% in 2014. Comparable rates for all children are not available.”*

Substance misuse is slightly more common in males and is more common in older looked after children. 4% of males were identified with a substance misuse problems compared to 3% of females. 11% of 16 to 17 year olds were identified with a substance misuse problem in the year ending 31 March 2016, compared to 4% of 13 to 15 year olds.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575531/SFR41_2016_Additional_Tables_Text.pdf

6.3.2 – In the National tables there is no data recorded for substance misuse for Harrow.

6.3.3 - The CLA health team continue to work with partners to support young people with health advice on smoking, drug and alcohol issues. Substance misuse is discussed at an age appropriate level with CLA during their health assessment and referrals are made to Compass, smoking cessation, GP's and pharmacists.

6.4 Emotional Health & Wellbeing

6.4.1 - Nationally 75% LAC had completed SDQ with the average score being 14.7 for males and 13.2 for females (overall average 14). 46% of male LAC and 53% female LAC had normal scores recorded, with 13% having borderline scores and overall 38% having scores which were a cause for concern.

6.4.2 - In Harrow, 90.6% CLA had completed SDQ recorded which is higher than the national average. The rates of recording have significantly improved from the previous year (which was 41%) due to a concerted effort from the Social Workers and CLA health team.

6.4.3 – CLA specialist Nurse liaised with the clinical lead for Tier 2 service and the UASC team manager to enable them to share SDQ's in other languages. Email of thanks from team manager received.

6.4.4 – CLA health team have been instrumental in the implementation of schools completing SDQ's for CLA through meetings with the Virtual Head Teacher, Tier 2 service and CLA Manager.

6.4.5 – Emotional health is discussed with all CLA during their health assessments. The 'how I feel chart' is discussed with young children and older children use a scale of 1-10.

6.4.6 – Specialist Nurse for CLA trialled an emotional health and wellbeing questionnaire for CLA to complete during their health assessment for those who may require counselling or referral to CAMHS. This has now developed into SDQ's being completed with children/young people during their IHA and RHA, where emotional needs have been highlighted and where an SDQ has not been received.

6.4.7 - 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.

6.4.8 - CAMHS

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

Quarterly meetings with CAMHS and CLA team manager.

Liaison and discussion of CLA with CAMHS – Agreed sharing of information process.

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

6.4.10 - 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.

6.4.11 – Specialist Nurse for CLA asked to complete a bereavement referral. Decision made to bring forward young person's RHA as the carer/ IRO and Social Worker have requested the referral. The young person was reticent to talk to anyone about her feelings about the bereavement, 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 was scored by the Tier 2 manager.

6.5 Other (Complex Case Work)

6.5.1 – During 2016/17 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.

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

6.5.3 – Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, healthy eating, Diabetes, and follow up and support regarding FGM.

6.5.4 – 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.

Designated Nurse helped care leaver aged 25 with learning disabilities, with support from her Social Worker to look at accessing her medical records at Northwick Park Hospital.

Two siblings had refused to have their health assessments undertaken. 3 appointments had been made and they did not attend. They were placed OOB and regularly went missing. Liaison with their Social Worker, Carer, Birth Parent and the young people themselves resulted in them agreeing to complete a written health questionnaire about their health. We also asked for their feedback about the health questionnaire. Once the completed forms had been received the Specialist Nurse contacted the siblings about their forms and they both agreed to telephone health assessments. This has opened the way for a face to face assessment in the future.

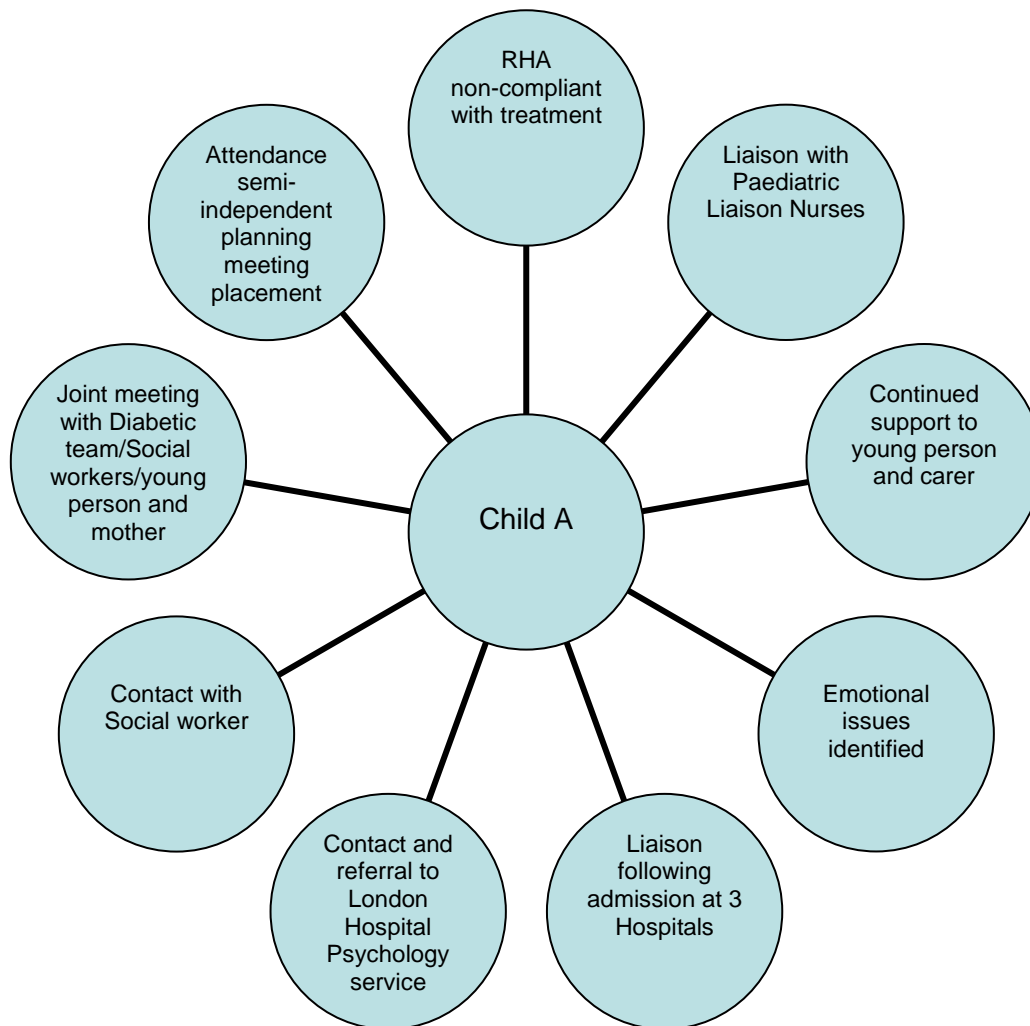
6 year old child placed out of borough with complex health needs. CLA health team completed review health assessment resulting in identification of unmet health needs including outstanding immunisations. Liaison with GP resulted in referral to Community Paediatrician, Occupational Therapy and local Epilepsy Specialist. Liaison with School Nurse to undertake eye and hearing assessment at school. CLA Doctor wrote a letter to the child's GP stating that the child could be given his outstanding immunisations. Designated Nurse liaised with Social Worker to discuss completion of health recommendations and funding for physiotherapy. Designated Nurse liaised with Foster Carer and appointment for outstanding immunisations arranged for September.

10 year old child requested information about her birth from her Social Worker. CLA health team liaised with health professionals and accessed this information from the hospital where the child was born as current GP and School Nurse had no record. Information given included length of pregnancy, type of delivery, length of labour, time of birth, weight at birth and Apgar scores. Email of thanks received from Coram-Harrow Adoption Partnership Manager.

Designated Nurse assisted local children's home when a staff member was diagnosed with TB. Liaison with home, Head of Service, TB Nurses in Harrow and Hillingdon which resulted in a plan of action for the home and staff as children looked after by Harrow are placed there.

Case Study 1

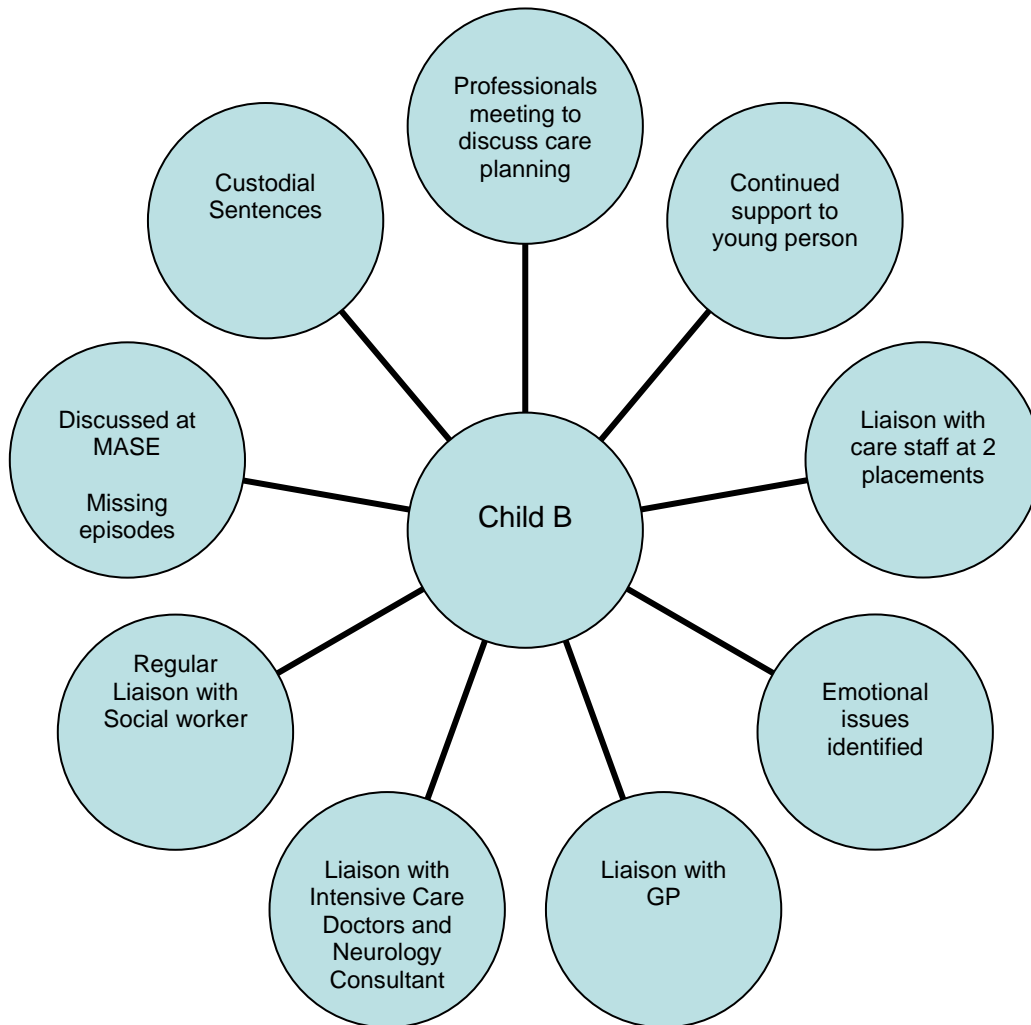
17 year old female with Insulin Dependent Diabetes Mellitus



- CLA Specialist Nurse liaison between Social worker and hospital ward staff following emergency admission for young person
- CLA Specialist Nurse liaison between Paediatric Diabetic Liaison Team (London Hospital) and Social Worker and carer
- CLA Specialist Nurse liaison with Paediatric Liaison Officer
- Support given to Young Person by CLA Specialist Nurse
- Liaison and referral to Diabetic Psychology services
- Health planning meeting arranged at London Hospital attended by young person, birth mother, carer, Social Worker, Supervising Social Worker, CLA Specialist Nurse, Consultant, Paediatric Nurse and Dietician. This was to ensure smooth transition prior to the planned move to a semi-independent placement and to ensure that the young person and all professionals involved were aware of the future health plan.
- Further liaison with Social Worker to give advice on future care
- CLA Specialist Nurse attended Placement Planning Meeting at new semi-independent placement.

Case Study 2

17 year old male with Epilepsy



- 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 noncompliance 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.
- Professionals meeting to discuss further management.
- Review Health assessment completed July 2016 has been previously non-compliant.

7 Adoption & Fostering

7.1.1 – 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.

7.1.2 - 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.

7.1.3 – There have been 9 joint fostering and adoption panels between April 2016 and March 2017. The Designated Nurse attended all panels while the Medical Advisor/Designated Doctor attended 8/9 panels. A Medical Advisor attended all adoption cases.

7.1.4 –The breakdown of cases discussed show that there were 5 adoption matches, 1 long term fostering match and 6 connected persons matches.

7.1.5 – There were 4 foster career approvals, 3 deregistrations and 9 annual reviews discussed at the panel.

7.1.6 - During the year 2016/17, 25 SGO's (Special Guardianship Orders) were granted in respect of Harrow's looked after children. The panel considered 4 SGO applications. 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.

7.1.7 – 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 require summary of the health needs of the child and the family plus the possible consequences for the CLA.

7.1.8 - 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. Following panel the minutes have to be read and approved within 5 working days.

7.1.9 – The Medical Advisor met with all the prospective adopters prior to panel to discuss the health needs of the children involved.

7.1.10 – 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 2016/17 the medical advisor reviewed 1-2 AH (Adult Health) forms a week. Some cases are complex and require much research and liaison with other medical practitioners and Social Workers.

7.1.11 – 2 young people seen by Specialist Nurse for CLA, for follow up of health needs raised during review health assessment prior to being presented at fostering and adoption panel.

8 Training

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

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

8.1.3 – Training delivered to the First Response Team induction day with 20 people in attendance. This has resulted in improvements in the timeliness of requests for IHA's.

8.1.4 – Training, support and liaison has taken place with Health Visitors and School Nurses. Designated Nurse attended Health Visitor team meeting to discuss the health needs of CLA and the role of the lead health professional.

8.1.5 – Designated Nurse delivered a teaching session about CLA and their health needs at Oxford Brooke's University to Health Visitors and School Nurses in training. Thank you email received from Jennifer Kirman (Course Lead) stating that the students gave 'extremely positive feedback regarding approachability, knowledge and compassion and welcomed the sharing of expertise and championing of the good work the team excel in.'

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

8.1.7 – The CLA health team have delivered joint training with the Tier 2 Manager to foster carers in Harrow regarding the emotional needs of CLA. Evaluations have been very positive with carers valuing the 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 has resulted in specific training sessions planned for 2017 regarding weaning, puberty and hygiene, and child development.

8.1.8 - Training delivered to the Safeguarding Leads in Harrow CCG (30+ GP's and 2 Practice Nurses) on the health needs of CLA, immunisations and TB screening. Positive feedback received via email from Dr Small (Named GP for Safeguarding Children Harrow CCG)

8.1.9 – Designated Nurse, GPwSI and Named GP for Safeguarding Children Harrow CCG, delivered a joint training session for GP's in training at Northwick Park Hospital regarding safeguarding and children looked after. This session was well attended and positively evaluated.

9 Service Improvements

9.1 Specific Improvements / Team Achievements

- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council
- Monthly meetings with Morning Lane – Tier 2 mental health
- Quarterly meetings with CAMHS
- Designated Nurse for CLA attended the early intervention service consultation where needs of CLA were discussed
- CLA health team attended ‘Future In Mind’ workshop and highlighted CLA as a priority group
- Discussion with CoramBAAF regarding best practice in adoption processes
- Liaison with NHSE regarding immunisation records for CLA
- Redesign of health recommendations form
- TB leaflet developed by team available on the CNWL website which can be downloaded
- Development of health assessment decline pathway

9.1.2 – Health Passports

We devised a questionnaire to obtain the child’s voice with regard to what they would like in their health passports and have received both verbal and written feedback.

CLA and young people’s views regarding their health passports shared with Frameworki Children’s Workstream Lead, Corporate Parenting Manager, Quality Assurance Manager and Children’s Participation Officer

Meeting with Harrow Council and the Frameworki team to develop the recording process and to agree content of health passport to go live in June 2017

9.1.3 – Pathway of completion and assessing SDQ’s agreed with Harrow Council and Morning Lane Tier 2 service.

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

9.1.5 - We have been working with Harrow Council to look at late requests of health assessments. As a result a single frameworki episode has been created which has resulted in improvements in the timeliness of requests.

9.2 Involvement of CLA and Care Leavers

9.2.1 - 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 the health passport.

9.2.2 – CLA Specialist Nurse presented at Care Leaver conference June 2016 – 25 care leavers in attendance. The theme was a healthy lifestyle and she devised a young person friendly, simple to read health quiz. Interpreters were present to help the young people to understand the questions. Some care leavers took health leaflets and some asked specific questions which were answered, and they were also signposted to relevant services.

Presentation at Care Leaver event in December 2016 – 37 care leavers in attendance. 25+ weighed and measured and health information given. Specialist Nurse for CLA gave feedback to the UASC Team Manager to evidence changes in practice from the previous care leavers' conference.

9.2.3 - Specialist Nurse for CLA devised a health quiz for the 'Beyond Limits' group magazine.

9.2.4 - Health stall provided at Harrow College health fair with health information and health resources for CLA as many care leavers attend Harrow College.

9.2.5 - UASC

Support offered to The Gayton for UASC observing Ramadan.

Liaison with the manager of The Gayton to discuss having a leaflet holder for health information.

CLA Specialist Nurse designed an interpreter's crib sheet so that the interpreter will understand what areas of health will be discussed with the young person during their health assessment. Our Designated Doctor shared this document at the National Meeting of the CoramBAAF health group. Email of thanks received from the Designated Doctor for CLA in Portsmouth.

9.2.6 - A children and young people's comments and views form is given to each CLA following their health assessment. Some of the following comments have been received:

'I feel that were good for me because it shows me how tall and weight I am. Also I can share to her about my health, what I did and what I should do to improve. I feel I would like to have same day like this because it make me better' (17 UASC)

'I think that it went well' (11)

'It helped me with how tall I am and how much I grown. Also what I weigh. I helped her set up the equipment and helped her put it away. I answered the questions she asked me' (8)

'I felt happy after this session, team being was communicating and helpful. Questions were good' (17)

'The assessment was alright overall. It wasn't boring or painstaking and I found it useful and enjoyable' (14)

'Today very good and helpful. I learnt a lot of things, thank you' (16 UASC)

'It was very useful and helpful and helped me a lot' (16 UASC)

'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 Dr/Nurse)

'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 Dr/Nurse)

'It was good' (13)
'I enjoyed it. It's so fun but we didn't do the weighing' (9)
'The meeting with the doctor went very well' (16 UASC)
'I thought everything was really good today' (10)
'Everything was fine' (16)
'It was good and helpful' (11)
'It's good' (14)
'Worried about what might happen but did not need to worry everything was fine' (7)
'It was very informational. I liked the new info and good length of meeting. Nice to know I've grown' (14)
'I enjoyed it because I know what I can do to help myself in life so my life will be better in the future' (10)

9.3 Non-Attendees

9.3.1 - The CLA health team strive to reduce non-attendance for health assessments by engaging with young people who do not attend by offering flexible times, venues and respecting the young people's wishes.

9.3.2 - 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.

9.3.3 - Currently the CLA health team have 5 young people who have refused to have their health assessment's this equated to 1.7 % DNA rate – 5 out of 302 health assessments. The CLA Specialist Nurse has liaised with Social Workers, carers, birth families, health professionals and key workers to ascertain the young people's health needs. Written health questionnaires have been sent and 2 young people have planned face to face appointments.

9.3.4 - A health questionnaire is sent to young people who DNA and refuse their health assessment. A health plan is produced from the questionnaire and shared with the Social Worker. To date we have received 4/5 questionnaires from young people. This method often opens the way to a telephone health assessment or a face to face assessment.

9.3.5 - The CLA health team have now developed a health assessment decliner pathway.

9.3.6 – Flexible Working With Young People who DNA or refuse

Young person refused to attend for their IHA whilst living out of borough. Young person had periods of being missing from care. Specialist Nurse for CLA spoke with the young person and they agreed to complete a health questionnaire. Following completion the Specialist Nurse contacted the young person to discuss their responses and the young person agreed to a face to face assessment, which was completed by our Specialist Nurse.

9.4 Audits (and research)

9.4.1 - The CLA health team undertook our first client satisfaction to discover how CLA rate the health assessment service provided. This took place between May 2016 and August 2016.

All CLA who attended for their appointment in Harrow were given the opportunity to provide feedback. Our criteria included all CLA, however if the child was not able to complete the questionnaire, their carer was asked to complete this on their behalf.

In total 48 questionnaires were returned. This represented 25% of the total number of Harrow Children Looked After (191 average between May and August). The samples are representative of the total Harrow CLA population and cover both IHA and RHAs.

Results show a high rate of satisfaction with 96% rating the health assessment as great or good.

As part of our family and friends survey, 94% said they would “definitely” or “likely” recommend us to other LAC.

Young people were asked if they felt that they were treated with respect of which 100% responded positively. As respect is a CNWL core value, this is an essential requirement for the service.

CLA are encouraged to provide a comment in relation to their health assessment. 41 out of 48 wrote responses this equates to 85%. Some comments are shown below:

Laurie spoke to me and I feel I am safe and I feel very good. My health assessment was very good she helped me. She spoke to me about my health and to many thanks to her
Great and enjoyable
It was an absolutely great. I am really happy with my assessment how it was
It was good, I felt relaxed and didn't feel uncomfortable
It was really helpful to update with my health assessment
It was very good and very helpful
It wasn't scary it was ok and gave me extra information
It went great the lady was a good listener and supportive
It went very well
Useful and helpful
I always feel listened to and informed by the health assessor
Very good. Pleasant and very informative and overall pleasant
Today was good, Laurie was really good
It was brilliant and I was made to feel at ease very informative all my questions were answered to perfection. Lovely nurse
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
It was great because I've learnt quite a lot about health and now I will run round the green and use a skipping rope and I will hoola hoop around the garden and stay fit and healthy. I have enjoyed it
Learnt a few new things, was very helpful and useful
The health assessment was good for me because I found it useful and informative

Comments made by Carers:

Today's assessment went well. The doctor was very clear in her questioning and also gave us information in regards to her questions. I gain an understanding as to why certain questions were being asked and what I could be looking out for developmentally

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

A child I care for was having a medical. Friendly and kind

It was good my son actually completed it

Emma was lovely and listened to me, and Alison gave advice when was needed

This is the first Harrow CLA Audit completed by the CLA health team and findings have been positive. Results are good and staff are to be congratulated on this. We plan to re audit in September 2017 to compare this year's results.

9.4.2 - Meeting with Dr Boullier (Child Public Health Registrar) and Dr Williams (Consultant Paediatrician) to discuss mapping of UASC and their health needs. We shared our UASC health needs audit and our health needs audit tool which they want to adapt and use for research across Harrow, Brent and Ealing.

9.4.3 – Dip Sample

A dip sample of IHA records taken from April 2016 – July 2016 were looked at in terms of calculating the number of days taken to return the completed health assessment to Harrow Council. 43 records were included.

19 out of 43 (44%) of IHA's were completed and returned within 20 working days of child becoming looked after.

24 out of 43 (56%) of IHA's were completed and returned within 21 working days of child becoming looked after.

37 out of 43 (86%) of IHA's were completed and returned within 28 working days of child becoming looked after.

43 out of 43 (100%) of IHA's were completed and returned within 42 working days of child becoming looked after.

The assessments taking the longest time to return, 38 and 42 days were from out of borough teams.

9.4.4 - The following health needs audit was compiled from 12 months of data collected by the CLA health team. It includes the health needs for CLA living in Harrow and for Harrow children placed out of the borough. The focus is on the health needs highlighted during both initial and review health assessments.

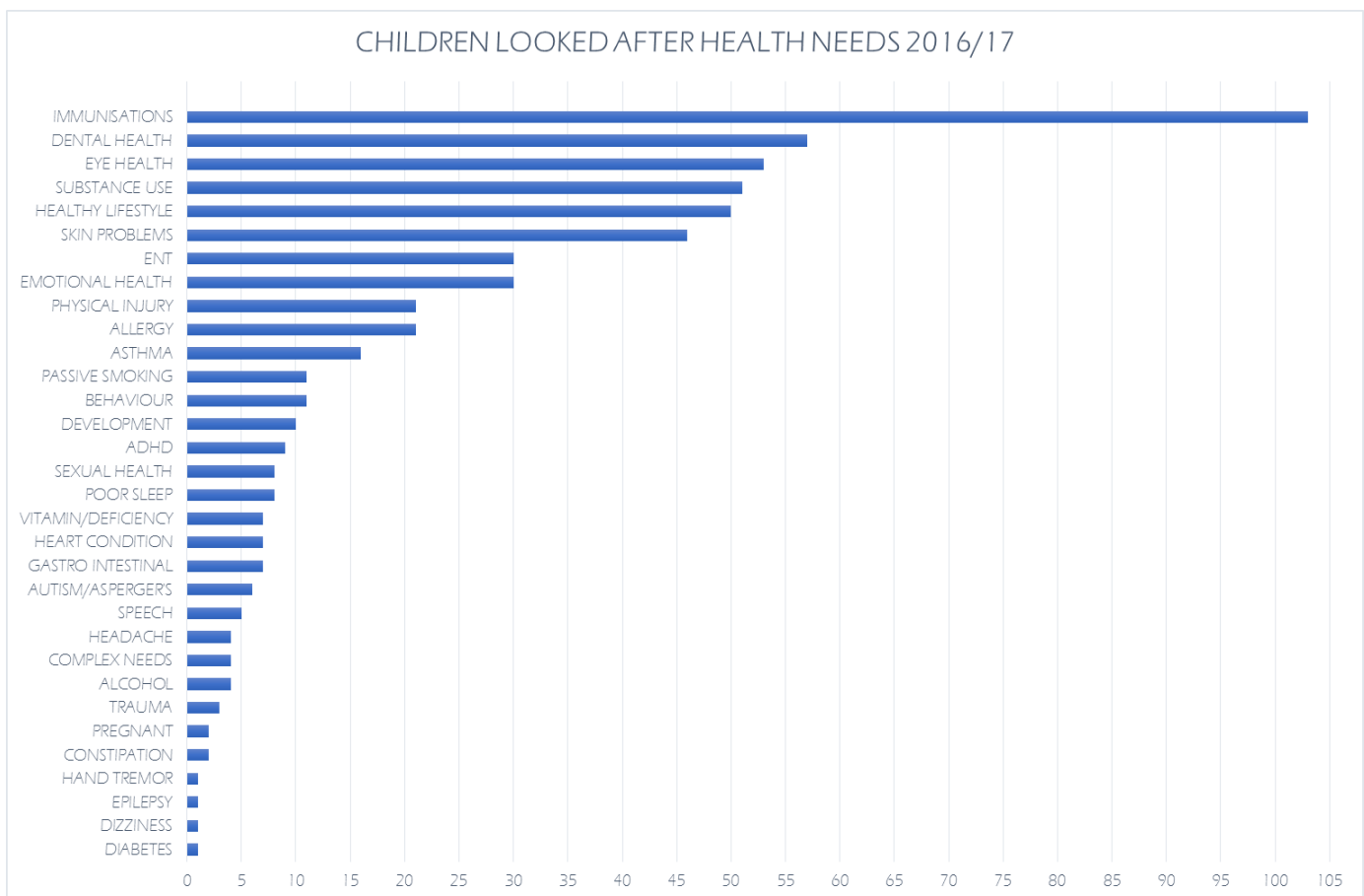
The greatest health need of Harrow’s CLA is immunisations – which includes TB screening. Neighbouring boroughs including Hillingdon have a dedicated Immunisation Task Force that is commissioned for CLA and Camden has a Health Improvement Partner. These initiatives have led to consistently high rates of immunisations for CLA.

We implemented a TB referral process that ensured UASC were screened for TB and blood borne infections. This has currently been superseded by a recent NHSE directive. The CLA health team is currently monitoring the impact that this is having on our UASC.

The second highest health need is that of dental health – this includes needing to register with a local dentist, dental checks, increase tooth brushing, braces, dental caries and fillings. This data reflects the national trend for CLA.

Substance use includes smoking and Cannabis use. By far the largest majority of substance use amongst CLA is smoking and we need to look at more creative ways to engage young people in smoking cessation.

There is a high prevalence of emotional health needs for CLA and good working protocols are in place with Morning Lane and CAMHS. Emotional health needs identified include attachment disorder, self-harm, low concentration, anger, sleep, bed wetting, PTSD, suicidal thoughts, anxiety, depression, panic attacks, low mood, and bullying.



9.5 Partnership working

9.5.1 – We held a one year celebration event at Harrow Civic Centre for all stakeholders in June which was really well received. This was shared on the CNWL website – news section

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:

- Harrow CCG and Harrow Council
 - Corporate Parenting Managers quarterly meetings
 - Weekly monitoring Meetings with Harrow Council
 - Attendance at Social Work team meetings
 - Business Support Officers at Harrow Council
 - 'Beyond Limits'
 - Northwick Park Hospital A&E Liaison Health Visitor
 - Sexual Health Outreach Nurse
 - Head Teacher of Virtual School
 - Morning Lane
 - CAMHS
 - CAMHS YOT
 - Health Visitors and School Nurses
 - Harrow GP's
 - Children's Participation Officer
 - Foster Carer Training and Development Officer
 - Harrow Council Learning and Development Officer
 - CORAM Partnership Team
-
- Specialist Nurse for CLA attends monthly MASE meeting
 - Specialist Nurse for CLA attends monthly Children At Risk Panel
 - Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough
 - Helped Social Worker obtain CHAT (comprehensive health assessment tool) for young person on remand.
 - Designated Nurse attended 10 year celebration of CORAM and Harrow Council partnership and The CLA health team were thanked for their support.
 - Designated Nurse and Designated Doctor met with CORAM Manager and Adoption Team Manager to confirm process for medical advice and adoption medical.
 - CLA health team continue to meet with the Head Teacher of the Virtual School, CLA Team Manager and YOT CAMHS Nurse on a 6-8 weekly basis.

9.5.3 – 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 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.

9.5.4 – 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 including:

Thank you email received from one of the IRO's regarding sharing of health assessment information.

Thank you email received from CORAM – Harrow Adoption Partnership Manager in helping to prevent an adoptive placement breakdown for a Harrow child placed OOB.

'Very helpful for children to let their feelings and emotions loose' (Social Worker)

I have noticed a remarkable change in how the CLA health team works since Emma and Laurie came into post. They are easy to reach and keen to flexible to make it easier for the young people to engage with them. In the last year we have set up a monthly meeting between Laurie from CLA health and YOT health staff. This is improving how we support the health needs of our young people. Laurie's enthusiasm for trying new ideas has greatly assisted in establishing this project. (Specialist Nurse YOT Harrow CAMHS)

Again!!! Wow. What can I say. Working with you guys has tremendously improved the health outcomes for our looked after children. Your work and involvement has continued to support the team work with their young people in relation to their health needs and concerns. Young people are more confident in approaching Social Workers and requesting appointments/ consultations with yourselves due to your approachable nature and professionalism. You are always available, informative and helpful with advice and support. Thank you very much. This year like the last has been GREAT. (Pam Johnson, CLA Team Manager)

The service over the past 2 years has been excellent. The CLA Nurses have been very proactive and persistent in engaging with Looked After Children and Care Leavers. This has included going to the homes of young people reluctant to attend clinics and being very accessible and available. Emma and Laurie have managed to build up trust and provided advice and support over a range of health issues. They have also built up positive working relationships with the social work teams and staff to ensure very strong joint working on cases. Emma and Laurie have offered regular advice and support to social workers, foster carers and young people and their families (Peter Tolley Head of Service Corporate Parenting)

The CLA Health team are invaluable in the matching process of adoption. They have provided an excellent service over the last year and all of the children that have been placed for adoption have benefitted. They are always really helpful in giving the team advice on medical matters for the children and prospective adopters that we work with. They are easy to contact and always reply to messages and phone calls. In addition to this the CLA health team have gone the extra mile and facilitated meetings with Hospital doctor's and consultants where the child has had additional health needs. Overall we feel that we have had an outstanding service which we very much appreciate. (The Coram Harrow Partnership Team)

9.6.2 Feedback from birth parents, carers and key workers

'Very good and helpful' (Birth Mother)

'A very good assessment with lots of actions/outcomes. Warm, calm approach. Engaged a very difficult young person. X was thinking about things and considering different services and support. A great session" (Key Worker)

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

'I think the looked after nurse service has improved considerably since Laurie has taken on the cases of the children in my care. I believe the service is comprehensive and shows that she is in tune with the complete health of the children that she works with. I am pleased with this service and hope it continues' (Carer)

'Emma was lovely and listened to me and also gave advice when needed' (Carer of 2 year old)

'I think the assessment went really well. I'm happy with the assessment' (Grandmother)

'Everything went well' (Carer)

'Very interesting and helpful service for X as he learnt not only new things but more about himself too' (Carer)

'It went very well' (Carer)

'Very good pleasant and informative' (Carer)

9.7 Inspection Updates

9.7.1 – An OFSTED inspection of services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board occurred during January and February 2017.

Involvement of the CLA health team included:

- Preparation work undertaken.
- Designated Nurse and Specialist Nurse for CLA based themselves at Harrow Civic Centre during the inspection.
- Specialist Nurse for CLA attended FGM meeting.
- Production of case study regarding health input to CLA who had undergone FGM in her home country.
- Specialist Nurse asked by young person's Social Worker to discuss case with OFSTED inspector and highlighted good practice and partnership between the CLA health team and Harrow Council.
- Designated Nurse, Specialist Nurse and Designated Doctor had a 2 hour interview with OFSTED inspector.

In 2012 OFSTED rated the health of Children Looked After as 'inadequate'. CNWL took over the service in June 2015 and in 2017 OFSTED have rated CLA, care leavers, adoption and leadership as "good". The recent OFSTED inspection in relation to health stated that:

'Children's health needs receive significant oversight and monitoring from the children looked after health service and as a result, their health outcomes continue to improve'.

The report highlighted strong partnership working, information sharing, effective tracking systems and communication as well as children's involvement being pivotal to this success. All of these areas were criticisms in the previous inspection.

Other areas of positive work include children's needs being identified quickly, active monitoring of the health needs of children placed out of the local authority, improvements in timescales for completion of initial and review health assessments, improvements in completion of SDQ's, attendance at strategy meetings and the development of health passports. All of these areas were again criticisms in the previous inspection.

'During our recent Ofsted inspection (January 2017) the inspectors were very positive about the CLA Health service and their positive impact on young people.' (Peter Tolley, Head of Service Corporate Parenting')

A recommendation regarding health was made to 'ensure that children looked after receive timely therapeutic support when they need it.'

9.7.2 - Harrow CCG and Harrow Council have identified the emotional health needs of CLA as a priority in the redesign of mental health services for Harrow. The CLA health team attended the 'Future In Mind' workshop and raised CLA as a priority and we will ensure that we work closely with the new service provider.

9.7.3 – Information regarding YOT sent to Harrow Council for planning for future YOT OFSTED inspection.

9.7.4 – Information from Hillingdon SEND OFSTED inspection shared with Harrow Council and Harrow CCG for future planning.

9.8 Professional Development

9.8.1 - During 2016/17 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

Designated Professionals Updates – Brent Harrow and Hillingdon CCG

Team Away day to discuss CQC, health recommendations and adoption processes – CNWL

GPwSI attended Adult Health Assessment Training - Coram BAAF

GPwSI attended Child Refugees course - RCPCH

Specialist Nurse for CLA attended Afghanistan awareness study day – MIND Harrow

Framework training – Harrow Council

Designated Nurse attended Safeguarding CLA conference – Health Safeguarding

Designated Nurse attended fostering and adoption panel training – West London Consortium

Specialist Nurse for CLA attended Advanced Domestic and Sexual Violence study day - HSCB

Specialist Nurse for CLA completed a 3 month course Understanding The Emotional Needs of Care Leavers – Tavistock and Portman Hospital

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.

Request for adoption and medical advice process has now been implemented.

SDQ process has been implemented.

Medical summary for all CLA is now requested for all CLA from GP's both in and out of the borough of Harrow.

Reminder system established should requests not be made in timescales.

Meeting with Senior Performance Analyst and Business Information Partner at Harrow Council to agree monitoring process for immunisations, dental checks and developmental assessments.

Meeting with CNWL Performance and Information Analyst to amend spreadsheets for data collection.

Specialist Nurse for CLA has set up a peer group for the CLA Nurses in Harrow and Hillingdon to discuss complex and safeguarding cases.

Carer's information form developed to obtain health information from the carers of CLA to input into their health assessments. This is also working well for non-attenders as well as monitoring CLA who live OOB.

Meeting with Liaison Health Visitor for Hillingdon Hospital to agree process of sending A&E and UCC attendances of Harrow CLA directly to our team rather than via the Liaison Health Visitor at Northwick Park Hospital to enable better communication.

10 Priorities for 2017/18

The following have been identified as areas for local improvement within 2017/18:

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 -

- 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 fully implement care leaver health passports
- To explore sharing of information between IT systems
- To work with Harrow Council to implement process for requesting AH forms electronically.
- To work with Harrow Council and Harrow CCG to improve the uptake of immunisations for CLA
- To work with Harrow Council to ensure that SDQ's are received with health assessment referrals.
- To undertake a project to ascertain the impact of the new TB referral process for UASC
- To undertake a client satisfaction survey

Emma Hedley
Designated Nurse CLA

Individuals from the CLA Harrow health team have contributed to this report.
Thank you to the Hillingdon LAC health team for their continued support.

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
FGM	Female Genital Mutilation
GDP	General Dental Practitioner
GLA	Greater London Authority
GP/ GPwSI	General Practitioner/ General Practitioner with Special Interest
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
LBH	London Borough of Harrow
MASE	Multi -Agency Sexual Exploitation
MRI	Magnetic Resonance Imaging
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIS	National Indicator Set
OOB	Out of Borough
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

Appendix 2 CLA Annual Health report 2015/16



Harrow CLA Annual Health Report 2016 F

Annual Report – Children Looked After Health Service (Harrow) 2016/17
21st September 2017

**REPORT FOR: Corporate Parenting
Panel**

Date of Meeting:	9 January 2018
Subject:	INFORMATION REPORT – Harrow Virtual School: Headteacher’s End of Academic Year Report 2016/2017
Key Decision:	No
Responsible Officer:	Chris Spencer, Corporate Director of People
Portfolio Holder:	Councillor Christine Robson, Portfolio Holder for Children, Young People and Schools
Exempt:	No
Decision subject to Call-in:	No, as the recommendations are for noting only
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out:

- A. An overview of the Performance and Standards of Children Looked After (CLA) by the End of Key Stage
- B. An analysis of attendance and exclusions
- C. An overview of the work of the Virtual School
- D. Development priorities for the Virtual School for 2017-18.

Recommendations:

The Panel is requested to note:

- The performance of, and standards being achieved, by Harrow's CLA, in particular the improved performance of CLA at the end of Key Stage 4
- The work of the Virtual School and the strategies used to improve CLA outcomes and to comment on them as appropriate.

Reasons for Recommendations:

The performance of CLA pertaining to their attainment, progress and attendance although improving, remains below England's averages for CLA of Statutory School Age. These areas remain a priority for Harrow Virtual School.

Section 2 – Report

Introduction

The Virtual School (VS) and Virtual School Headteacher (VHT) model for Children Looked After (CLA) was first introduced in the government White Paper *'Care Matters: Time for Change'* (DCSF, June 2007). Improving the educational outcomes for children looked after is a priority for national and local government.

Local authorities and their directors of Children's Services are the corporate parents for CLA; they have a statutory responsibility to promote the educational achievement of the children they look after, regardless of where they are placed.

The headteacher's role has been expanded in the DfE document *'Promoting the education of Children Looked After, statutory guidance for local authorities'* July 2014. This document prescribes clearly that:

- VHTs are in place and that they have the resources, time, training and support they need to discharge the duty effectively.

- VHTs have robust procedures in place to monitor the attendance and educational progress of the children their authority looks after (including those placed and educated out of the local authority).
- The pupil premium grant must be managed by the VHT for children looked after. This has statutory force.
- VHTs must maintain an up to date roll of the Local Authority's Children Looked After who are in school or college settings and gather information about their education placement, attendance and educational progress.
- VHTs must inform Head Teachers and Designated Teachers in schools if they have a child on roll who is looked after by the VSH's local authority.
- Ensure that up to date, effective and high quality PEPs focus on educational outcomes and that all Children Looked After, wherever they are placed, have an effective PEP.
- Ensure the educational achievement of children looked after by the authority is seen as a priority by everyone who has responsibility for promoting their welfare.
- Report regularly on the attainment of Children Looked After through the authority's corporate parenting structures.

Under the Children and Social Care Act 2017 the VHT has assumed new duties concerning promoting the educational achievement of previously looked after children. Advice and information must be made available to:

- Any person who has parental responsibility for the child
- The member of staff at the child's school designated under section 20A of the Children and Young Persons Act 2008 or by virtue of section 2E of the Academies Act 2010
- Any other person that the local authority consider appropriate.

This report gives an overview of the key areas monitored by the Harrow Virtual School (HVS) in the academic year 2016-17.

2. Numbers on Roll

- 2.1 There were 121 pupils of statutory school age (SSA) on the roll of HVS at the end of the academic year 2016-17. The ratio of girls to boys is 42%: 59% respectively. 56% (67/121) of students are educated outside of Harrow and they are spread across 25 local authorities. 59 looked after children from other authorities are educated in Harrow schools. HVS also has a duty of care for these CLA.
- 2.2 HVS had 224 students aged from 3 to 19 in 2015-16. This represents an increase of 7 pupils across the academic year. Our numbers continue to rise year-on-year.

2.3 The Chart below shows a breakdown of pupil numbers by year group and phase across 2015-16 and 2016-17.

Year Group	Pupil Numbers (Summer 2017)	Phase	Academic Year 2015-2016	Academic Year 2016-2017
12-13	103	Key Stage 5	98	103
11	19	Key Stage 4	38	40
10	21			
9	11	Key Stage 3	31	28
8	15			
7	2			
6	17	Key Stage 2	31	40
5	7			
4	7			
3	9			
2	5	Key Stage 1	13	11
1	6			
Reception	1	EYFS	13	9
Nursery -1	6			
Nursery -2	2			
Total	231		224	231

Post-18

2.4 In the academic year 2016-17 HVS had 149 students aged between 18 and 25. 12% of this cohort attended university. This is 6% above the national average for care leavers (currently 6%) attending university.

3. Attainment

3.1 Outlined below is a summary of the performance of CLA by end of each key stage in the academic year 2016-17. Although, the VS monitors the performance of all children upon entry to care, the DfE only tracks and publishes data for CLA that have been in care for a year or longer.

EYFS

3.2 There was only one pupil, 100% (1/1) in Reception who successfully met all 17 early learning goals.

Year 1 Phonics Test

3.3 The phonics screening check is a short and simple assessment of phonic decoding. It consists of a list of 40 words, half real words and half non-words, which Year 1 children read to a teacher. Administering the assessment usually takes between four and nine minutes per child.

3.4 We had 4 children you were eligible to sit the assessment. 100% of our pupils met the expected standard.

Key Stage 1

3.5 There were 5 pupils in Year 2 and all were in care for a year or longer. In the academic year 2016-17 has only one pupil who took the SATs paper.

3.6 VHT will provide verbal feedback of the Year 2 cohort

Key Stage 2

A Table Comparing Predicted Performance Against Actual Test Scores

Performance Indicator Key Stage 2	All Pupils (Predicted- Autumn 2016)	In Care 1 Year Plus (Predicted- Autumn 2016)	All Pupils SATs July 2017 results for those eligible to sit the test	In Care 1 Year Plus SATs July 2017 results for those eligible to sit the test
Year 6 % working at or above expected standard. Reading	47% (7/15)	56% (6/11)	70% (7/10)	60% (6/10)
Year 6 % working at or above expected standard. Writing	47% (7/15)	56%(6/11)	100% (10/10)	90% (9/10)
Year 6 % working at or above expected standard. Maths	53% (8/15)	64% (7/11)	80% (8/10)	70% (7/10)

3.6 The table above compares the predictions made in the Autumn Term against the actual scores gained in Summer 2017.

- 3.7 Only 10 children in Year 6 were eligible to sit the SATs. All pupils who were on track to meet national expectations succeeded. Last academic year no child in care for a year or more were entered for Year 6 SATs
- 3.8 Pupils who did not meet the national average will be closely tracked and monitored in Key Stage 3.

Key Stage 4

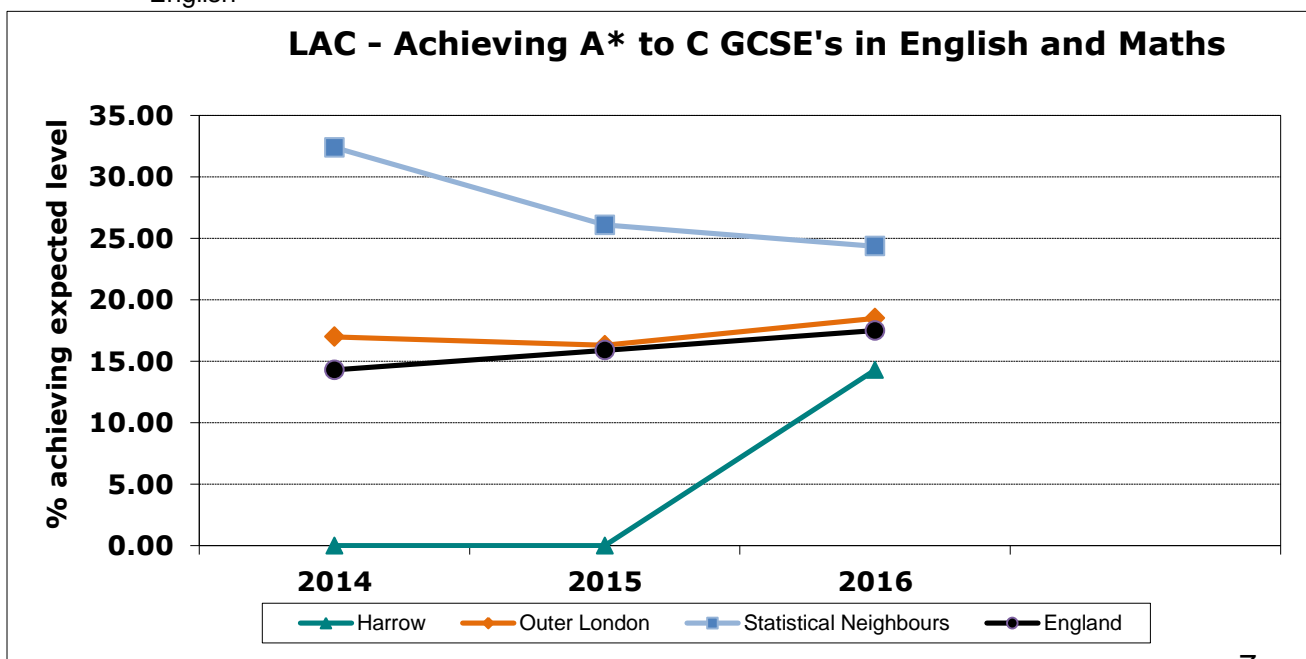
Please note that the 2016-17 KS4 results are still provisional and will remain so until recent arrivals are discounted and the performance tables are published in January

GCSE Results 2016-2017 Harrow CLA		
Performance Indicator	All pupils	In Care 1 Year Plus
Total number of eligible pupils (all Year 11s)	24	12
Total no of pupils who sat at least one exam	50% (12/24)	58% (7/12)
No of Pupils in Year 11 achieving 9-4 in English Literature	8% (2/24)	8% (1/12)
No of Pupils in Year 11 achieving 9-4 in English Language	8% (2/24)	8% (1/12)
No of Pupils in Year 11 achieving 9-5 in English Literature	0	0
No of Pupils in Year 11 achieving 9-5 in English Language	8% (2/24)	0
No of Pupils in Year 11 achieving 9-4 in Mathematics	8% (2/24)	8% (1/12)
No of Pupils in Year 11 achieving 9-5 in Mathematics	4% (1/24)	8% (1/12)
No of Pupils in Year 11 achieving 9-4 in English and Mathematics	8% (2/24)	8% (1/12)
No of Pupils in Year 11 achieving 9-5 in English and Mathematics	0	8% (1/12)
No of Pupils in Year 11 achieving GCSE English and Mathematics at grades 9-4 plus 3 or more other grades A*-C	4% (1/24)	8% (1/12)
No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-4 or A*-C	0	8% (1/12)
No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-1 or A*-G	33% (8/24)	33% (4/12)
No. of Pupils in Year 11 achieving 5 GCSEs at grades 9-1 or A*-G	42% (10/24)	42% (5/12)
GCSE Results 2015-2016		
Total no of pupils who sat at least one exam	57% (15/26)	71% (10/14)
No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-4 or A*-C	11% (3/26)	14% (2/14)
No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-1 or A*-G	11% (3/26)	14% (2/14)
No. of Pupils in Year 11 achieving 5 GCSEs at grades 9-1 or A*-G	31% (8/26)	36% (5/14)
No. of Pupils in Year 11 achieving 5 GCSEs at grades 9-1 or A*-C	11% (3/26)	14% (2/14)

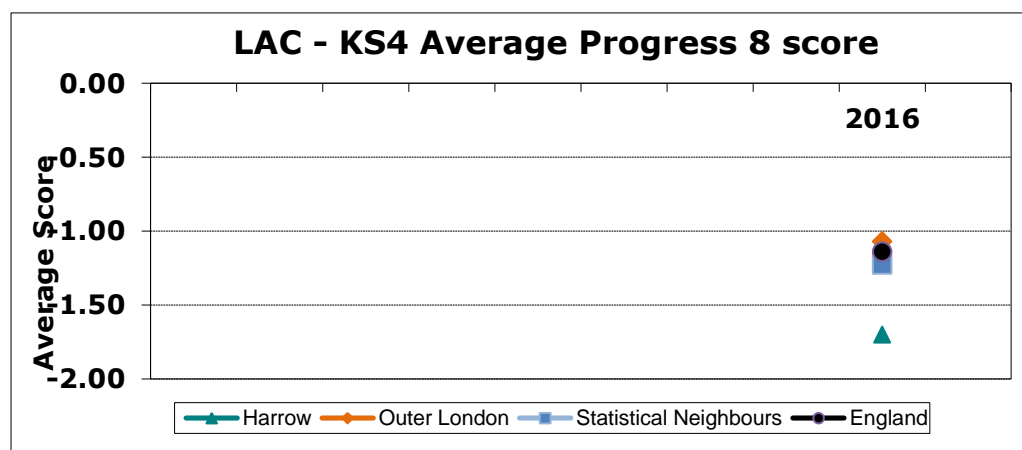
- 3.8 The academic year 2016-17 saw the start of the new Year 11 assessment measures. The grading for GCSEs is gradually moving away from letters to numbers ranging from 9-1, where 9 is equivalent to grade A* and 1 is equivalent to a grade 'G'. Level 4 is considered a pass at GCSE and level 5 is considered a good pass.

- 3.9 In the academic Year 2015- 2016, pupils could either achieve the a GCSE in either English Language or English Literature. This is a new measure as in 2014- 2015 only a GCSE A*-C in English language counted.
- 3.10 58% of children in care for a year or longer sat at least 1 GCSE exam in the academic year 2016-17; whereas only 50% children in the whole Year 11 cohort sat one exam.
- 3.11 More children (42%) achieved 5 GCSE passes than 8 GCSEs (33%). The new attainment 8 measure calculates the best 8 GCSEs scores. The scores are totalled and then divided by 10. The resultant gives the pupil attainment 8 score. Children who sit less than 8 GCSEs are placed in a disadvantageous position to their peers.
- 3.12 In the academic year 2016-2017 HVS employed a specialist intervention teacher to support learners who are at risk of not achieving 8 or more GCSE passes.
- 3.13 Our results, overall have improved with 33% (4/12) of pupils in care for a year or longer achieving 8 GCSE passes in 2016-2017 when compared to 2015-16 with only 14% (2/14) 8 GCSE passes.
- 3.14 Although the overall performance of CLA in Year 11 has improved over the past 2 years, Harrow CLA still remain below our statistical neighbours and the England Average. From the graph and table below, Harrow had the lowest percentage of LAC achieving A*-C in GCSE English and Maths in the academic year 2015-2016, compared to statistical neighbours which was around 10% higher. Trend over three years shows there was a decline in looked after children in the statistical neighbours group achieving A* to C in GCSE Maths and English, whereas outer London and England on average saw a steady rise. The SN average is likely to be skewed due to data being suppressed* for a high number of LA's.

Harrow KS4 results over the years; 2011 – 2015 data is based on the previous curriculum for English



3.15 The VS has identified that further support is needed in KS3 to ensure that there is no regression in pupil progress as they enter KS4. In 2015-2016 Harrow's KS4 average progress 8 score was at -1.70 (see the table below), which was lower than its statistical neighbours which fell at -1.23. and the England average. Zero was the benchmark and the results across the board were very poor in the academic year 2015-2016.



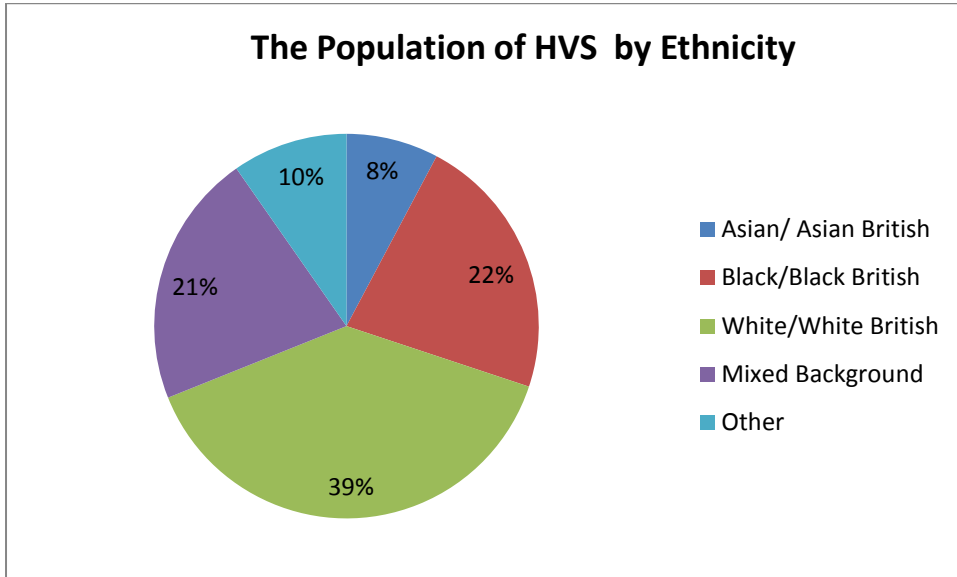
3.16 More resources will be deployed in KS3 to support learners. where resources need to be is impacting on results in KS4. In 2017-18 there will be an increase focus on the monitoring and progress of pupils in Key Stage 3.

3.17 The Virtual School will provide more training to social workers, IROs and foster carers around the new assessment arrangements. This is to assist key professionals in providing support and guidance to students as they make their GCSE choices.

3.18 Harrow's Attainment 8 and Progress 8 Scores will be finalised by the DfE early in 2018.

4. Ethnicity

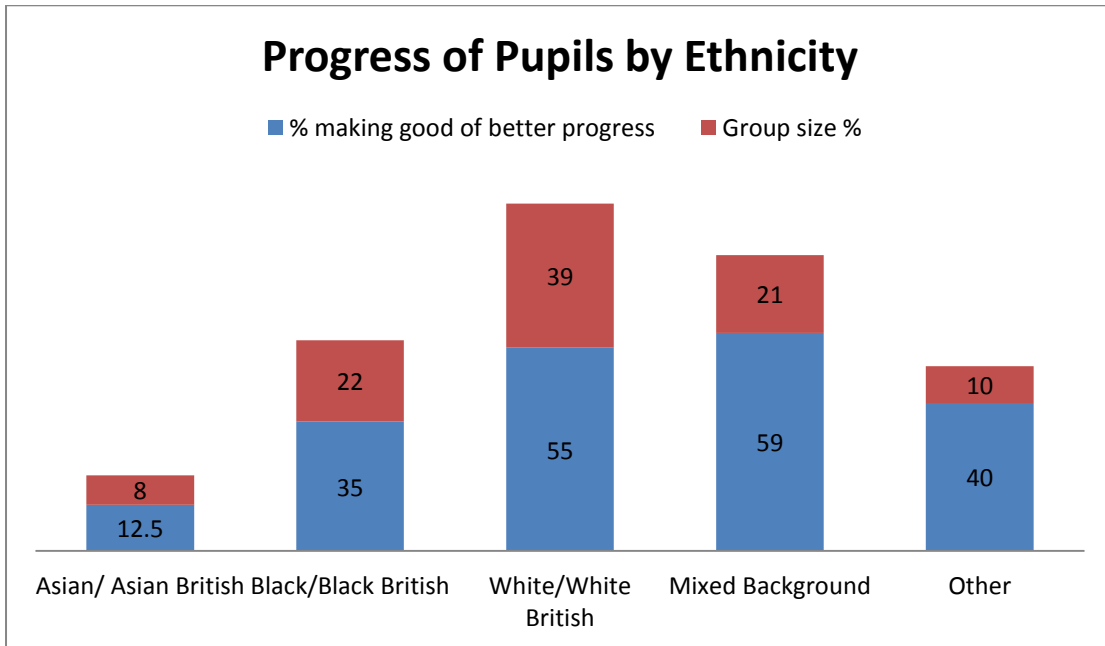
4.1 Chart 4.1a shows the population of HVS by ethnicity for the academic year 2016-2017.



4.2 Our largest group were from White British backgrounds (39%) and the smallest group represented from Other Ethnic backgrounds (8%). This is almost on par with the current demographics for Harrow Local Authority, which has 63% of residents from BME (Black and Minority Ethnic Communities). HVS had a BME group of 61%.

4.3 Further analysis of these groups, looks at pupils of SSA making good or better progress. The bar-chart 4.3a looks at progress across HVS by ethnicity.

Chart 4.3a



4.4 The percentage range of students by ethnic grouping making good or better progress, throughout the year 2016-17, falls between 50 and 60. Asian, Black and Other groups are not making sufficient progress.

- 4.5 When a comparison is made with the percentage of pupils in each ethnic group against their progress, pupils from White backgrounds are performing far better; 55% of these pupils make good progress with a group population size of 39%.
- 4.6 Asian pupils are our lowest performing group. In this cohort 67% of the students are from Afghanistan, 77% have been in care for less than a year, 67% are Unaccompanied Asylum Seeking Children (UASC), 78% have English as an Additional Language, and 1 pupil has an EHCP. The pupils that are underperforming in this group are all boys.
- 4.7 The VS has put in a number of strategies to support this group of learners
- English proficiency assessments are undertaken by our school-based EAL consultants. These reports list a range of strategies for schools and carers to deploy to support and accelerate learning
 - Weekly online EAL tuition is used to supplement and reinforce learning at school
 - A newly appointed intervention teacher monitors and tracks learning for this group
- 4.8 The groups continue to make steady incremental progress which is monitored termly via their PEPs.
- 4.9 Harrow LA data for Key Stage 4 (2016-2017) shows Asian and Chinese pupils in the top performing groups. Whilst Mixed Background, White and Black pupils are in the underperforming groups for Harrow. By contrast HVS pupils belonging to Mixed Background, White and Other groups were our better performers in terms of their educational progress, in 2016-2017.

5. Personal Education Plans (PEPs) and Pathway Plans

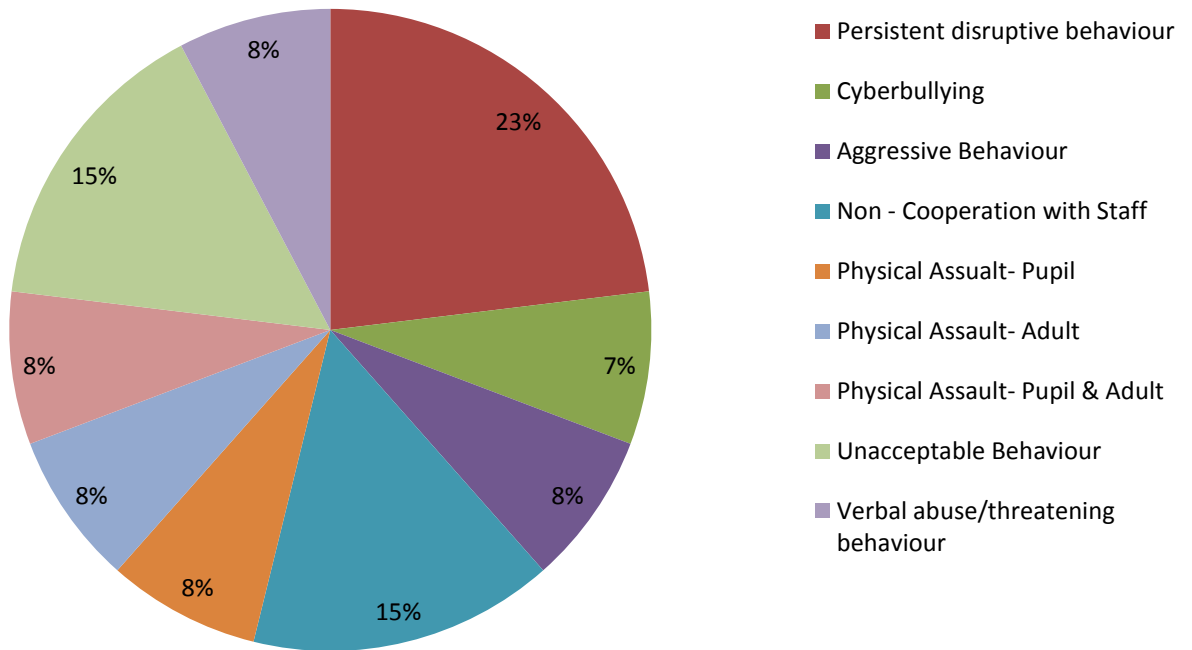
- 5.1 PEPs are held termly at the pupil's school. The Designated Teacher (DT) for CLA usually leads this meeting, with the pupil, carer and social worker present. A representative from HVS attends PEPs for all new CLA or where there are pressing educational concerns. The PEP addresses the following:
- Current Care Plan
 - Attainment
 - Short and Long-Term Learning Targets
 - Attendance
 - Pupil Premium Spend
 - Education History

- 5.2 At the end of the Summer Term 2017, 89% of PEPs were in place for SSA pupils.
- 5.3 During the past year, 80 education and PEP meetings were undertaken by members of the VS, which has also contributed to an improved PEP return rate.
- 5.4 80.6% of Pathway Plans were in place for CLA in Years 12 and 13 in July 2017. This is slightly lower than the returns for July 2016 which were at 85%.
- 5.5 In the academic year 2017-2018 the Post-16 co-ordinator will focus on raising the quantity as well as the quality of Education Pathway Plans.
- 5.6 In line with statutory guidelines, PEPs were introduced in Harrow for 3 and 4 year olds from September 2016. Our EYFS case worker leads on these and at the end of July 2017 100% of PEPs were in place for all 3 and 4 year olds

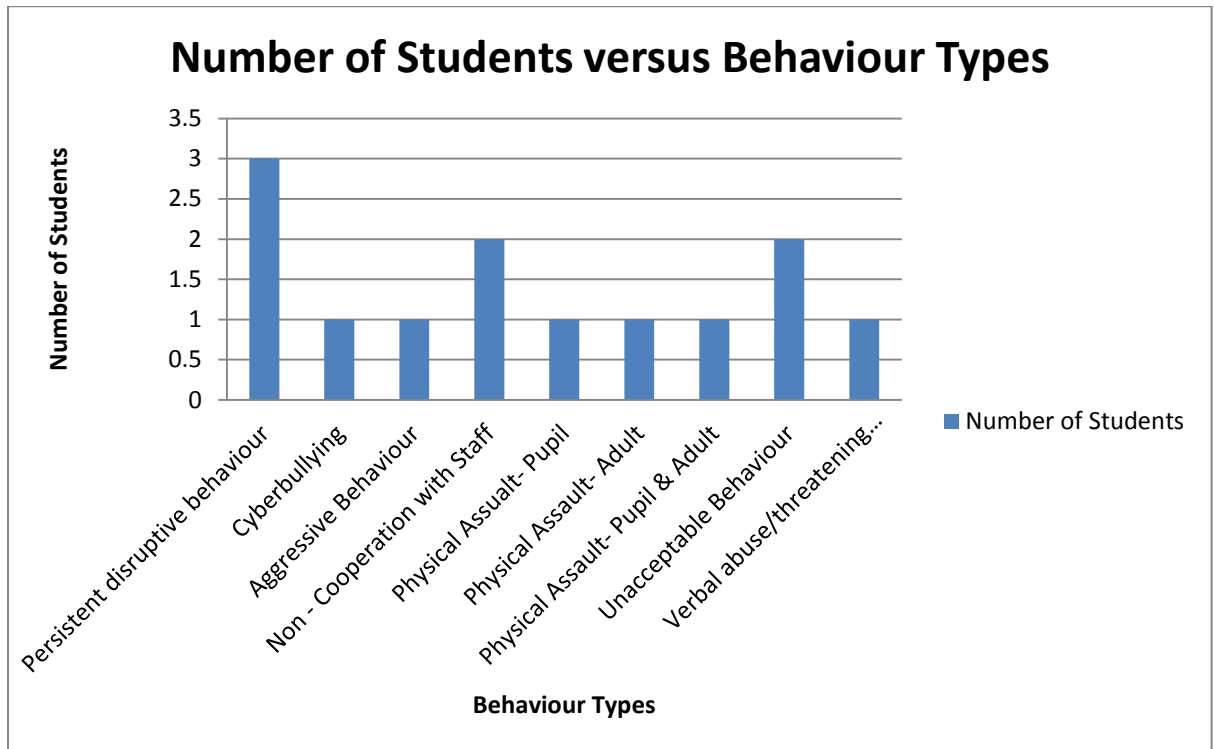
6. Fixed-Term Exclusions (FTE)

- Fixed term exclusions (FTEs) refers to a pupil who is excluded from a school for a set period of time. A FTE can involve a part of the school day and it does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year. This total includes exclusions from previous schools covered by the exclusion legislation. (DfE 2016)
- In the academic year 2016-17 (September to May) there were 9 students with at least 1 FTE. This represents 7.5% (9/119) of Harrow CLA having at least 1 FTE. Harrow is now below both the national average (9.78%) and our statistical neighbours (12.8%) for CLA with 1 FTE. These figures shows improved performance when compared to this period last year (September 2015- May 2016) when the number of Harrow CLA with a FTE was 11%.
- The national average for non-CLA with 1 FTE is 1.92%.
- The chart below compares behaviour types against FTEs for the academic year 2016-17.

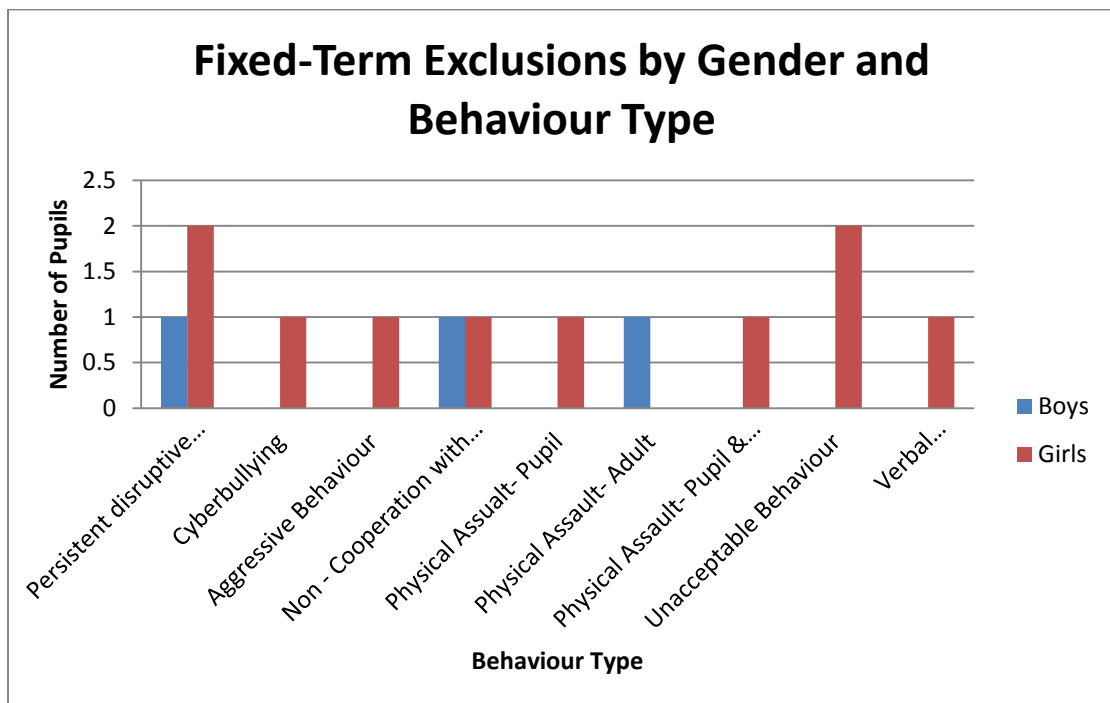
Behaviour Types Related to FTEs by Student Percentage



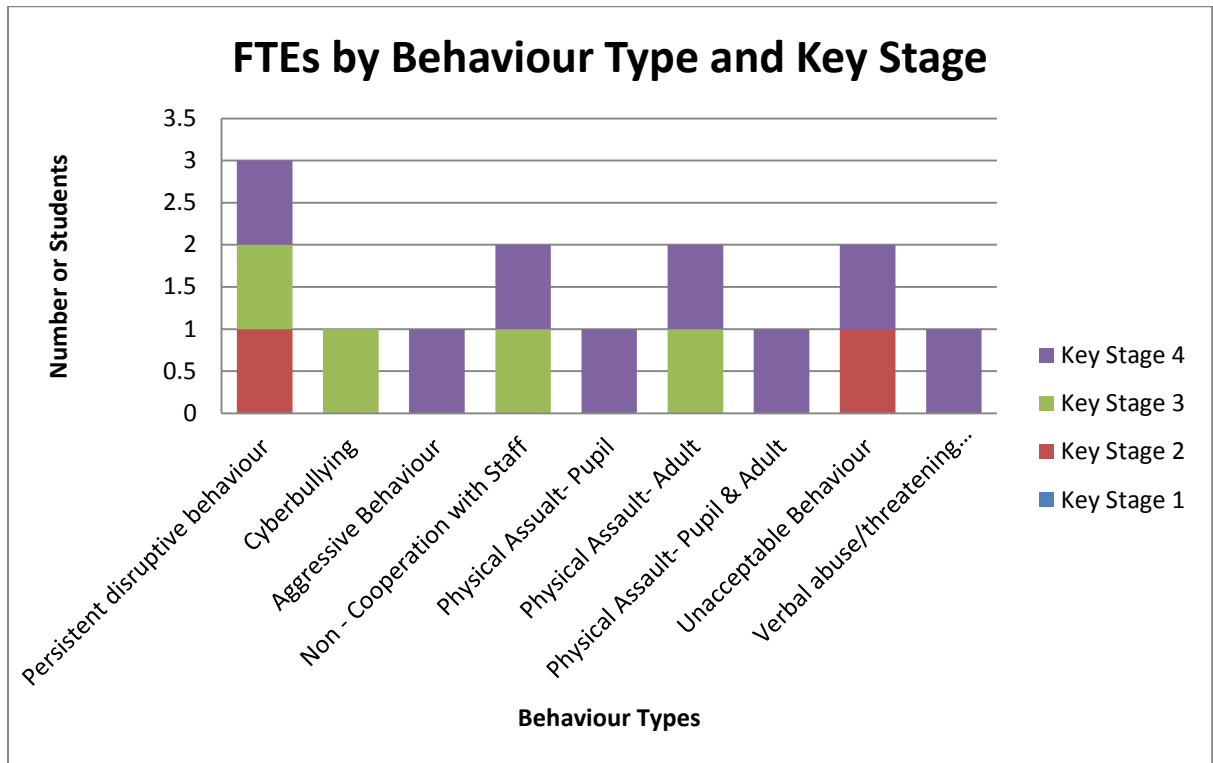
- Physical assault against other pupils and staff accounts for 24% of the behaviour types linked to FTEs. This is closely followed by 'Persistent disruptive behaviour' at 23%. The latter is usually attributed to an accumulation of 'behaviour warnings' and other school sanctions e.g. detentions, partial or full loss of break times. The types of behaviour in this group may have not in isolation have led to a FTE, e.g. preventing other students from learning, leaving the classroom without permission, use of poor language. However, repeated poor behaviour over a period of time may have warranted a FTE for 'Persistent disruptive behaviour'.
- The graph below identifies the total number of students in HVS presenting different behaviour types. 'Unacceptable behaviour' is classified as a combination of 2 or more of the listed behaviour types.



- Girls in HVS are over-represented as having FTEs. The behaviours which are linked to girls are across all classifications. See the chart below.



- More girls (7) have had FTEs than boys (2). This is in contrast with last year (2015-16) where there were 8 boys and 5 girls with at least 1 FTE.



- There are more FTEs in Key Stages 3 and 4 than in the primary phase. This is in line with national statistics (DfE 2016) for all children with FTEs. Nationally, 79% of secondary pupils have had at least 1 FTE when compared to only 1.1% of primary pupils.
- More FTEs (77) are from Harrow Schools. There were only 16 FTEs from schools outside of Harrow. Five pupils are placed in Harrow Schools and 2 of these attend Alternative Learning Provisions (ALPs). Four students are educated outside of Harrow and they are in ALPs or DfE registered Specialist Learning Provisions.
- Children with 'high' needs attending mainstream schools are more likely to have FTEs for a comparatively longer period. Harrow CLA attending Harrow mainstream schools are excluded on average of 8 days per pupil. In comparison with an exclusion average of 2 days per pupil attending specialist provisions outside of Harrow. See the table below.

Average Number of FTEs by School Placement	
In Harrow	Outside of Harrow
8 days (number of FTEs 77/ no. of students 5= 15 half days or 8 full days)	2 days (No. of FTEs 16 / no. of students 4= 4 ½ days or 2 full days)

7. Education Health and Care Plans (EHCP)

- 7.1 16.5 %(17/103) of pupils have a Statement or EHC Plans. Nationally 28% of CLA have been awarded this. HVS is well below the national average for SEN CLA.
- 7.2 Non-CLA with SEN equate to only 2.8%. CLA are ten times more likely to have a Statement or an EHCP.
- 7.3 88% of SEN pupils are making good progress and continue to be closely monitored by HVS.
- 7.4 There are, however a number of students in HVS with identified learning difficulties who will not meet the criteria for an EHCP. These pupils often attract top-up Pupil Premium Grant (PPG) funding, which is held by the VS. Schools can apply to the VHT for this additional funding where they are able to demonstrate measureable educational outcomes and how this will be monitored.

8. Strengths and Difficulties Questionnaires (SDQs)

- Autumn 2016 saw the introduction of the school SDQ by HVS. Schools agreed to complete the SDQ in line with the pupil's first PEP.
- SDQ scores are monitored via the newly formed CLA Education and Health group which meets once a term. The group ensures that pupils with identified social and emotional needs i.e. scoring 17 or above on both the school and carer SDQs, are have been referred to the appropriate professional health services. The CLA nurse monitors this.
- At the end of the academic year 2016-17 75% of SDQs were completed by schools. For the academic year 2017-18 we have a target of a 100% completion rate.

9. Attendance

- HVS commissions a company, Welfare Call, to monitor the attendance and exclusions of CLA students. Welfare Call contacts schools daily to ensure that student attendance is tracked closely. The Virtual School Education Welfare Officer (EWO) receives and responds to this information and provides early intervention to prevent situations escalating.
- At the end of the academic year 2016-2017 there are currently 121 pupils of Statutory School Age (SSA) on roll at Harrow Virtual School (HVS). Our school monitors attendance as follows:

Categories	Attendance %	Comments
All CLA - attending all school types	71% (86/121) have an attendance percentage of '90% or above	All school non-attendance is monitored by HVS; this includes 'authorised' absences.

		<p>2% of pupils have 100% school attendance.</p> <p>29% of the HVS population had poor attendance.</p> <ul style="list-style-type: none"> • This group includes 1 child that has absconded and is currently abroad. This is currently monitored by Children’s Services. • Over half the children (56%) in this group have been looked after for less than a year. Attendance ranges between 10.2%-89.3 %. Alternative learning (e.g 1:1 tuition) is put in place to support engagement with their education. <p>HVS will continue to work with stakeholders to discuss the impact of poor school attendance on academic performance.</p>
CLA in care 1 year plus – attending all school types	90% (47/52) have an attendance percentage of 90% or above	Children in care longer than a year have better attendance rates.
CLA in care 1 year plus – attending mainstream schools (DfE measure)	92% (37/40) have an attendance percentage of 90% or above.	Harrow’s average PA is calculated by the DfE and is slightly lower (5.5%) than our prediction of 7.5%. See points below.

Persistent Absence (PA)

- 9.3 The DfE defines PA as an absence percentage of 90% or less. This applies to all pupils that have been in care for a year or longer and attend a mainstream school.
- 9.4 All pupils are monitored by HVS from their point of entry into care, and this will slightly inflate the percentage of pupils with poor attendance. The Department of Education (DfE) only monitors pupils who are on a school roll and have been in care 1 year or longer. The published DfE figures will therefore be much lower, thus giving the authority a much healthier data set.
- 9.5 Our PA (5.5%) remains above our statistical neighbours (4.82%) and the England average (4.9%). This is our lowest figure over the past 3 years. Our target is to bring PA for CLA in line with or below our statistical neighbours. (See table below).

Persistent Absence				
2014-2015	2015-2016	2016-2017		
Harrow	Harrow	Harrow	SN	England Average
6.6%	10%	5.5%	4.82 %	4.9 %

10. Enrichment

Aim Higher

- The programme runs from April 2017 to July 2018 during school holidays. The aim of the programme is to support young people in understanding what universities are. Insight into the opportunities on offer is supported by undergraduate representatives from each of the eight partner universities.
- The range of activities young people have participated, to date are as follows: Kingston (Sport Science), Roehampton (Law), St Marys (Drama), and Goldsmiths (Magic and Psychology).
- University staff and ambassadors encourage and support the young people to identify their own goals and help signpost them to the resources and information to help them make an informed decision about their future.
- The young people are given the chance to meet and ask questions from a range of student ambassadors from the participating universities to find out what they really think of university.

10.7 So far, we have visited four universities with groups of up to 11 students. The young people particularly enjoyed the visit to Kingston University, where they were immersed in the world of Sport Science. The young people were given the opportunity to test their fitness and examine the effects of exercise on a range of physiological systems. One of the members of the group commented that 'This has been fun; I think I would like to do Sport Science here'. This programme has definitely encouraged our young people to start thinking about their future.

11. Follow- up Writers Workshop and Theatre Trip

- In the Spring Term 2017 the VS took the same group of 6 young people who attended the writing workshop in the previous summer (2016), to a project held at the Mousetrap Theatre.
- The workshop was facilitated by Femi Martin who was also one of the writers from the summer workshop. She again, enthused the group and they were keen to engage in a number of writing activities.
- We were accompanied by the same group of students from Brent Virtual School and it was lovely to see the entire group together again. The young people reminisced about their experiences in the summer. It was good to hear them all talking about this in such a positive way and to know that they had good memories of their time in Hebden Bridge.
- The workshop lasted for 2 hours and after this the group were treated to a pizza meal. From there we went to the Gielgud Theatre to see *The Curious Incident of The Dog in the Night Time*. The group were able to relate to the themes of the play and they thoroughly enjoyed the experience.

Ofsted

11.5 In January 2017 the council was inspected under the 'Services for Children in need of help and protection, children looked after and care leavers'. The following paragraph is an extract from the Ofsted Report pertaining to HVS:

'Managers have accurately identified the key improvements needed to better support the attainment and progress of children looked after. As a result, the virtual school is taking steps to improve outcomes for children, and these are beginning to make a difference to them. The virtual school monitors the attendance and progress of children regularly. This enhances the oversight of those who experience disruption to their learning and those at risk of not achieving, including those children who are placed out of the area.

This results in targeted actions that better support those children who are at risk of not succeeding. Often the virtual school team acts as an effective advocate for children and young people, and is persistent in offering support to them when they experience problems at school or at home.

The virtual school team has made good progress in improving the proportion of children with up-to-date PEPs, and staff have a good understanding of when further improvements are needed. Staff are working hard with schools and social workers to improve the quality of PEPs. However, too many PEPs are not fully completed. When this is the case, important information is missing, such as children's views and details of how the pupil premium grant is being used to address the specific needs of individual children.

Children looked after achieve at around the national rate for children looked after at key stages 1 and 2. Historically, attainment at key stage 4 has been comparatively poor, but, as a result of better targeting of practical support to pupils in key stage 4 last year, the attainment of these pupils improved to the national rate for children looked after. Data shows that this year, as a result of improved support, a greater proportion of pupils are on track to achieve well at key stage 4. However, the gap between the attainment of children looked after and their peers remains wide. The good support provided to young people by schools, the virtual school and partners ensures that a high proportion of young people, many of whom have few qualifications, remain in education, employment and training when they complete Year 11 through to Year 13'. (Ofsted: March 2017)

The report highlights a number of areas which were good

- The capacity of the VHT to identify key areas of improvement pertaining to the progress and attainment of learners; the inspector was assured that our data reflected our ability to sustain learning into the future and that our trajectory was good
- The effective use of limited resources effectively to bring the best outcomes for children; i.e using a member of staff to support Post -16, EFYS and Administrative tasks.
- The general timely support , guidance and intervention across all phases of the school to school learners engage with this learning. Particular mention was made of CLA educated outside of Harrow.

11.7 Improvements however, need to made to quality of the PEP reports. Although the number of PEP returns have increased over the past 2 years, the overall quality of PEP remains an area for development. The inspector noted that were PEPs with incomplete sections.

11.8 To address this, the Virtual School deploys a number of strategies:

- Monthly e-PEP training sessions for Social Workers and Designated Teachers,
- Key messages are given in newsletters to schools and social workers
- Exemplar targets are cited on the e-PEP
- PEPs are 'rag' rated to enable schools to know how to improve; the inspector commented on our feedback page which is a useful communication tool regarding making improvements

11.9 Please see Appendix A 'PEP Action Plan'

12. CPD

Training and Updates Provided By Harrow Virtual School			
Schools	Social Workers	Carers	Other LA Services
<ul style="list-style-type: none"> • 'Learn the Child': Attachment and Barriers to Learning • Children and Social Care Act: Implications for schools 	<ul style="list-style-type: none"> • Working with Schools • E-PEP Training 	<ul style="list-style-type: none"> • Changes in the National Curriculum • New Assessment Arrangements • Supporting Transitions 	<p>The Role of the Virtual School</p>

- Training has been welcomed by all services concerned, with 100% positive feedback received. The VS will extend the training on offer next term and will offer further consultation with stakeholders regarding future training requirements.

13. Development Priorities

- For HVS to work effectively with schools and other key partners to:
- Raise the overall performance of CLA by closer tracking, monitoring, particularly for:
 - Key Stages 3 and 4
 - Boys across the school
 - SEN pupils, particularly at risk of fixed-term exclusions
- Improve monitoring and support for Post-16 and Care Leavers.
- Improve attendance rates of all CLA by targeted support and intervention for individual pupils.
- Reduce the number of fixed-term exclusions, by monitoring behaviours, developing individual behaviour plans and strengthening partnerships with schools.
- Continue to improve the quality and quantity of PEP returns.
- Increase training for all key stakeholders around the educational needs of CLA and factors which may affect engagement.

Legal Implications

There are no legal implications as this report is for information purposes.

Financial Implications

The indicative budget for the Virtual School in 2016-2017 is £256k. In addition the Virtual School Headteacher is accountable for the spend of the Pupil Premium Grant and has a statutory responsibility to ensure that it is used to improve educational outcomes for CLA. There are no financial implications arising from this report.

Equalities implications / Public Sector Equality Duty

The weak performance of particular underachieving groups is a concern and the Local Authority through the Harrow School Improvement Partnership has established a 'Closing the Gap' strategy to ensure that all groups achieve in line with the high standards of achievement in Harrow. The strategy is focussed on supporting and challenging individual schools to improve the quality of their provision, so that all groups achieve well against their peers.

Council Priorities

This report provides information on the performance of underachieving groups, and as such is focused on making a difference for the vulnerable. Educational performance and standards are critical in making a difference to the life chances and aspirations of families and communities. A well-educated and skilled workforce secured through quality educational provision in Harrow, contributes significantly to local businesses and industry, within and beyond Harrow.

Section 3 - Statutory Officer Clearance

Name: Jo Frost



Chief Financial Officer

Date: 6 December 2017

Ward Councillors notified:

**NO, this is an
information report only**

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

Section 4 - Contact Details and Background Papers

Contact:

Mellina Williamson-Taylor	Harrow Virtual School for CLA and Care Leavers Mellina.williamson-taylor@harrow.gov.uk 020 8416 8852
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Background Papers: None.

Call-In Waived by the Chairman of Overview and Scrutiny Committee	NOT APPLICABLE <i>[Call-in does not apply as the Recommendations are for noting only]</i>
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**REPORT FOR: CORPORATE
PARENTING PANEL**

Date:	9 January 2018
Subject:	INFORMATION REPORT – Activity and Performance
Key Decision:	No
Responsible Officer:	Chris Spencer, Corporate Director of People
Portfolio Holder:	Councillor Christine Robson, Portfolio Holder for Children, Young People and Schools
Wards affected:	All
Exempt:	No
Decision subject to Call-in:	No, as the Recommendation is for noting only
Enclosures:	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 30th September 2017 (where available) as well as provisional performance position at end of October 2017-18. National and comparator data is also included where appropriate for context.

RECOMMENDATION: That the report be noted

Reason for Recommendation: To keep the Panel informed of performance in their role as Corporate Parents.

Section 2 – Report

See the attachment which shows provisional outturn position at the end of Q2 and an update of activity for children looked after (CLA) at the end of October where available.

Key Points:

- The performance summary table has been changed and we now use a tool shared by Ofsted to give us an indication of direction of travel and comparison with latest published data.
- Numbers of CLA have decreased by 9.5% since the last report from 179 to 162 currently. Harrows overall rate of CLA per 10,000 children (36) remains below the 2017 comparator data for national (62) and statistical neighbour (39.2) averages, and this has dropped further to 31 at end of October.
- Health indicators are very positive overall. Immunisations data needs some attention
- 26.1% of all school age CLA are classified as persistent absentees based on our internal monitoring. Published data is usually suppressed as these are small numbers and the DfE only measures the cohort at 31st March and those looked after 1 year plus. Our overall absence rate remains high compared to statistical neighbours and the England average. During 2015-16, 5.30% of school sessions were missed by Harrow CLA 1 year + compared to 4% by statistical neighbours and England average.
- 40% of CLA 1 year + reached the expected standard in all three subjects – reading, writing and maths for KS2. No pupil achieved GCSE English and Mathematics at grades 9-5. This is a new indicator and no comparator data is available.
- The percentage of care leavers in suitable accommodation has increased since last quarter to 73.3%. Currently 23.3 % of care leavers are not in employment education or training. All efforts are made to help young people gain skills and training through Xcite and similar projects. Published data shows Harrow to be better than statistical neighbour and England averages.

- Comparator data shows that Harrows % of CLA who had a missing incident during 2016 (10%) was higher than England's average (9%), but below our statistical neighbours (12%). Overall numbers of CLA reported missing has decreased since April. Absent CLA has continued to fluctuate.
- CLA with 3+ moves is high for this time of the year, we are already in line with SN and England averages and this being a progressive indicator, it is unlikely to get better. All placement moves are carefully monitored. Long term stability has improved and is at 78.
- The percentage of all new CLA placed more than 20 miles from home has varied throughout the year, currently at 12.5%. Slight increase in all CLA placed over 20 miles.
- CLA offending has shown a drop this quarter; however the comparator data from 2016 shows Harrow figures as 15% greater than England's 5%, London's 6% and statistical neighbour's 7.3%. As our cohort is very small this tends to be reflected through a higher percentage.

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 Chief Financial Officer
Date: 19 December 2017		

Ward Councillors notified:	NO, this is an information report only
EqIA carried out:	NO
EqIA cleared by:	N/A information report only

Section 4 - Contact Details and Background Papers

- Source: Local data taken from Mosaic System
- <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017>
- <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016>

Contact:

Dipika Patel, Partner- Business Intelligence Unit 020 8420 9258 dipika.patel@harrow.gov.uk	David Harrington Head of Business Intelligence 0208 420 9248 David.harrington@harrow.gov.uk
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Corporate Parenting Report

December 2017

Children Looked After

Activity to end of November 2017

Key Indicators to end of October 2017 (provisional outturns)

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Part A – CHAT Performance Indicators for children looked after

Comparing the child-level data tool to the latest national publications

The table below shows the Local Authority's latest data for each indicator as calculated in the tool, and the direction of travel since the latest published statistics (where available).

Decreasing, low is good



Increasing, high is good



No change, not RAG rated



Lowest 25% quartile, low is good



Highest 25% quartile, high is good



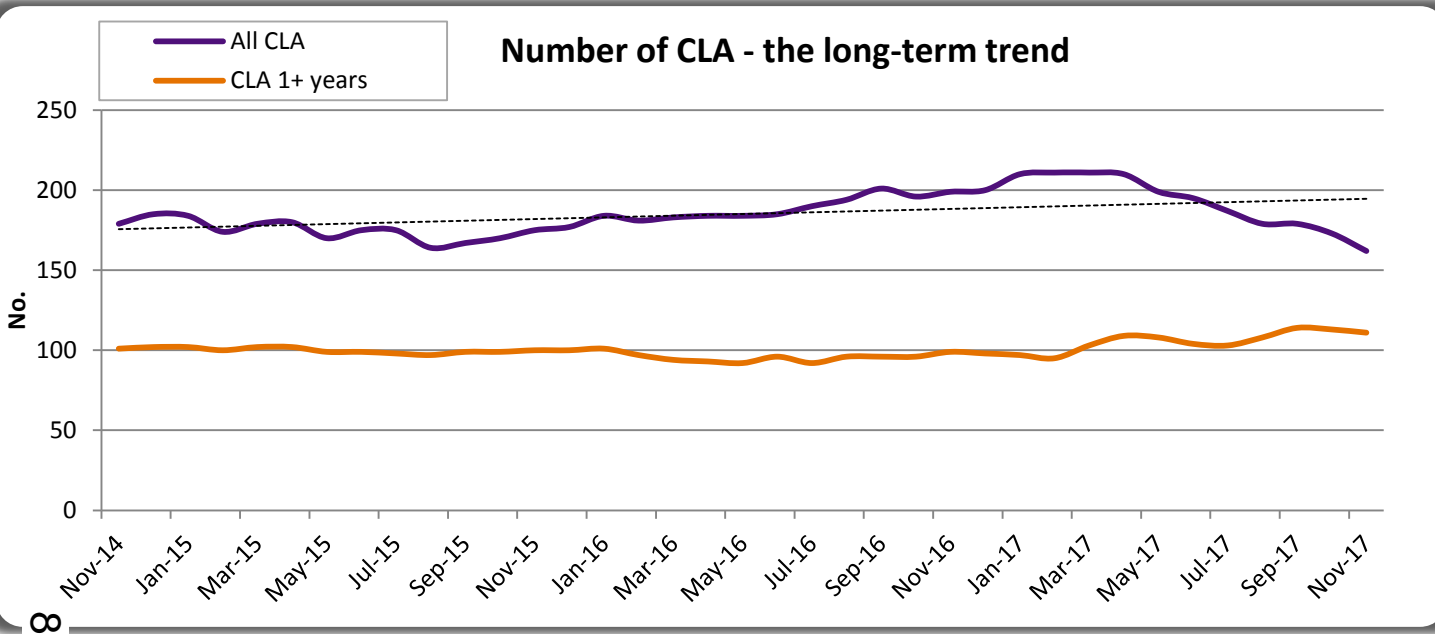
Mid 50% range, not RAG-rated



Indicator	Analysis & visualisation tool			Latest published statistics for all local authorities					
	Latest	Direction of travel		LA	SNs	Eng	LA compared to mid-50% range of all LAs	Date	
Children who are looked after (snapshot rate per 10,000 children)	31	Decrease	←	36	39	62	Lower	○	2016-17
Children looked after who had a missing incident in the period (%)	17	Increase	→	14	14	10	Higher	○	2016-17
Children looked after who were away without authorisation in the period (%)	15	Increase	→	10	9	5	Higher	○	2016-17
Children looked after who had their teeth checked by a dentist in the last 12 months (%)	83	Decrease	←	89	91	84	In range	○	2015-16
Children looked after who had their annual health assessment (%)	96	Increase	→	94	93	90	In range	○	2015-16
Children of statutory school age who are looked after and have a statement or EHC plan for SEN (%)	10	Decrease	←	30	33	27	In range	○	2015-16
Children who ceased to be looked after in the period who were adopted (%)	9	Increase	→	4	7	14	Lower	○	2016-17
Children who ceased to be looked after in the period due to a Special Guardianship Order (%)	16	Increase	→	16	11	12	Higher	○	2015-16
Children leaving care over the age of 16 who remained looked after until their 18th birthday (%)	66			x	65	70			2015-16
Care leavers aged 19-21 in suitable accommodation (%)	96	Increase	→	88	81	84	In range	○	2016-17
Care leavers aged 19-21 in education, employment, or training (%)	75	Increase	→	63	51	50	Higher	○	2016-17
A1 - Average time between entering care and moving in with family for children who were adopted (days)	458	Increase	→	439	605	558	Lower	○	2013-16
A2 - Average time between LA receiving placement order and LA deciding on a match with family (days)	97	Decrease	←	154	223	226	Lower	○	2013-16

Educational attainment	England average	SN Average	Harrow 2013-14	Harrow 2014-15	Harrow 2015-16	Harrow 2016-17 provisional
Percentage of children looked After achieving at least level 4 at KS2 in Reading, writing and maths (Source DfE)	25	38	0	50	100	40
Percentage of children Looked After who achieve 5+ A* -C grades at GCSE including English and mathematics.	17.5	24.4	0	0	14.3	8
Attendance & Exclusions						
Percentage absence. from school (CLA 1 year+)	3.9	4	4.3	5.6	5.3	Not yet published
Percentage classed as persistent absentees (CLA 1 year+)	9.1	12.9	X	14.3	X	Not yet published
Percentage of children with atleast one fixed term exclusion	10.4	12.5	X	15.56	Not yet published	Not yet published
X = Data is suppressed if number is less than or equal to 5 or percentage where the numerator is less than or equal to 5 or the denominator is less than or equal to 10.						

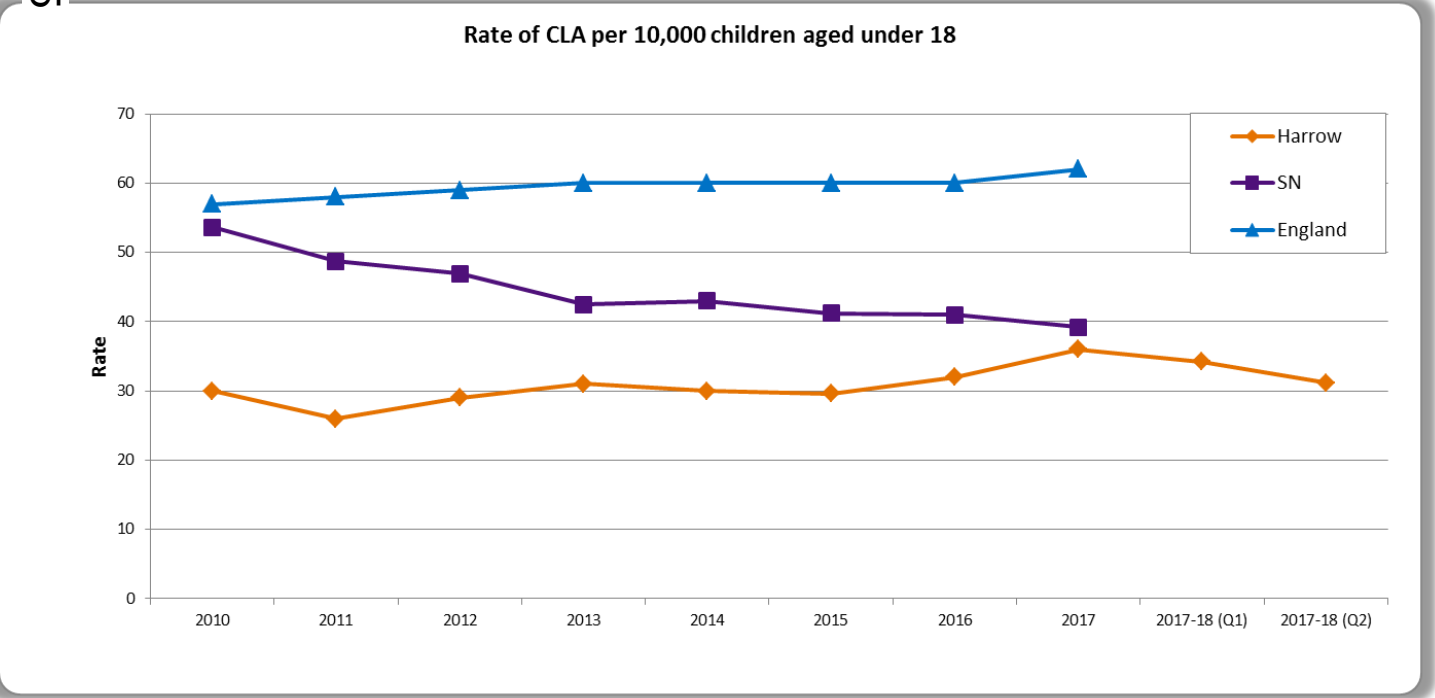
Part B –Numbers of CLA over time

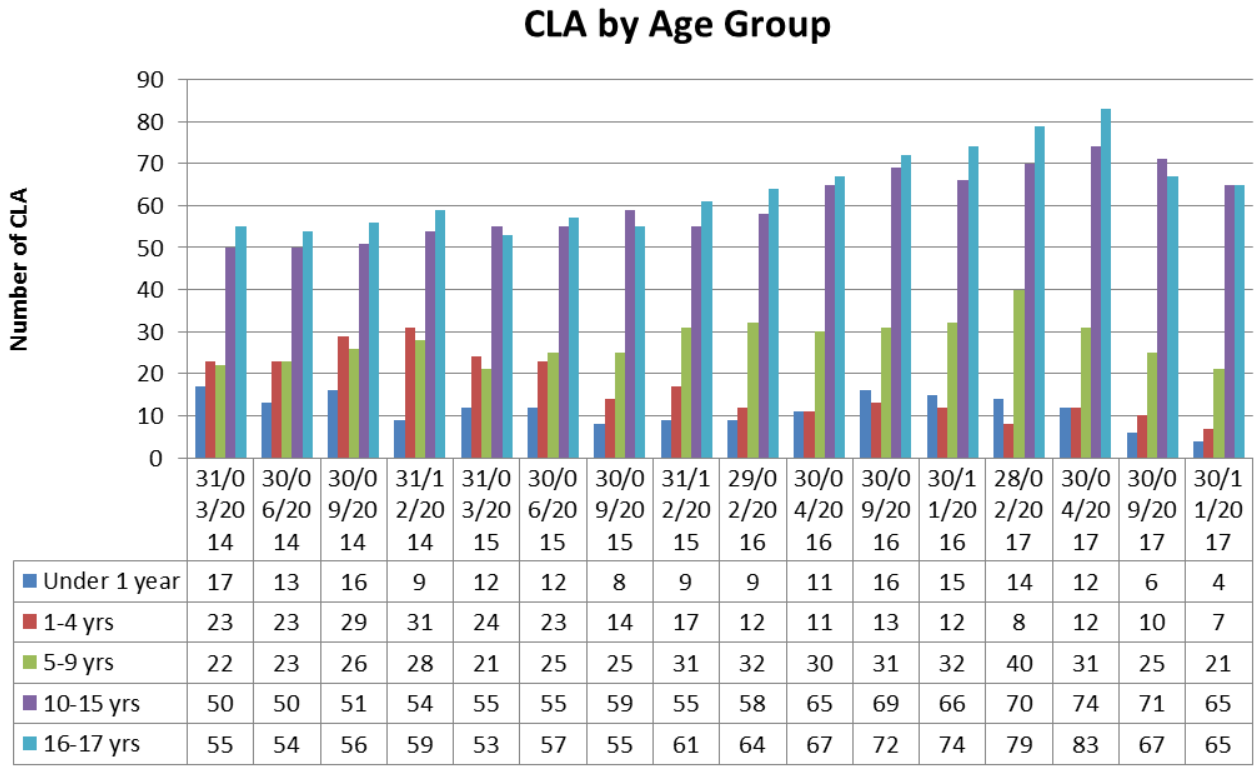


The number of all CLA has decreased since the start of the financial year, with CLA 1+ years showing a slight increase.

The rate of CLA per 10,000 decreased since 16/17 Q4 and continues to remain below the England average. For 2017 Harrows rate per 10,000 increased and the statistical neighbours decreased, causing Harrow to fall only marginally below their rates.

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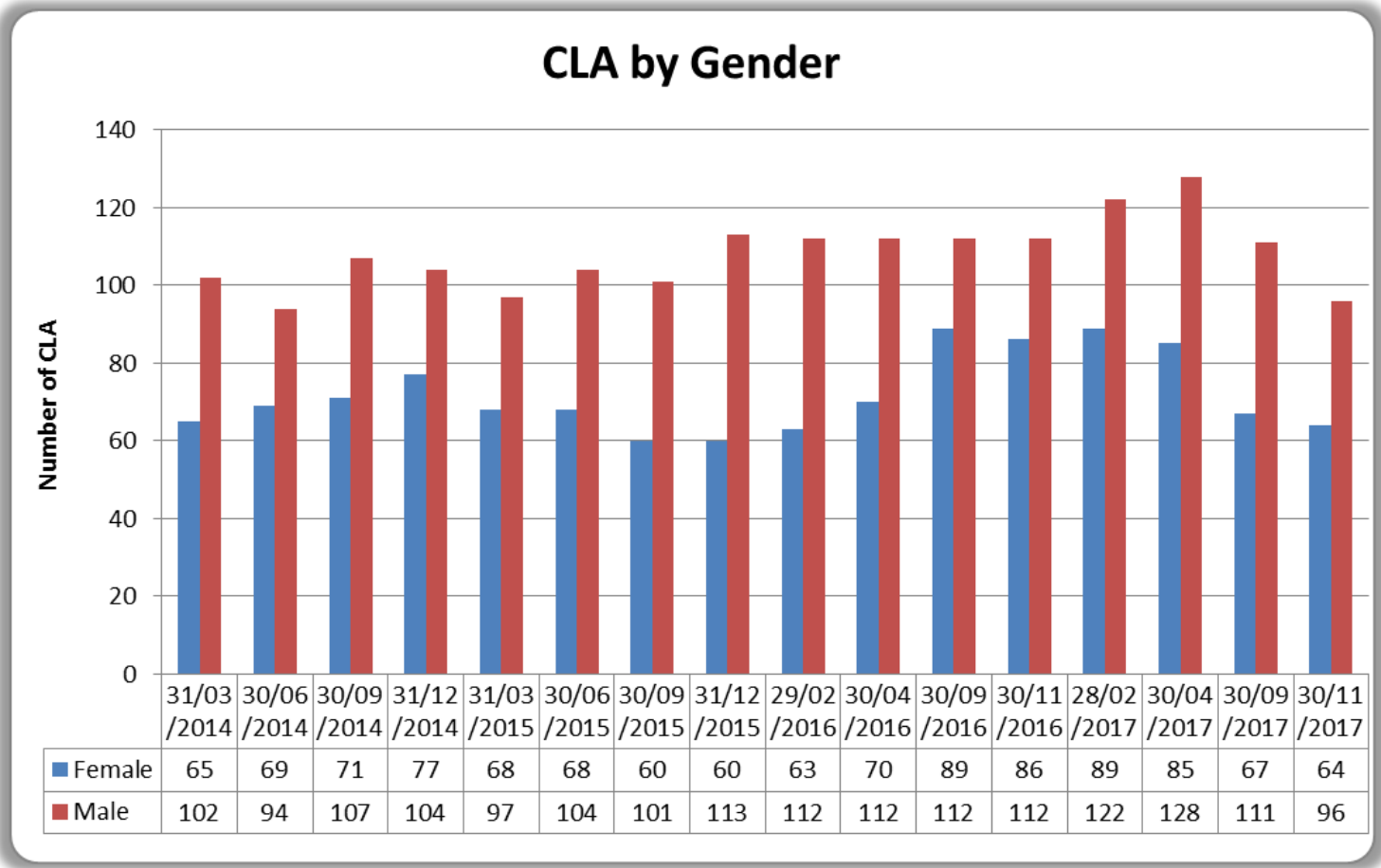




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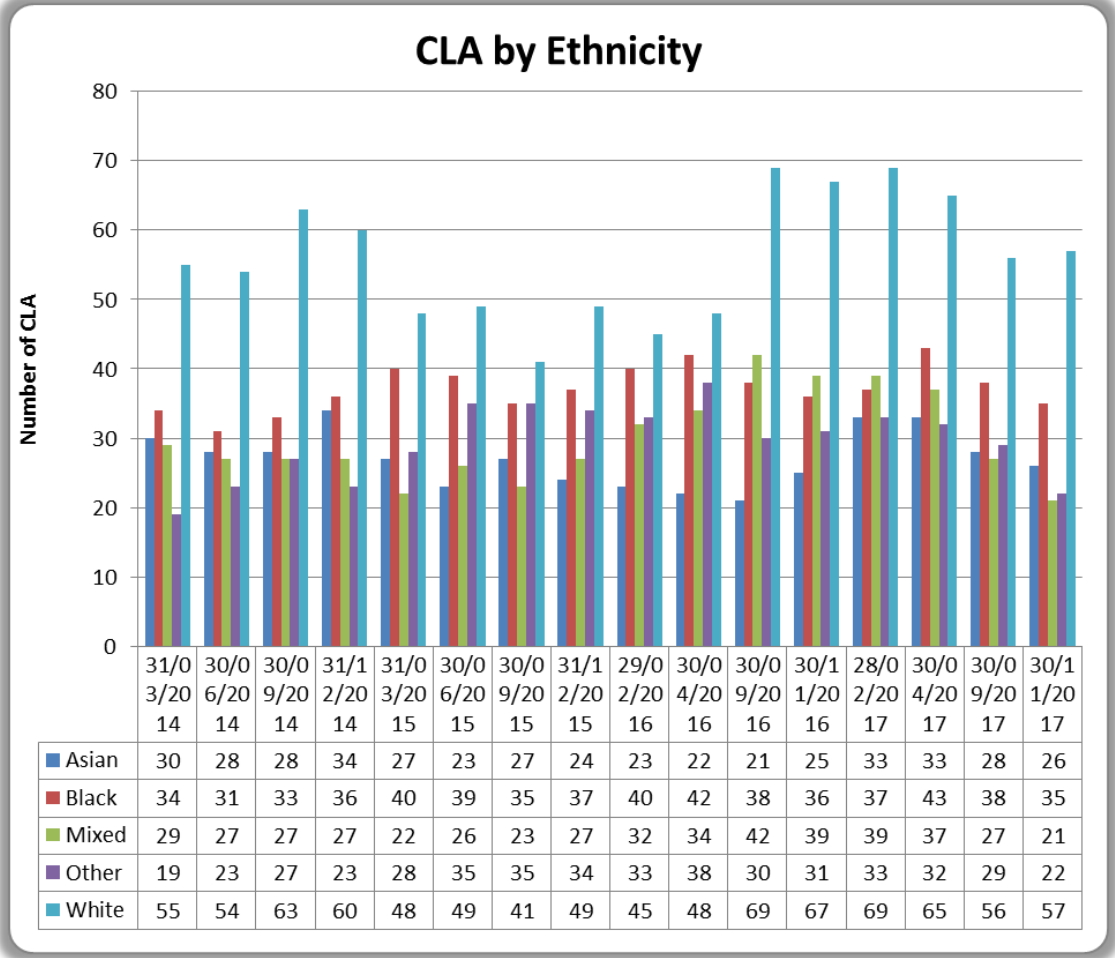
The overall numbers of CLA have decreased from the previous report. Comparator data has been published for 2015-16, this shows Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. Higher numbers of CLA aged 16+ will continue to have an impact on leaving care services. 47 children will be turning 18 this year.

Comparative data (%) year ending March 2016	Age				
	Under 1	1 to 4	5 to 9	10 to 15	16+
Harrow	5	6	18	33	39
Stat Neighbour	4	9	16	38	34
England	5	13	20	39	23



Comparator data shows Harrow has a higher percentage of males in care. The number of males and females has decreased since last quarter.

Comparative data (%) year ending March 2016	Gender	
	Male	Female
Harrow	64	36
Stat Neighbour	59	41
England	56	44



In line with population projections, Harrow’s Black and Minority Ethnic groups are considerably higher than England and the statistical neighbour average.

Overall two thirds of Harrow’s children looked after population are from BME groups and more in line with the local population breakdown, Mixed, Black British and other ethnic backgrounds are overrepresented in the CLA cohort.

The main shifts from the previous report is a decrease in the mixed and other CLA cohort, with a dip of 6 and 7 respectively.

Comparative data (%) year ending March 2016	Ethnicity				
	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
Harrow	28	20	13	23	17
Stat Neighbour	47	17	12	18	7
England	75	9	4	7	3
Ethnic breakdown of young people aged under18, 2011	30.9	9.5	42.6	12.2	4.5

C4 – Children looked after placement type

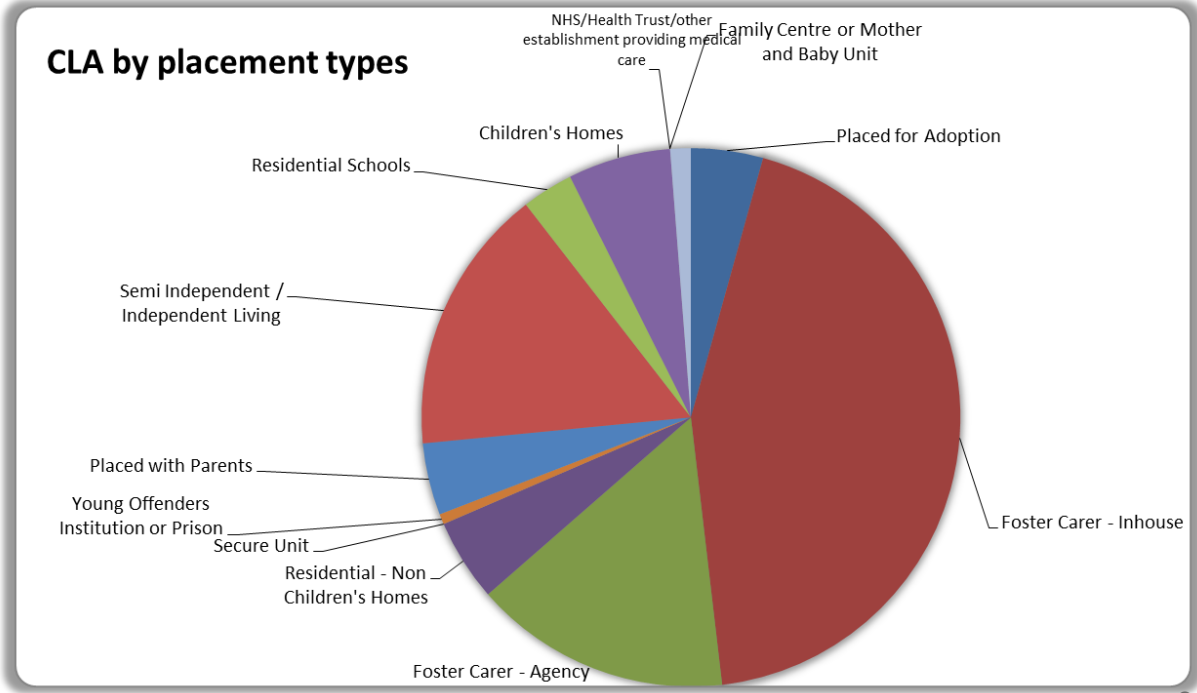
Placement Type	Sep-15	Dec-15	Feb-16	Apr-16	Sep-16	Nov-16	Feb-17	Apr-17	Sep-17	Nov-17
Placed for Adoption	7	10	9	6	4	5	6	7	10	7
Foster Carer - Inhouse	53	67	71	70	107	100	101	100	74	71
Foster Carer - Agency	30	23	20	29	25	26	32	31	28	25
Residential - Non Children's Homes	14	11	9	8	5	6	11	14	11	8
Secure Unit	0	0	0	1	1	1	1	1	1	0
Young Offenders Institution or Prison	1	3	3	1	2	2	1	2	2	1
Placed with Parents	0	4	4	2	0	2	0	0	6	7
Semi Independent / Independent Living	13	21	24	25	31	33	33	31	26	26
Residential Schools	5	4	6	8	6	7	7	7	5	5
Children's Homes	13	17	16	16	13	10	13	16	12	10
NHS/Health Trust/other establishment providing medical care	1	0	0	0	4	4	3	2	1	0
Family Centre or Mother and Baby Unit	0	0	0	2	3	3	2	2	1	0
Temporary placement	0	0	0	0	0	0	1	0	2	2
Grand Total	137	160	162	168	201	199	211	213	179	162

There are no significant changes to placement types. In house foster placements remain the most common placement type accounting for 43.8% of all placements. Comparator data with statistical neighbours shows Harrow to have a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi- independent placements).

Harrow Placement Details at 30th October 2017

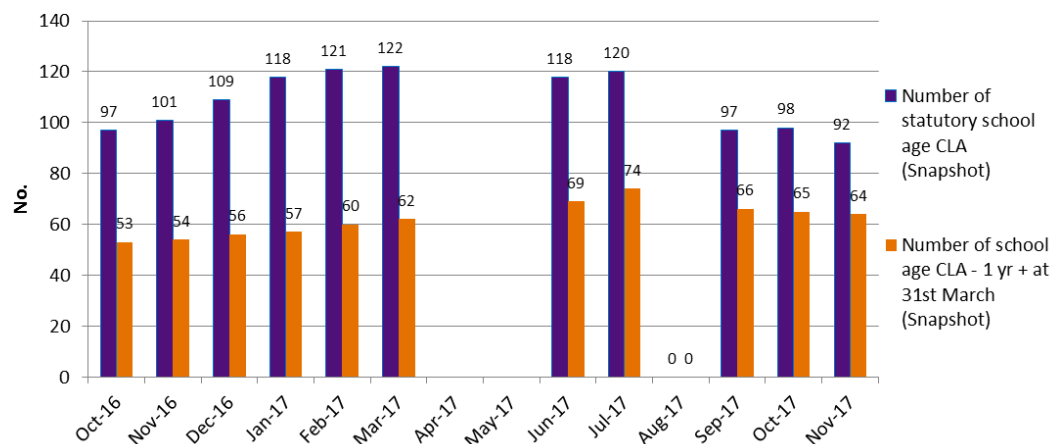
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Comparative data % of children looked after by placement type as at 31st March 2016	HARROW	Stat Neighbour	England
Foster placements	59	71.2	74.0
Placed for adoption	4	2.4	4.0
Placement with parents	-	1.5	5.0
Other placement in the community	14	7.1	4.0
Secure units, children's homes and hostels	17	16.6	11.0
Other residential settings	3	5.7	1.0



C5 – school age CLA

School age CLA



Harrow monitors all school children and those looked after 1 year plus.
 At the end of November 92 out of 97 CLA of statutory school age being monitored by Welfare Call. 5 CLA are attending college or not on roll (on remand) and not monitored by Welfare call. There have been no permanent exclusion this academic year, but 2.2% of school aged CLA had at least one fixed term exclusion. 11.8% of sessions have been missed and 25.1% of CLA are classed as persistent absentees. Of the CLA cohort 66 have been looked after for over a year, 2 are not monitored by Welfare call. The PEP indicator is updated at the end of each term, at the end of July 81.7% of CLA had a PEP.

PI Description	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
06 school age CLA (all CLA) permanently excluded this year (Sept to date)	1.0	1.0	0.9	0.8	0.8	0.8	0.8	0.8	N/A	0.0	0.0	0.0
% of school age CLA (1 yr + at 31st March) permanently excluded this year (Sept to date)	1.9	1.9	1.8	1.8	1.7	1.6	1.4	1.4	N/A	0.0	0.0	0.0
% of school age CLA (all CLA) with at least one fixed-term exclusion this year (Sept to date)	1.0	4.0	4.6	5.9	7.4	9.0	10.2	10.8	N/A	0.0	2.0	2.2
% of school age CLA (1 yr + at 31st March) with at least one fixed-term exclusion this year (Sept to date)	1.0	1.0	3.6	5.3	8.3	9.7	13.0	12.2	N/A	0.0	1.5	3.1
% absence from school (all CLA - % of sessions missed)	9.3	11.0	11.5	14.0	12.8	12.2	11.0	11.3	N/A	8.5	10.3	11.8
% absence from school (1 yr+, % of sessions missed)	10.6	9.4	9.5	9.7	10.1	10.4	9.0	10.0	N/A	8.0	8.7	8.8
% of CLA (all CLA) classified as persistent absentees	20.6	17.8	19.3	23.7	24.0	23.8	27.1	29.2	N/A	16.5	24.5	26.1
% of CLA (1 year+) classified as persistent absentees	12.4	8.9	16.0	15.8	16.7	17.7	17.4	20.3	N/A	14.9	20.0	17.2
% of CLA (all school age CLA) with up to date PEP	end of term only		70.6	end of term only		68	end of term only	81.7	N/A	end of term only		

CLA educational attainment trends - Provisional Results for 2016-17

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**

Performance Indicator	All pupils		In Care 1 Year +	
	Number	%	Number	%
Total number of eligible pupils (all Year 11s)	24		12	
Total no of pupils who sat at least one exam	12	50%	7	58%
No of Pupils in Year 11 achieving 9-4 in English Literature	2	8%	1	8%
No of Pupils in Year 11 achieving 9-4 in English Language	2	8%	1	8%
No of Pupils in Year 11 achieving 9-5 in English Literature	0		0	
No of Pupils in Year 11 achieving 9-5 in English Language	2	8%	0	
No of Pupils in Year 11 achieving 9-4 in Mathematics	2	8%	1	8%
No of Pupils in Year 11 achieving 9-5 in Mathematics	1	4%	1	8%
No of Pupils in Year 11 achieving 9-4 in English and Mathematics	2	8%	1	8%
No of Pupils in Year 11 achieving 9-5 in English and Mathematics	0		1	8%
Attainment 8 score	not yet available for all CLA			
No of Pupils in Year 11 achieving GCSE English and Mathematics at grades 9-4 plus 3 or more other grades A*-C	1	4%	1	8%

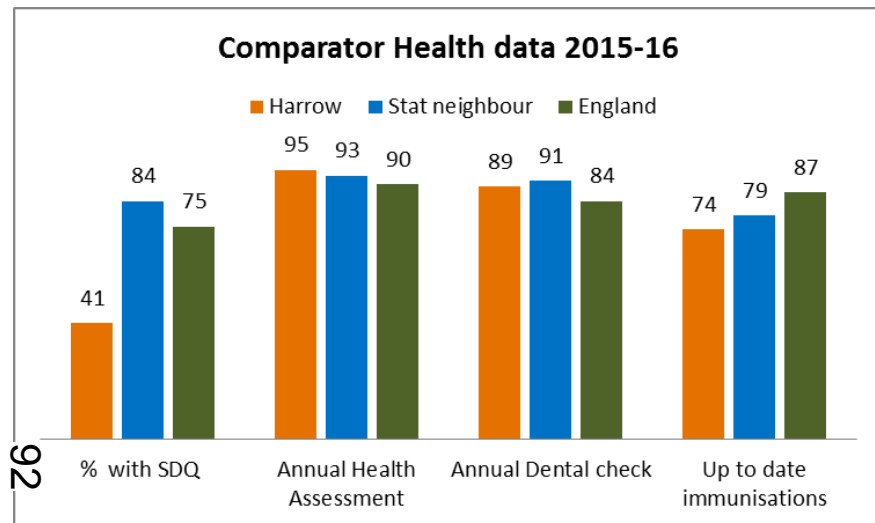
One young person achieved GCSE English and Mathematics at grades 9-4 plus 3 or more other grades A*-C. The GCSE curriculum is changing and this is the first year of the new GCSE's for English and maths and so no comparator data is available.

CLA Looked after for over a year	2013	2014	2015	2016	2017
Total Children in KS2 cohort (1yr +)	3	1	6	1	10
Attained at least Level 4 in Maths at end of KS2	67%	100%	83%	100%	50%
Attained at least Level 4 in Reading at end of KS2	67%	100%	83%	100%	40%
Attained at least Level 4 in Writing at end of KS2	67%	0%	50%	100%	50%
Attained at least Level 4 in Reading, Writing and Maths at end of KS2	67%	0%	50%	100%	40%

40% of CLA one year +reached the expected standard in all three subjects – reading, writing and maths.

C7 - CLA Health

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 CLA aged under 5 years (both better than London, England and statistical neighbours). We have performed less well at annual health checks and immunisations.



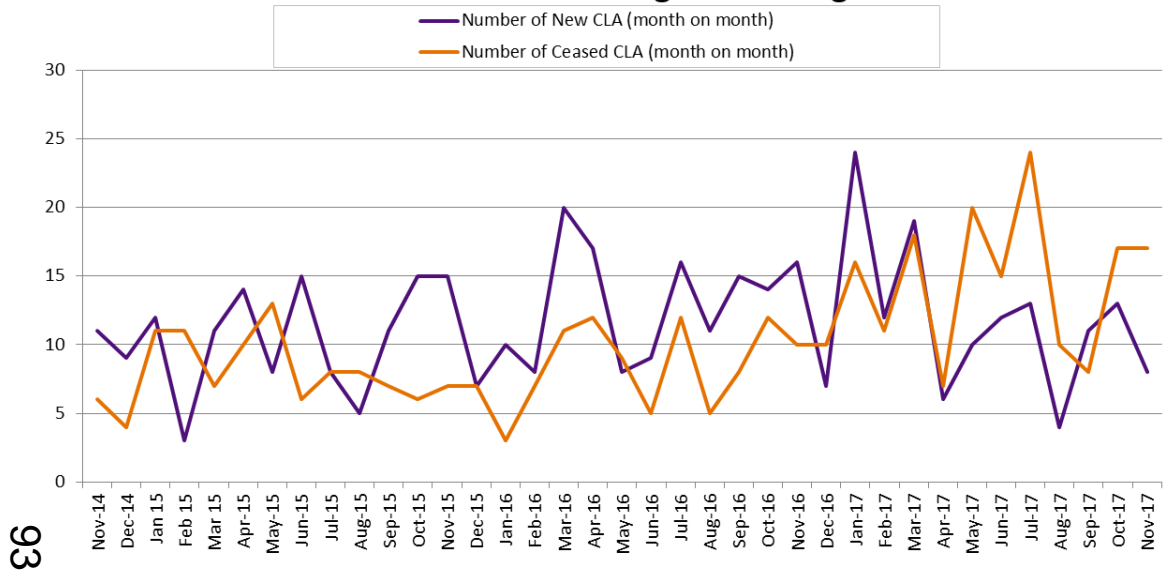
Comparative data (%) year ending March 2016	Completed SDQs and average scores for children looked after		Annual Health Assessment	Annual Dental check	Up to date immunisations
	% with SDQ	Av score per child			
Harrow	41	14.6	95	89	74
Stat neighbour	84	14	93	91	79
England	75	14	90	84	87

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.

Indicator Description	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
% of all CLA aged 4-16 who have an up to date strengths and difficulties (SDQ) score	75.6			68.5			93.4		
% of CLA (1 yr +) with immunisations up to date	68.9			66.3			64.1		
% of CLA with up to date Dental Checks (CLA 1 yr +)	77.7	72.5	73.8	74.5	78.8	80.6	86.8	86.7	79.3
% of CLA with up to date Health Checks (CLA 1 yr +)	89.3	88.1	90.7	90.6	92.3	93.5	93.0	94.7	93.7
% of new CLA where health assessment has been completed within 28 calendar days YTD	49.2		50.0	38.5	57.9	66.7	69.6	84.0	80.0

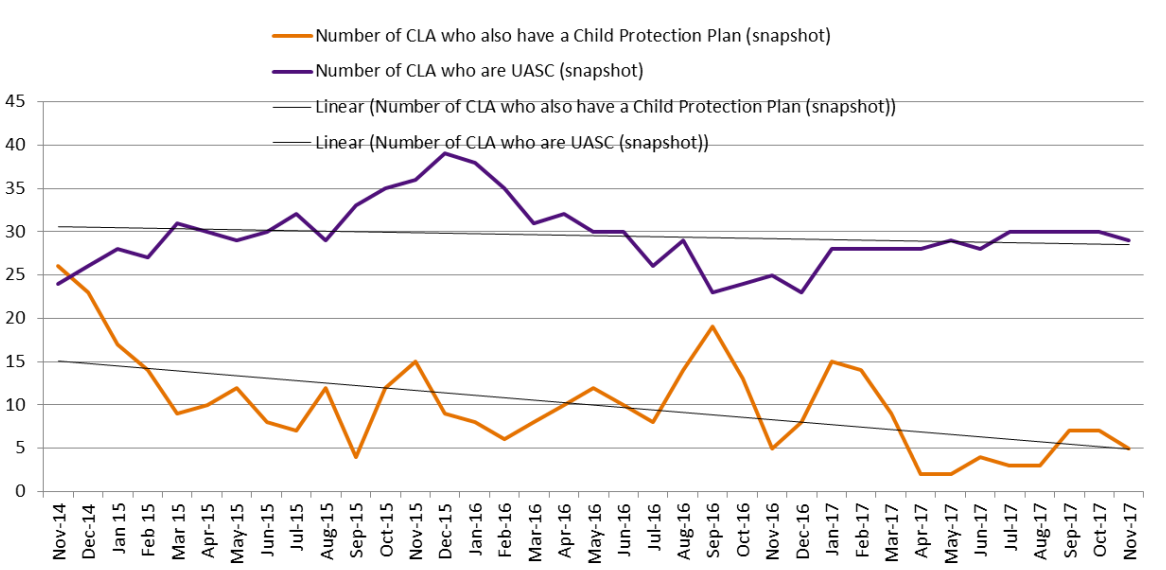
C8 – Number of new CLA, number of ceased CLA and number of children looked after who also have a child protection plan or are unaccompanied asylum seeking children.

Number of CLA starting and ceasing



The number of new and ceased CLA continues to vary, the overall new CLA average has decreased to 9.6 for 2017/18 compared to 14 the year before. Conversely, the ceased CLA average has increased to 14.8 from 10.7 the year before.

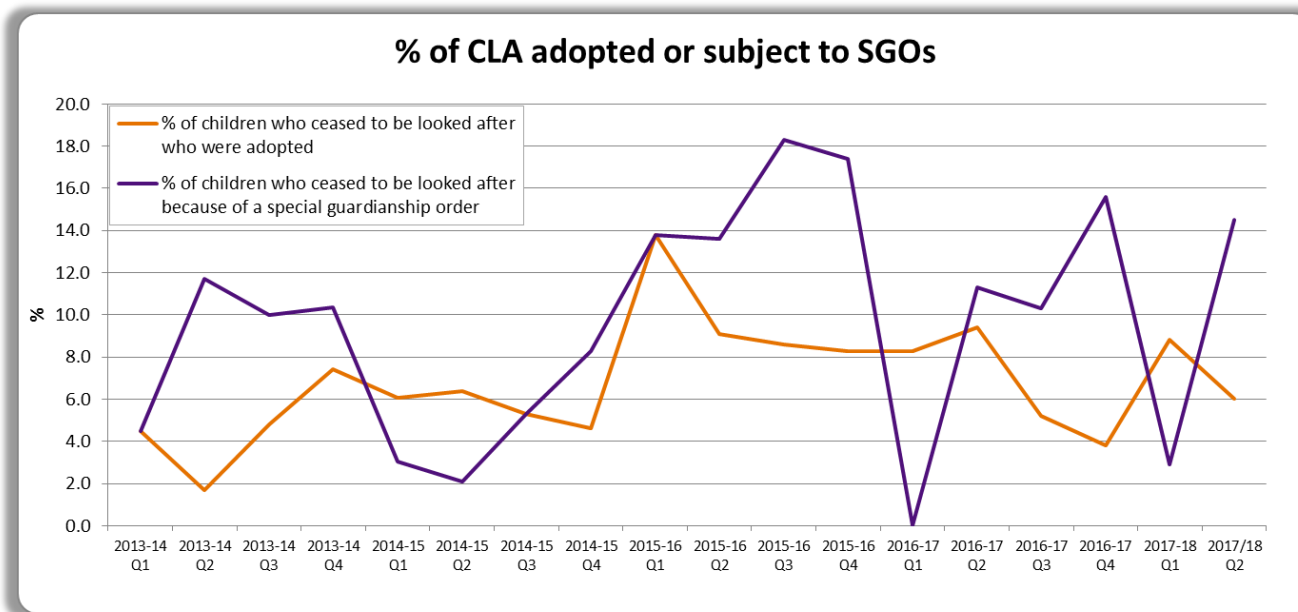
Number of CLA who are also CPP or UASC (snapshot)



The number of dual allocated CLA who also have a Child Protection Plan has decreased from the previous report. The number of CLA who are UASC has remained stable, currently sitting at 29.

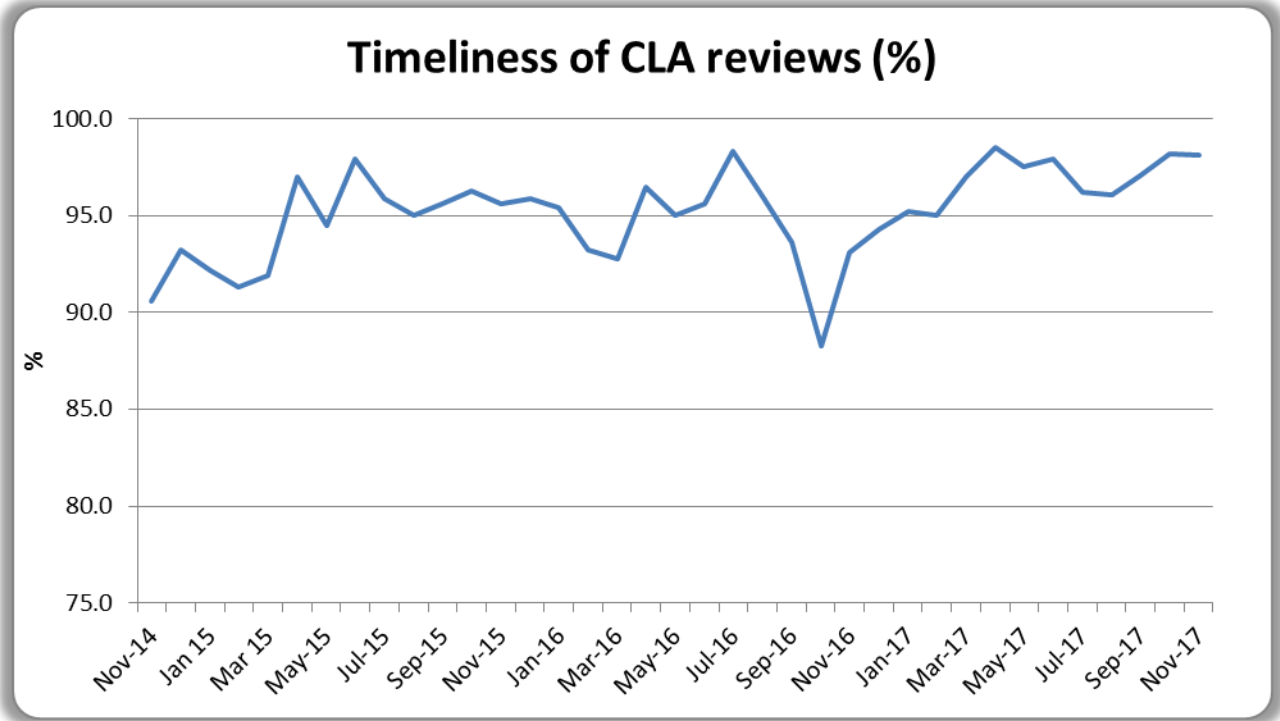
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C9 – Adoptions and Special Guardianship Orders of CLA



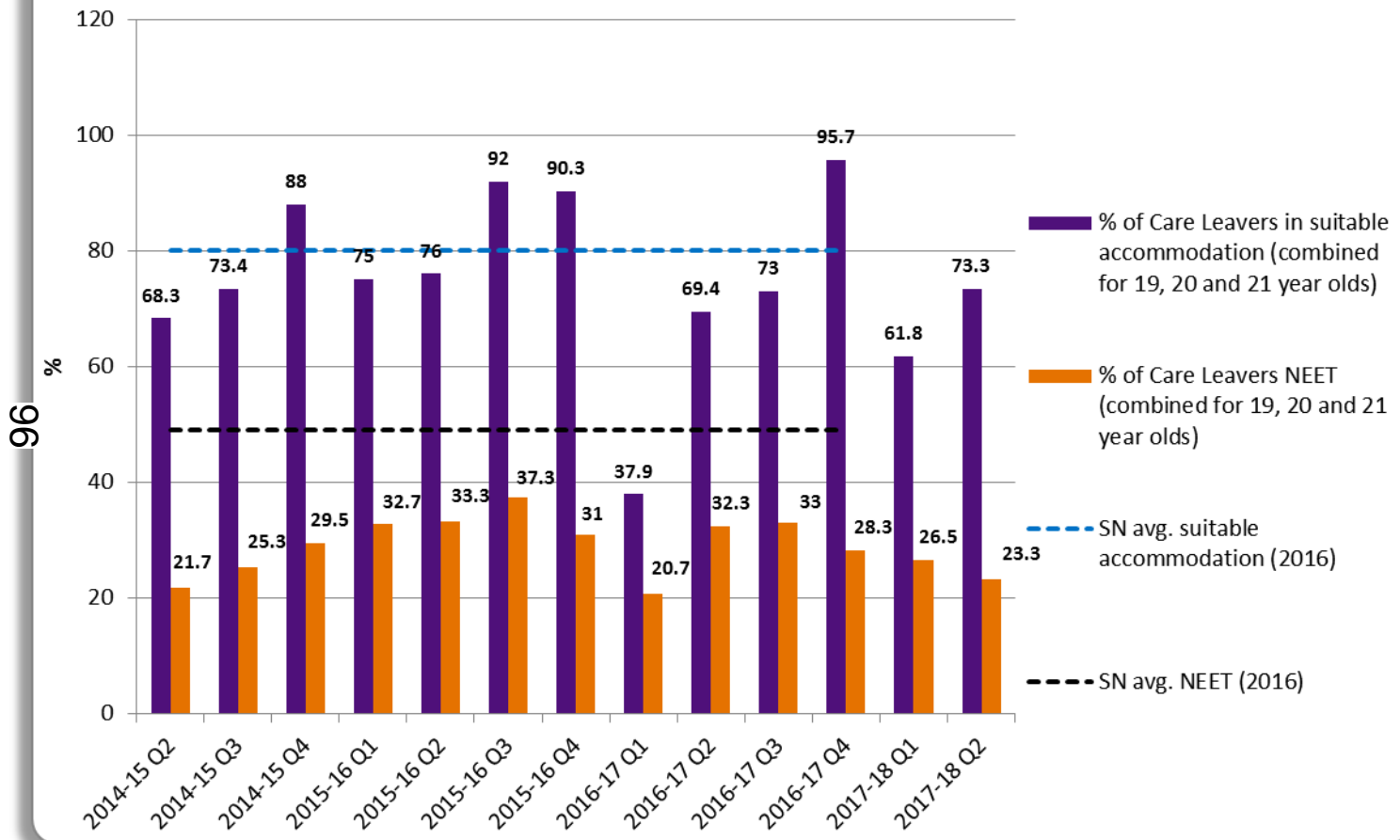
The percentage of ceased CLA who were adopted continues to fluctuate, currently sitting at 6.0%. Ceased CLA due to an SGO has increased to 14.5%. The average days between a child entering care and moving in with their adoptive family has decreased since last quarter. The average time between the LA receiving a court order to place a child for adoption and a suitable match made has increased but remains better than SN and England average. DfE have gradually reduced the waiting time from 20 to 14 months. The 2013-16 waiting time is based on 16 months waiting time.

PI Description	Harrow 2015-16	SN 15/16	England 15/16	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
The average time (days) between a child entering care and moving in with its adoptive family, for children who have been adopted. Measured Quarterly (YTD).	438 (2013-16 average)	603 (2013-16 average)	558 (2013-16 average)	390.5			543.0			506.6
The average time (days) between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family. Measured Quarterly.	158 (2013-16 average)	217 (2013-16 average)	226 (2013-16 average)	167			86.0			102.0
Percentage of children who wait less than 14 months between entering care and moving in with their adoptive family. Measured Quarterly.	62	42	47.0	83			0.0			20.0



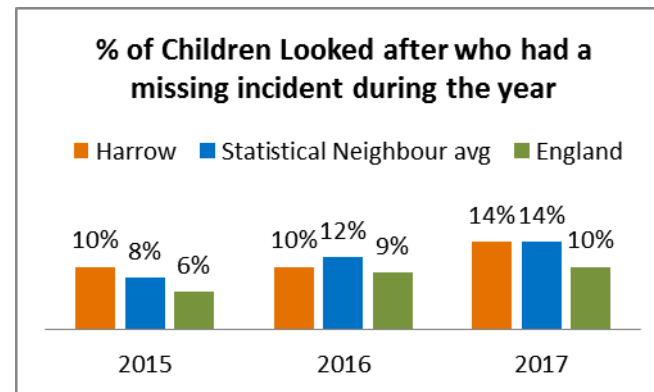
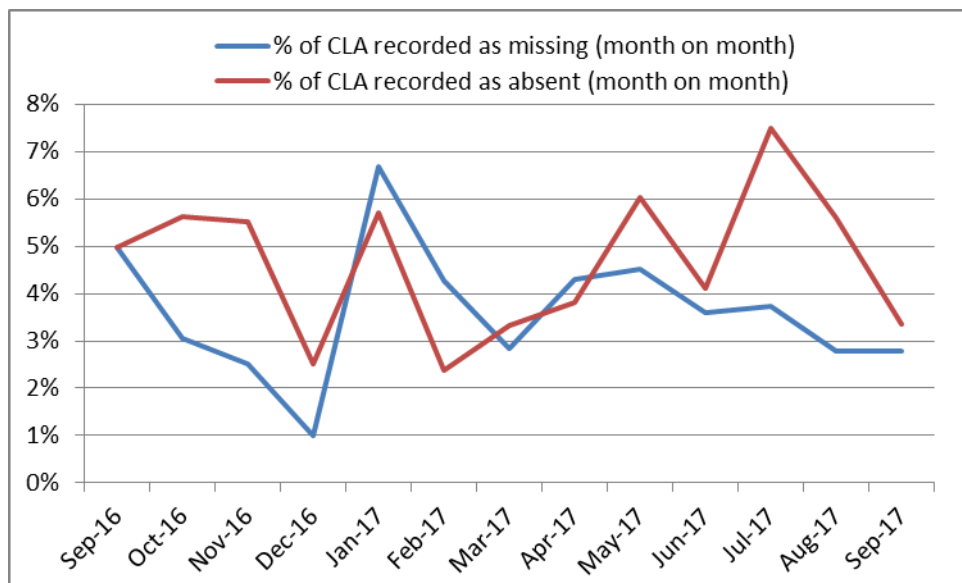
The timeliness of CLA reviews has remained stable since the last report.

Care leavers suitable accommodation and NEET



Provisional figures show that the percentage of care leavers in suitable accommodation has increased from the last report to 73.3% overall. The NEET percentage has improved and 23.3% of care leavers were NEET at 30th September. 2015-16 published data shows us above statistical neighbour averages for both these indicators, provisional figures show we have less NEET and slightly below for suitable accommodation though this does change as seen by year end figures. (Q4 – 2016-17)

C12 – children who go missing or are absent

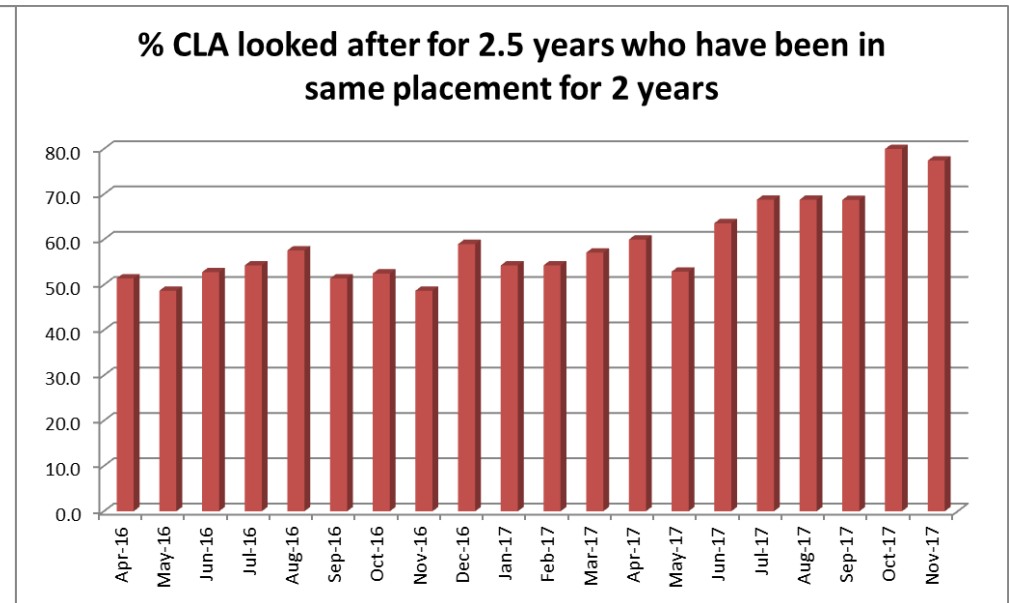
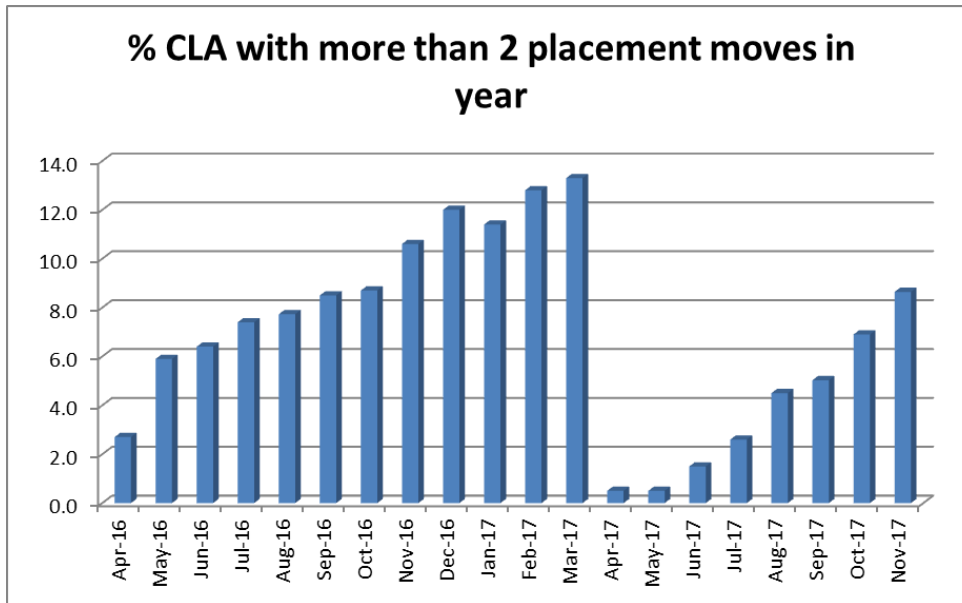


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Overall numbers of missing have decreased since April. Absent CLA have continued to fluctuate. Children reported missing continues to remain a focus. Profile of children missing from home or care as well as those missing from education are subject of multi-agency oversight. Runaways Worker also in post and undertakes return interviews with children who go missing. Published data for 2017 shows Harrow have had a similar proportion of CLA who had a missing episode in the year compared to previous year whilst statistical neighbours' and England trend is an increase from previous year

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
% of CLA recorded as missing (month on month)	5%	3%	3%	1%	7%	4%	3%	4%	5%	4%	4%	3%	3%
% of CLA recorded as absent (month on month)	5%	6%	6%	3%	6%	2%	3%	4%	6%	4%	7%	6%	3%

C12 – CLA placement stability

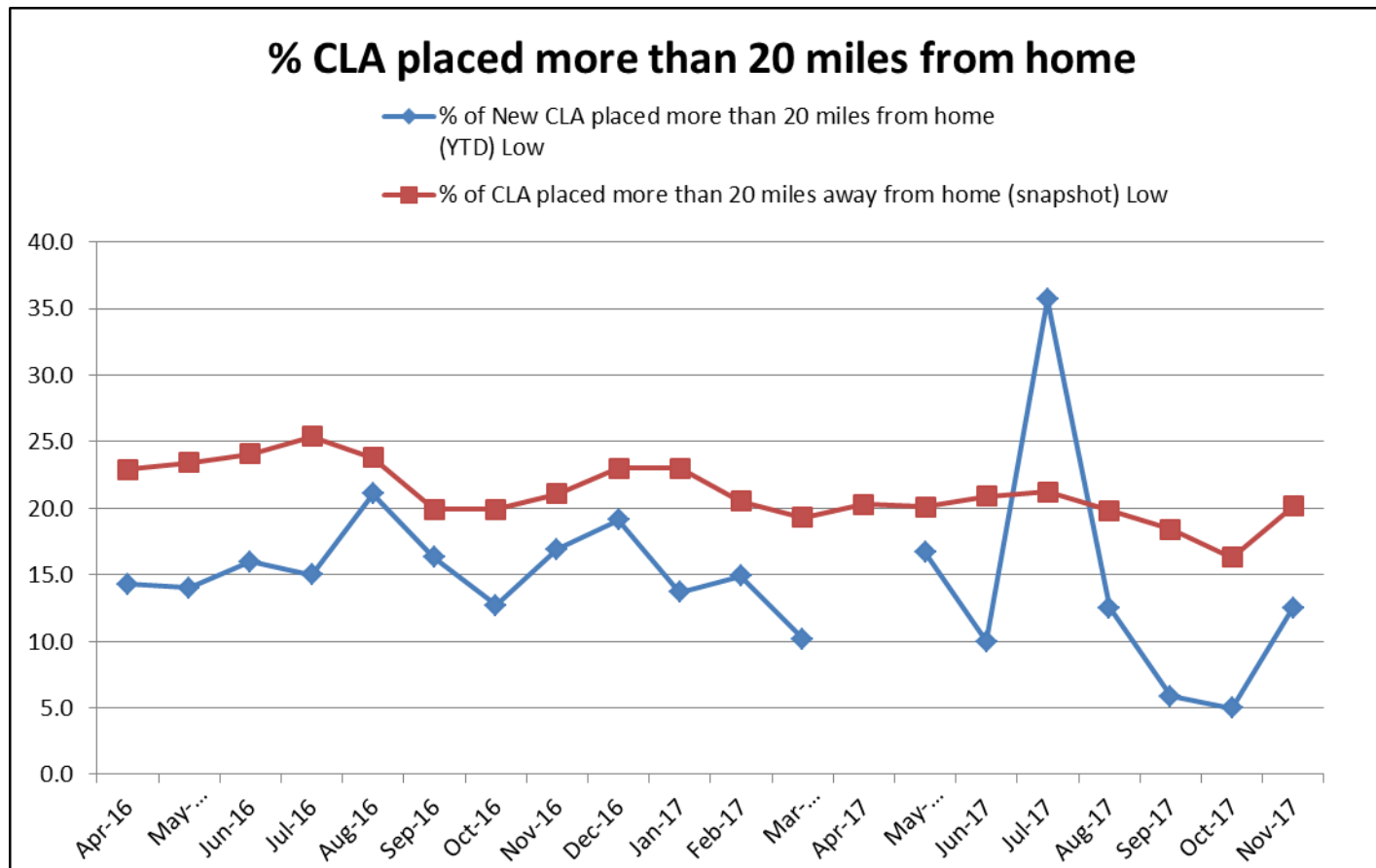


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The percentage of CLA with more than 2 placement moves has continued to increase throughout the year and is currently at 8.6%. The percentage of children looked after for more than 2.5 years have been in the same placement for more than 2 years has increased since the last report to 77.4%.

C13 – CLA placed over 20 miles from home

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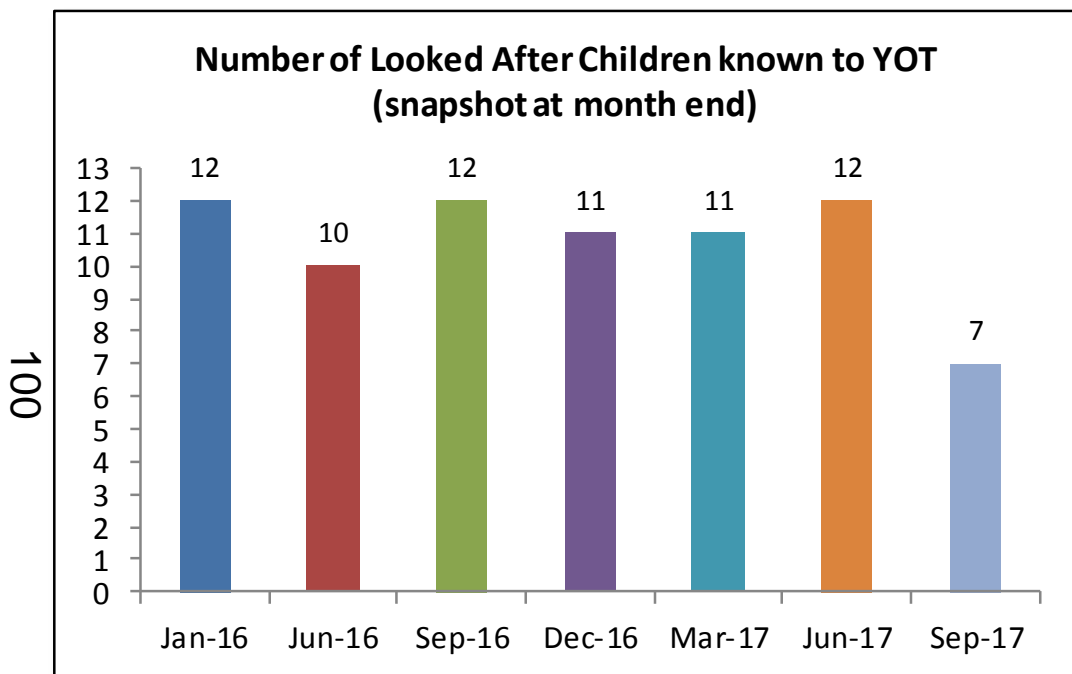


The percentage of all new CLA placed more than 20 miles from home has varied throughout the year, currently at 12.5%. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged around 19.6% throughout the year and is currently at 20.2%. In order to give a balanced view, these indicators exclude looked after children who are placed with parents, adopted or are unaccompanied asylum seekers.

C14 – CLA Offending

Number of Looked After Children known to YOT (snapshot at month end)

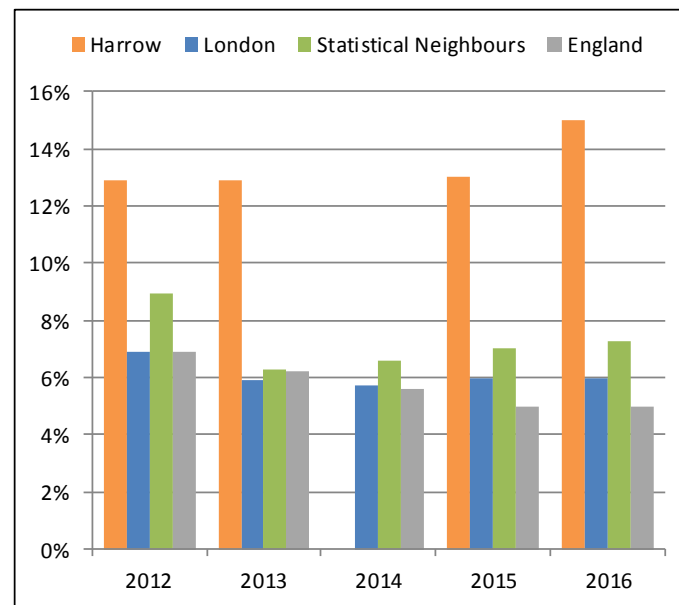
Jan-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17
12	10	12	11	11	12	7



The number of Looked After Children known to YOT has dropped to the lowest rate recorded. Due to small numbers our published data always show a higher proportion of Looked After Children who are subject to a conviction, final warning or reprimand.

% of children looked after for 1 year+ subject to a conviction, final warning or reprimand during the year

	2012	2013	2014	2015	2016
Harrow	13%	13%		13%	15%
London	7%	6%	6%	6%	6%
Statistical Neighbourhoods	9%	6%	7%	7%	7.30%
England	7%	6%	6%	5%	5%



Corporate Parenting Panel Forward Planner

Date	Agenda	Authors
9 th January 2018	Annual CLA Health Report Virtual School Annual Report Performance Report	Emma Hedley Designated CLA Nurse Mellina Williamson Taylor Head Virtual School David Harrington Business Intelligence Team
27 th March 2018	IRO Annual Report Safeguarding, Missing young people and CSE Care Leavers and Housing Performance Report	Barbara Houston, IRO Manager Jacinta Kane, Team Manager Jon Dalton Housing Head of Service David Harrington
June 2018	CLA and Youth Justice Fostering Report Adoption Regionalisation update Performance Report	Aman Sekhon-Gill YOT manager Peter Tolley Head of Service Peter Tolley David Harrington
October 2018	To be arranged	
Jan 2019	To be arranged	

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