

# Corporate Parenting Panel

## AGENDA

**DATE:** Tuesday 30 October 2018

**TIME:** 7.30 pm

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

### **MEMBERSHIP** (Quorum 3)

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**Chair:** Councillor Angella Murphy-Strachan

**Councillors:**

Sue Anderson	Janet Mote (VC)
Maxine Henson	Lynda Seymour
Christine Robson	

**Non-Voting Advisory Member:**

Valerie Griffin

### **Reserve Members:**

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- |                  |                        |
|------------------|------------------------|
| 1. Dean Gilligan | 1. Dr Lesline Lewinson |
| 2. Simon Brown   | 2. Chetna Halai        |
| 3. Chloe Smith   |                        |
| 4. Rekha Shah    |                        |

**Contact:** Manize Talukdar, Democratic & Electoral Services Officer  
Tel: 020 8424 1323 E-mail: [manize.talukdar@harrow.gov.uk](mailto:manize.talukdar@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: Monday 22 October 2018**

# 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 3 July 2018 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, Thursday 25 October 2018. Questions should be sent to [publicquestions@harrow.gov.uk](mailto: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. **CHILDREN LOOKED AFTER PARTICIPATION ANNUAL REPORT\_** (Pages 11 - 30)
8. **NEET-EET REPORT & SUITABLE ACCOMMODATION** (Pages 31 - 44)  
Report of the Corporate Director, People.
9. **HARROW VIRTUAL SCHOOL END OF KEY STAGES 2 AND 4 ATTAINMENT 20172018** (Pages 45 - 52)  
Report of the Corporate Director, People.
10. **ACTIVITY AND PERFORMANCE** (Pages 53 - 78)  
Report of the Corporate Director, People.
11. **ANNUAL REPORT CHILDREN LOOKED AFTER HEALTH SERVICE (HARROW)** (Pages 79 - 146)  
Report of the Associate Director of Children's Services.
12. **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

### 3 JULY 2018

<b>Chair:</b>	* Councillor Angella Murphy-Strachan	
<b>Councillors:</b>	* Sue Anderson	* Janet Mote
	* Maxine Henson (2)	* Christine Robson
	* Dr Lesline Lewinson (1)	
<b>Non-Voting Advisory Member:</b>	† Valerie Griffin	
<b>Officers:</b>	Paul Hewitt	(Interim Corporate Director, People)
	Barbara Houston	(Head of Service, Corporate Parenting)
	Jacinta Kane	(Team Manager VVE, CSE Co-ordinator)
	Zoe Sergeant	(Associate Director for Children, CNWL)
	Peter Tolley	(Interim Divisional Director Children & Young People)
	Mellina Williamson-Taylor	(Headteacher Harrow Virtual School)

- \* Denotes Member present
- (1) and (2) Denote category of Reserve Members
- † Denotes apologies received

#### 1. Attendance by Reserve Members

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

### Ordinary Member

Councillor Simon Brown  
Councillor Lynda Seymour

### Reserve Member

Councillor Maxine Henson  
Councillor Dr Lesline Lewinson

## **2. Declarations of Interest**

**RESOLVED:** To note that the following interests was declared:

### All Agenda Items

Councillor Maxine Henson declared a non-pecuniary interest in that she had been in care. She would remain in the room whilst the matters were considered.

## **3. Appointment of Vice Chair**

**RESOLVED:** To note that Councillor Janet Mote be appointed Vice-Chair for the 2018/19 Municipal Year.

## **4. Minutes**

**RESOLVED:** That the minutes of the meeting held on 27 March 2018 be taken as read and signed as a correct record.

## **5. Public Questions, Petitions & Deputations**

**RESOLVED:** To note that there were none.

## **RESOLVED ITEMS**

## **6. Activity and Performance**

The Panel received a report of the Corporate Director, People, which set out activity for Children Looked After and care leavers and the provisional performance position at 31 March 2018.

Following questions & comments from Members, an officer advised that:

- with regard to those CLAs (Children Looked After) with at least one missing episode a year, he did not have to hand figures regarding what proportion of those children, once they had been found, remained in care and what proportion eventually returned to their families. He undertook to circulate this information to the Panel after the meeting. He added that children did better within a stable environment and that any strategy was based on an assessment of each child's long-term needs;

- the data in the report included those CLAs who had been placed out of borough. The officer confirmed that there were no major issues related to those placements as they were tightly monitored and reviewed;
- there were no major patterns emerging in relation to the reasons for CLAs going missing. It should be noted that teenagers with complex needs could often be difficult to manage. OFSTED had specific expectations with regard to how missing CLAs episodes were managed and had indicated that there should be an agreed process for practice and for recording the episodes;
- the high proportion of care leavers who were NEET (not in education or training) related to challenges around engaging young people, or could be due to other reasons, for example, because they may be in custody. It was important to note that 10% of Harrow's care leavers went on to university;
- there was a Virtual School in every borough in England and Wales. The school provided educational support to all CLAs and worked closely with their foster carers, social workers and designated teachers. The head teacher of the Virtual School worked closely with relevant stakeholders and key partners to monitor and improve pupils' attainment, progress and attendance.

**RESOLVED:** That the report be noted.

## 7. Harrow Children Looked After

The Panel received a report of the Head of Children's Services and Operations at Central and North West London NHS Foundation which set out the delivery of health services to Harrow's Children Looked After during March-April 2018.

Following questions & comments from Members, an officer advised that:

- the Client Satisfaction Survey had revealed that 95% of CLAs felt that the care they received was excellent. The remaining 5% had indicated that they would prefer to be with their families rather than be looked after;
- the CLA health team had given a presentation at the Royal College of Nursing Conference (which was an example of excellent partnership working) and this had been well received. As of 1 July 2018, CNWL had commenced providing the 0-19 healthy child programme in Harrow (health visiting and school nursing). Members would be invited to the forthcoming launch event in the Autumn term;
- with regard to the broader survey, the Health Assessment questionnaire had been reviewed and amended and the results of the survey would be reported to the Panel in 2019.

**RESOLVED:** That the report be noted.

## **8. Missing Children Looked After**

The Panel received a report of the Corporate Director, People, regarding Children Looked After missing from care.

Following questions & comments from Members, an officer advised that:

- in cases where a CLA refused to return to their placement or foster family following an incidence of going missing, a Return Home Interview and an Assessment of Need would be carried out and the child's views would be taken into consideration. It was rare for children to request a new placement and children would only be returned to their families when it was safe to do so;
- there were no permanently missing CLAs in Harrow. One child had returned to their family in Ethiopia, and Children's Services had (after visiting him in Ethiopia) confirmed that there were no safeguarding issues in relation to that child;
- most of the CLAs who went missing were repeat offenders and were therefore well known to the Service. Because they often had a good rapport with their social workers, who were familiar with their habits and hangouts, they were often easy to locate. When a CLA went missing, 'Grab packs' containing key information about the child would be shared with the police to enable them to speedily locate the child;
- there were 10 children who accounted for well over 50% of missing episodes for CLAs and care leavers. Their circumstances were well known and the risks were managed through a weekly meeting attended by all heads of service.

**RESOLVED:** That the report be noted.

## **9. Children's Services Self Assessment**

The Panel received a report of the Corporate Director, People, regarding the Children's Services Self Assessment which provided an update on progress made since the previous inspection in 2017.

Following questions & comments from Members, an officer advised that:

- the report showed four key areas for improvement, which would be the subject of a pro-active action plan and would be monitored through the Improvement Board;
- the Self-Assessment report had been the subject of a sector-led peer review. Harrow's strong performance and value for money had been noted across West London as part of the review;



- the leaving Care Team was responsible for all CLAs up to the age of 25. Care leavers were supported in a number of ways in preparation for independent living, for example, they could access supported lodgings and other residential and housing options; a training programme that included managing finances, relationships, education, employment and training, health and accommodation. Additionally, CLAs in Harrow were now exempt from paying Council Tax.

**RESOLVED:** That the report be noted.

## 10. Updated corporate parenting strategy

The Panel received a report of the Corporate Director, People, which provided an update on the Corporate Parenting Strategy.

Following questions & comments from Members, an officer advised that:

- the provision of a Later Life letter was a statutory requirement for all children placed with adoptive parents. These were more detailed and contained more personal history than a social worker's case notes. They were written by the child's Social Worker in conjunction with the adopters' Social Worker and were given to prospective adopters. The expectation was that the letter would be addressed to the child, but given to the adoptive parents for safe keeping. The letter provided the child with an explanation of why he/she was adopted;
- 'Letterbox books' was an initiative whereby across the UK, young CLAs received their own parcel of books, stationery and other high quality materials once every month for six months, from May to October. For many children, it was the first time they had received a letter or a parcel through the post and for some it was the first time they have had books of their own. Research had shown that this initiative had led to improved reading ages among these children. There was a similar scheme for older children.

A Member stated that the inclusion of a foster carer as an adviser to the Panel had proved fruitful and suggested that a second foster carer should be invited to join the Panel as a reserve to the current adviser. She added that the current adviser should be formally written to confirm her re-appointment to the Panel. This was agreed by the Panel. An officer undertook to seek nominations for a reserve adviser.

Members were of the view that the participation of CLAs at previous Panel meetings had been fruitful and a cohort should be invited to participate at a future meeting of the Panel in 2018/19. An officer undertook to arrange this. He added that the Corporate Parenting Strategy would be submitted to both Cabinet and Council for approval later in the year.

**RESOLVED:** That the report be noted and endorsed for presentation at Cabinet in September 2018.

(Note: The meeting, having commenced at 7.00 pm, closed at 8.27 pm).

(Signed) COUNCILLOR ANGELLA MURPHY-STRACHAN  
Chair

**REPORT FOR: Corporate Parenting  
Panel**

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**Date of Meeting:** 30<sup>th</sup> October 2018

**Subject:** **INFORMATION REPORT –  
Children Looked After  
Participation Annual Report**

**Responsible Officer:** Paul Hewitt Corporate Director People

**Exempt:** No

**Wards affected:** All

**Enclosures:** Participation Report

**Section 1 – Summary**

**FOR INFORMATION. The report outlines the activity of the Participation Officer over the past year and how their work with Children Looked After and Care Leavers**

## **Section 2 – Report**

See Report attached

## **Section 3 – Further Information**

## **Section 4 – Financial Implications**

The Participation Officer post is funded through the establishment budget so no financial implications in report

## **Section 5 - Equalities implications**

This post is key to the engagement of all Look After children and Care Leavers and to ensuring their voice is heard.

## **Section 6 – 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 communitie
- Making a difference for families

Name Jo Frost

on behalf of the  
Chief Financial Officer

Date: ...15/10/18

**Ward Councillors notified:**

**NO**

## **Section 7 - Contact Details and Background Papers**

**Contact:** Shana Hart, Participation Officer, Children Services, Harrow Civic Centre

**Background Papers:** List **only non-exempt** documents relied on to a material extent in preparing the report. (eg previous reports) Where possible also include electronic link.

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# **HARROW PARTICIPATION STRATEGY**

## **Annual Report: Sept 2017 – Aug 2018**

**Reported to:** Corporate Parenting Panel due Jan 2019  
**Next report due:** Oct 2019

### **Introduction**

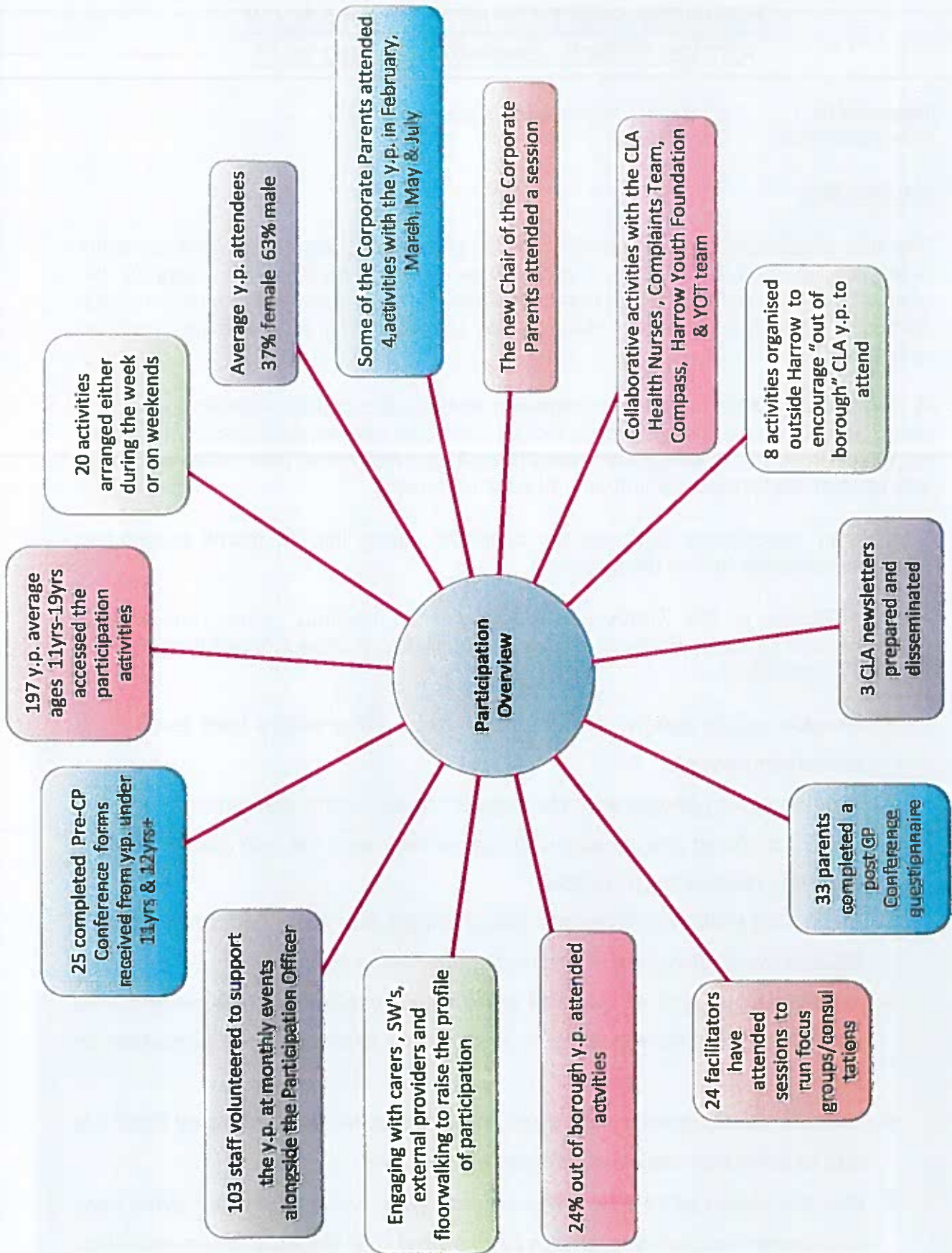
The aim of participation is to listen to children and young people's opinions, to be the voice for all children in care and to liaise with professionals to support the children/young people to help make improvements. Participation is a process where someone influences decisions about young people's [YP] lives and this leads to change.

A Participation Officer's role is information sharing and dialogue between children, young people, (particularly children looked after and careleavers) and adults based on mutual respect, in which the young people can learn how their views are taken into account and shape the outcome of such processes.

This report summarises the progress achieved during this 12 month period and signposts areas for further development.

Harrow Council is the 'Corporate Parent' for all children, young people and careleavers in its care. Because of this responsibility, Harrow Council is committed to The Pledge below:-

- 1. Provide young people with a safe home to live where they feel happy and taken care of.***
- 2. Provide young people with the support to do well in education.***
- 3. Listen to young people about things in their own life and about the care that they receive from Harrow.***
- 4. Be honest with young people about things that have happened in their life and the decisions that are made about their care.***
- 5. Help young people to develop good relationships with the people who care for them and the people in their life that are most important to them.***
- 6. Provide young people with support and opportunities to enjoy their life and to have interests and hobbies of their own.***
- 7. Provide young people with the support they need when they leave care to become independent and to be the best that they can be in adult life.***





## **The Impact of Participation:** examples include

- The monthly participation activities have encouraged the CLA YP and Careleavers to develop strong friendships and they engage with each other on social media so that they can discuss attending the CLA activities together;
- During an activity, one of the YP disclosed that they were self-harming. This information was immediately forwarded to the YP's SW, the carer's SW and the carer was contacted;
- A carer asked for support and it was arranged for the CLA YP to volunteer at a local indoor play area during the summer;
- A CLA YP who was only in care during the summer, was invited to attend the Beyond Limits summer events before the YP returned to their birth family. The YP enjoyed the events enormously and even asked if they could attend the events once they had returned home;
- A football extravaganza was organised with Harrow School agreeing that their facilities could be used free of charge. A team of CLA and Careleavers YP attended and were invited to play against a team of YP from Brent. A team of Harrow Civic staff played against the older YP;
- A Harrow young carer was the only YP who wanted to work with Radio Harrow during the summer. It was arranged that the YP engineered and produced a radio show;
- Tickets were requested for the FA Community Shield. 2 tickets were donated and these were given to a carer who attended the match with their CLA YP;
- 4 Careleavers were accompanied to Lords Cricket Ground to volunteer for the day.

## **Referrals** for further support, arising through participation activity:

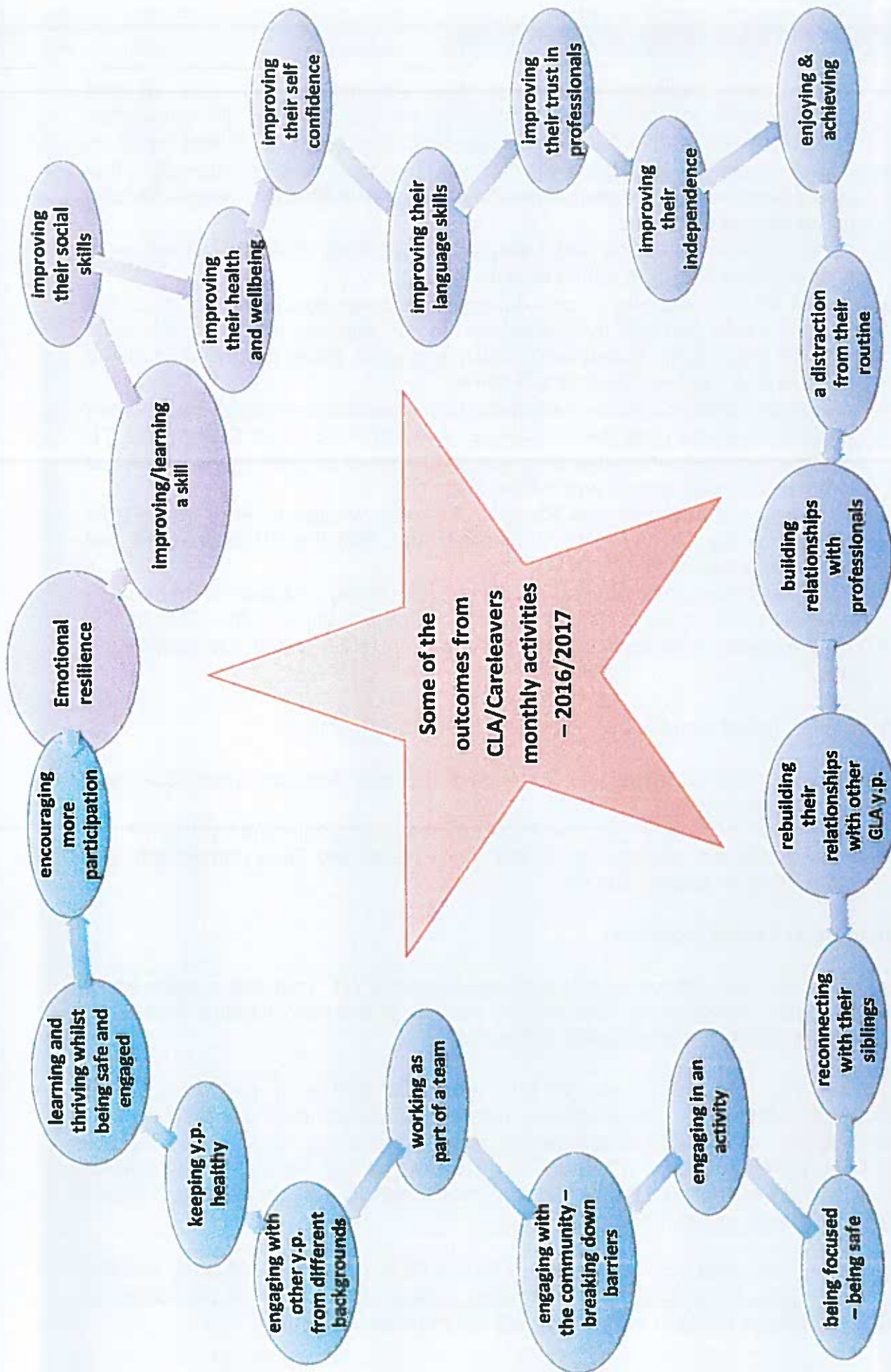
- Regular referrals made to Virtual School with requests from CLA and Careleavers YP;
- Information and advice sourced for carers requesting activities for their YP;
- The local police contacted to support sessions around 'Stop and Search' and 'shoplifting' to support the YP.

## **Consultation Topics Covered**

Once a month a consultation topic is discussed with the YP. This year's topics were: E-safety; health & wellbeing; complaints; alcohol awareness; healthy food; self-esteem; personal safety; knife crime; budgeting.

To widen the engagement of YP and raise the profile of participation, the Participation Officer has engaged face to face and using electronic engagement with a wide variety of individuals, teams and organisations e.g. CLA & Careleavers YP, UASC; LINAB; Children in Need (CIN) team; Advocacy; Harrow Young Carers; Harrow Youth Foundation; Harrow Virtual School; the Independent Visitors provider (SOVA) and other external organisations.

To view the numerous activities arranged for the CLA YP and Careleavers, see the link: [www.harrow.gov.uk/info/200161/children-looked-after](http://www.harrow.gov.uk/info/200161/children-looked-after). To view the recording sheets and photos for each activity, contact the Participation Officer.



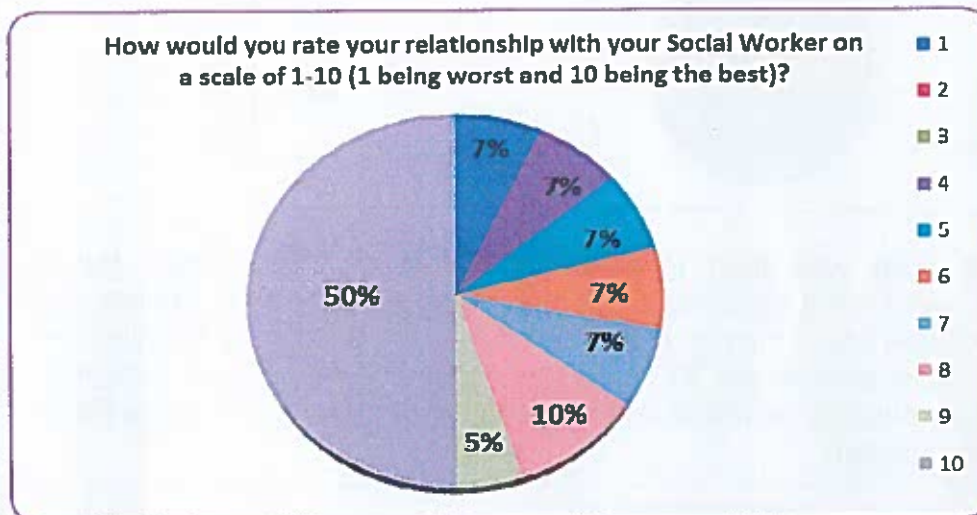


## Examples of changes achieved since September 2017

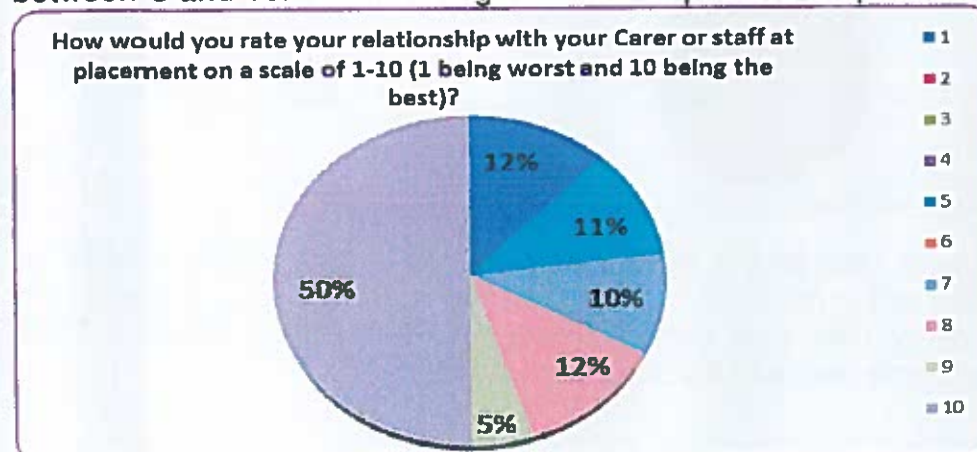
- ✓ A weekly spreadsheet with a list of YP is now sent to the local leisure centre for YP to register for free gym and swimming;
- ✓ An increase in the amount of YP's activities that the Corporate Parents attended;
- ✓ A 25% increase in the amount of completed pre-CP conference forms received from YP under 11yrs and 12yrs+;
- ✓ An increase in the amount of staff volunteering to support the YP's activities.

## Consultations

32 YP met the Participation Officer on a 1:1 basis before their review and answered questions about their wellbeing. These included CLA/Careleavers both new to care and those who have been in care for longer. YP rated on a scale of 1-10, with 10 being highest/best. The results were as follows:-



Two thirds of YP responding, rated their relationship with their Social Worker between 8 and 10. This is a high number of positive responses.



Two thirds of YP responding, rated their relationship with their carer or placement staff between 8 and 10. 7 YP rated their relationships as 7 or lower.

Does your Social Worker always consider carefully the requests you make?



YP report overwhelming confidence (100%) that their Social Worker carefully considers their requests.

Do you know who your IRO is?

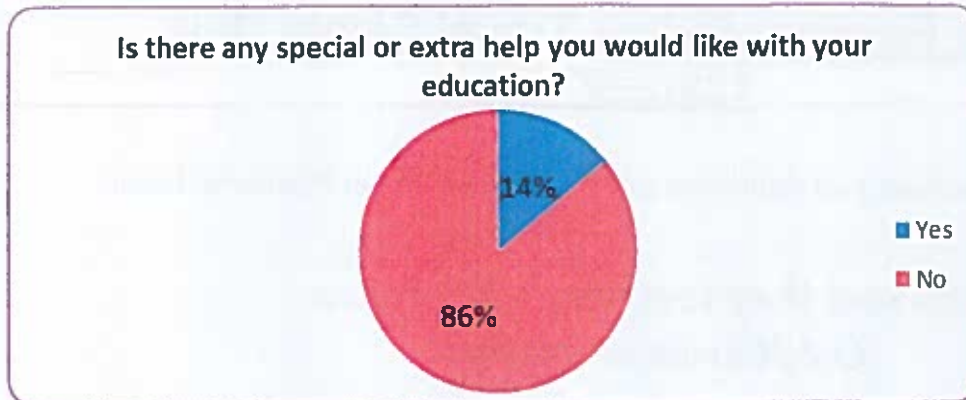


67% of YP were clear who their Independent Reviewing Officer was, but a disappointing 33% were not. Corrective action has been put in place to ensure that IRO's and Social Workers give out a pocket/wallet sized reference card, detailing the CLA/Careleavers Social Worker and IRO's contact details. Some YP can recognize their IRO's in person, but they do not always remember their names. Two new IRO's have recently been recruited.

Do you know how to make a complaint?



While 33% of YP were clear how to make a complaint, it is disappointing that 67% were not. Corrective action has been put in place as the YP are given a wallet sized information card every time they meet 1:1 with the Participation Officer. This ensures that YP are more aware of the complaints process.



Over three quarters of YP did not identify any extra help they would like with their education. If help is requested, this information is immediately forwarded to the Virtual School.

Other question responses identified:-

- 100% knew why they were in foster care;
- 50% see members of their birth family;
- 100% are happy to see their SW at their placement;
- 100% knew why their SW visits them;
- 60% said their SW spends at least one hour with them on a 1:1 basis;
- 37% said they have a care plan;
- 100% said they knew where to get health advice from;
- None of the YP said they would like an independent visitor.

All the YP responses are e-mailed to their IRO and SW. The data is input onto a spreadsheet and uploaded onto Mosaic (electronic social care records system) case record, with referrals made to the Virtual School and Independent Visitors where requested by the YP. A list is kept of all the YP who meet with the Participation Officer and is marked to indicate the gender of the YP and whether they live outside the Borough.

During the 1:1 meetings with the Participation Officer, the YP are reminded about upcoming activities they can attend. All the YP confirmed that they have received this information sent to them by post.

**Improvement - actions taken:**

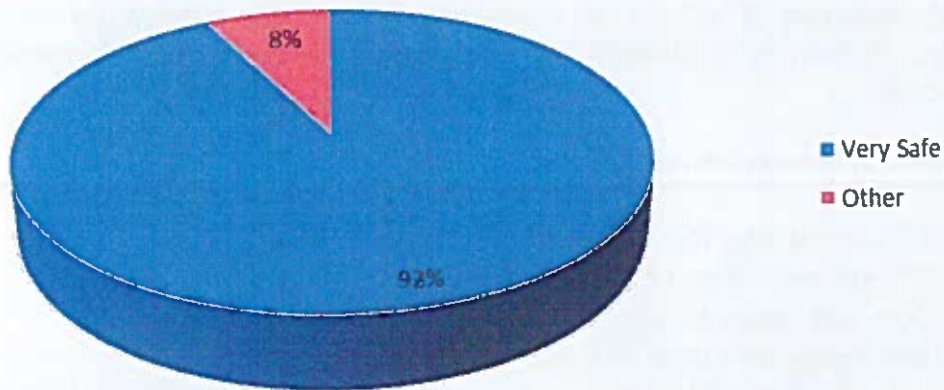
- i. YP cannot always remember their IRO's names: IRO's and SW's have been re-issued with Pledge Cards on which they can add their contact details to pass onto the YP;
- ii. YP are being reminded about the Pledge when meeting with the Participation Officer on a 1:1 basis;
- iii. Only 17% of YP knew how to make an official complaint: This information is now being passed onto every YP when meeting 1:1 with the Participation Officer.



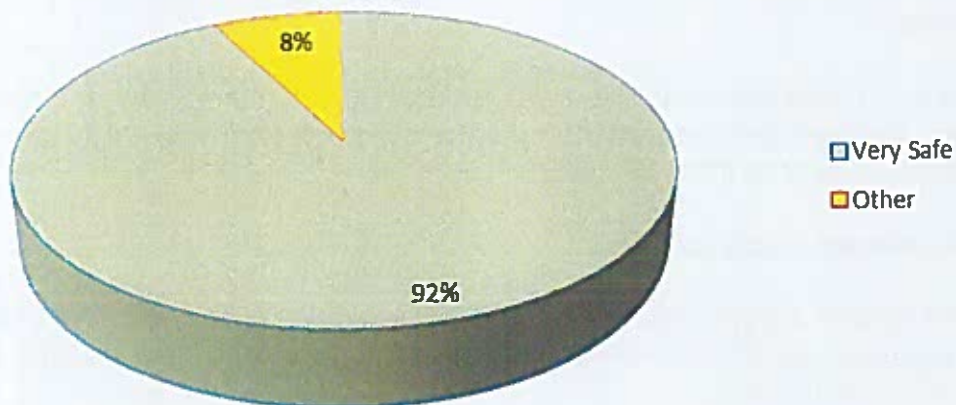
## YP's Responses to a Travel Safety Quiz 12yrs-22 Yrs

(Quiz organised and delivered by the Harrow Travel Planners Team)

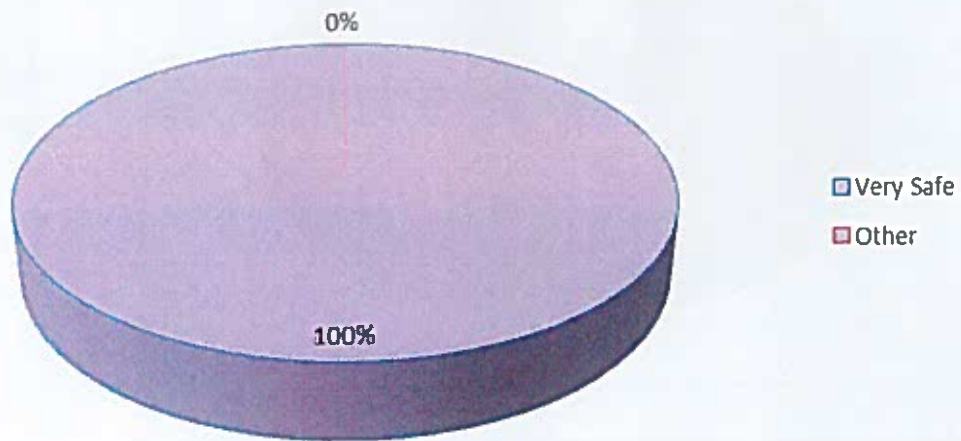
**92% said they feel very safe on the  
CLA/Careleavers trips**



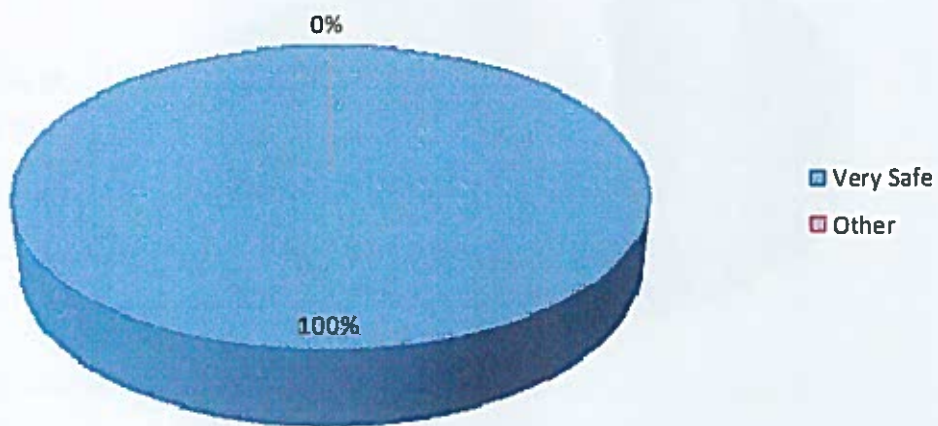
**92% said they feel very safe when travelling  
around the area where they live**



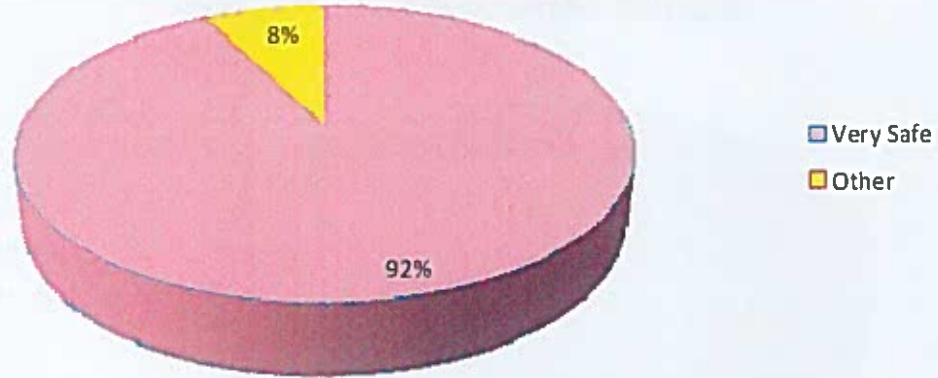
**100% said they feel very safe travelling  
around other parts of Harrow**



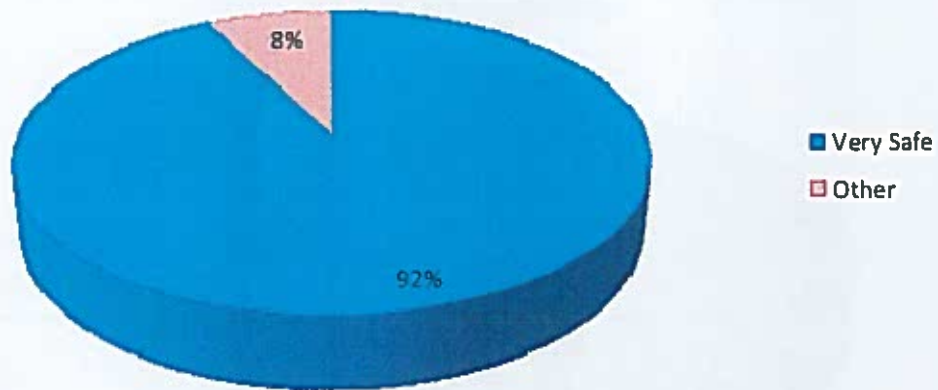
**100% said they feel very safe in school,  
college or work**



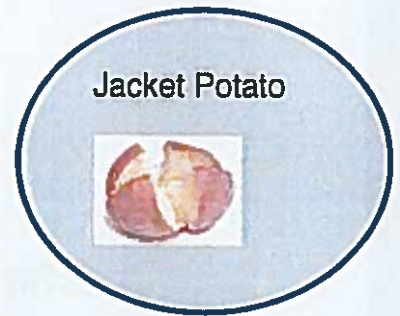
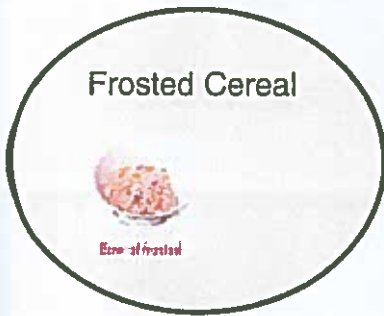
**92% said they feel very safe during their free time at home**



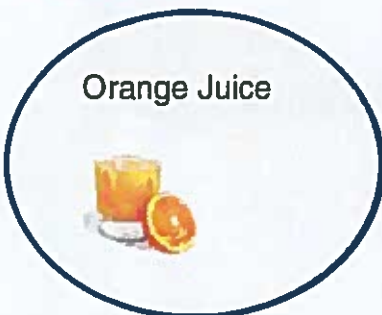
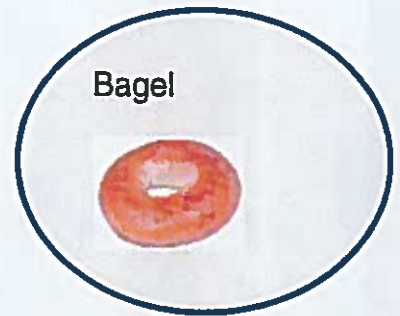

**92% said they feel very safe during their free time in public spaces**



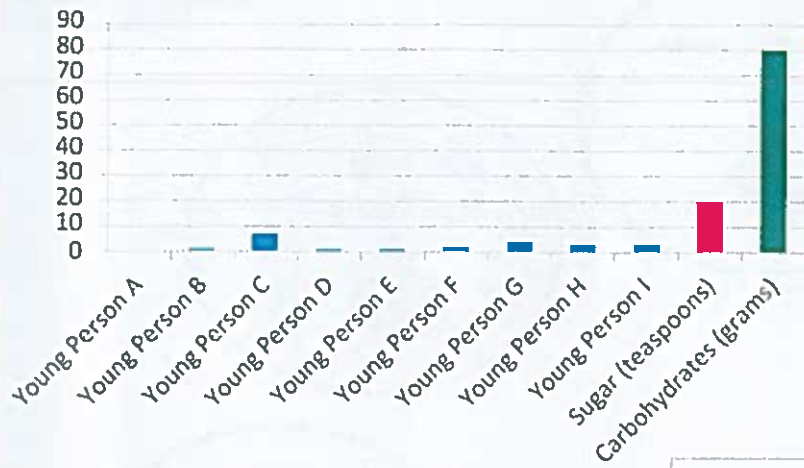




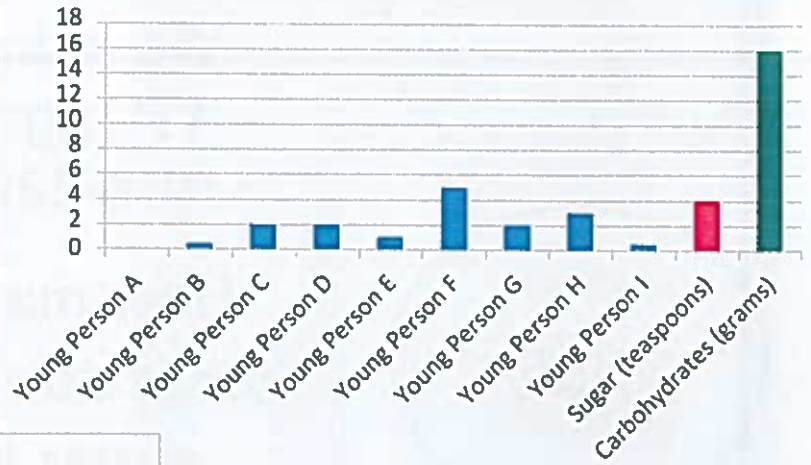
**We asked  
YP (ages  
11yrs-22yrs)  
How many  
teaspoons of  
sugar in  
these foods?**



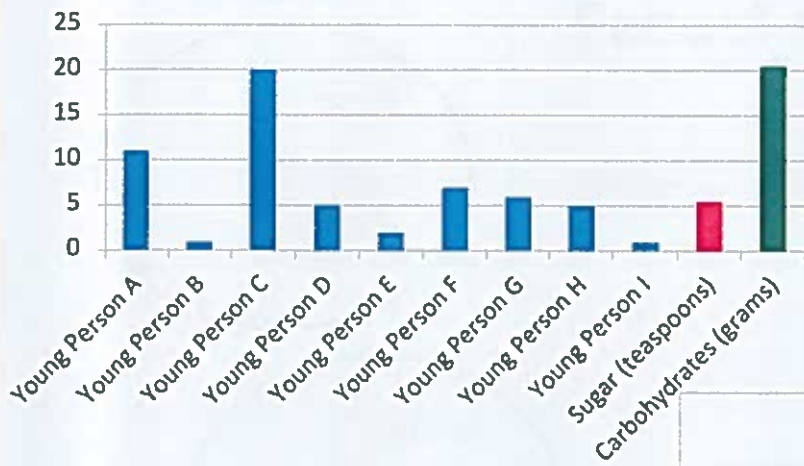
### Portion of White Rice



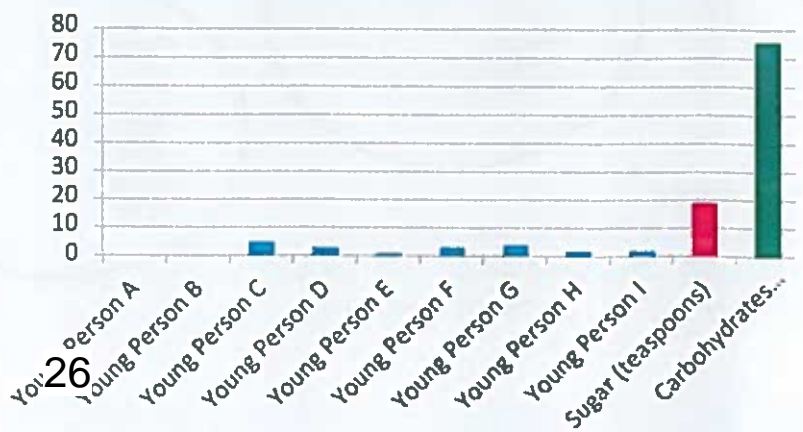
### Portion of Strawberries



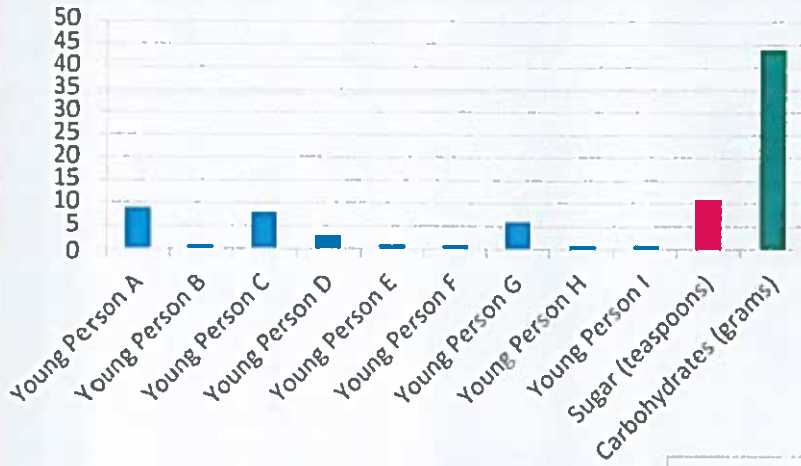
### Muffin



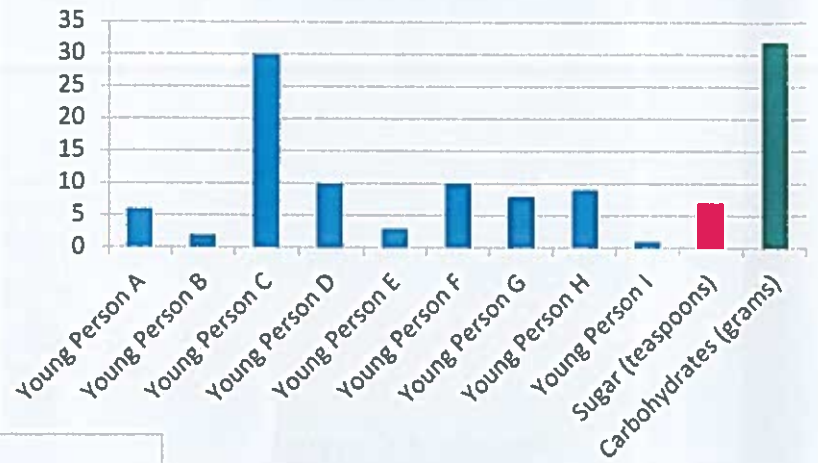
### Jacket Potato



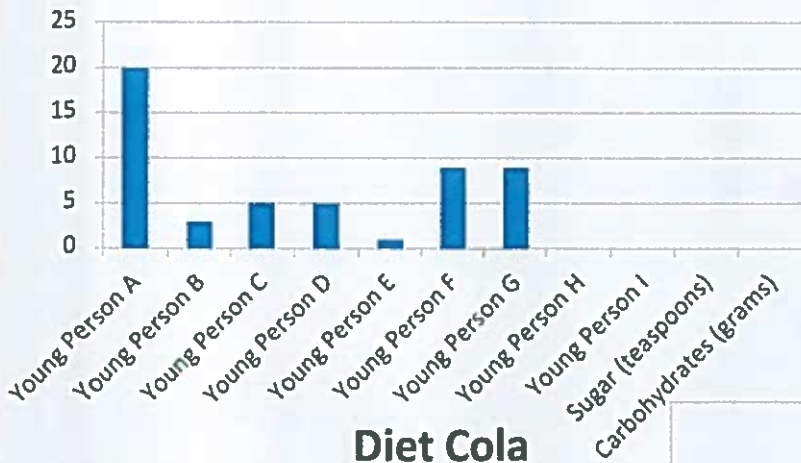
### Bagel



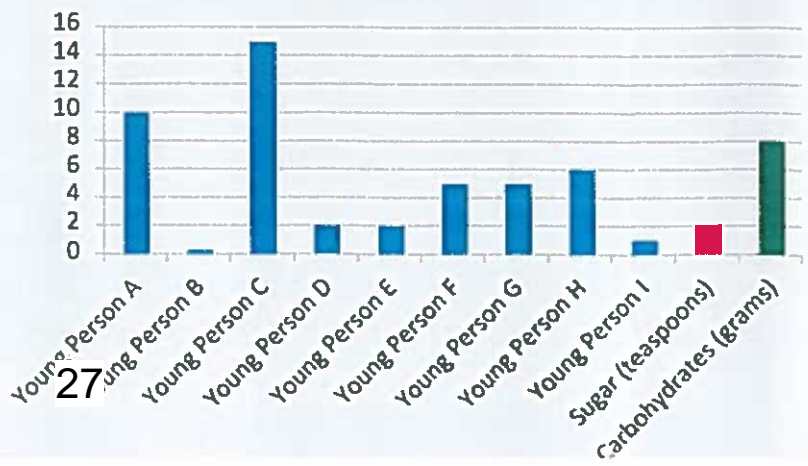
### Red Bull



### Diet Cola

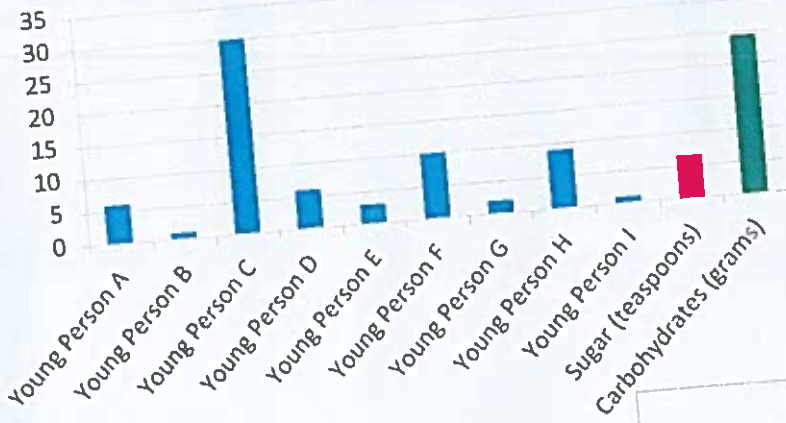


### Orange Juice

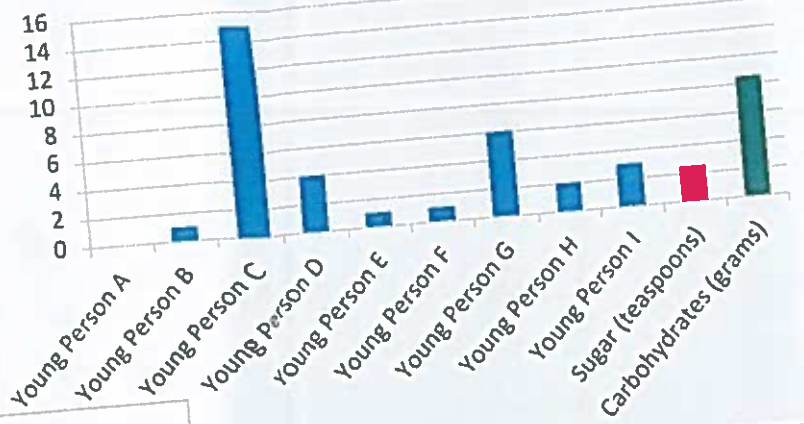




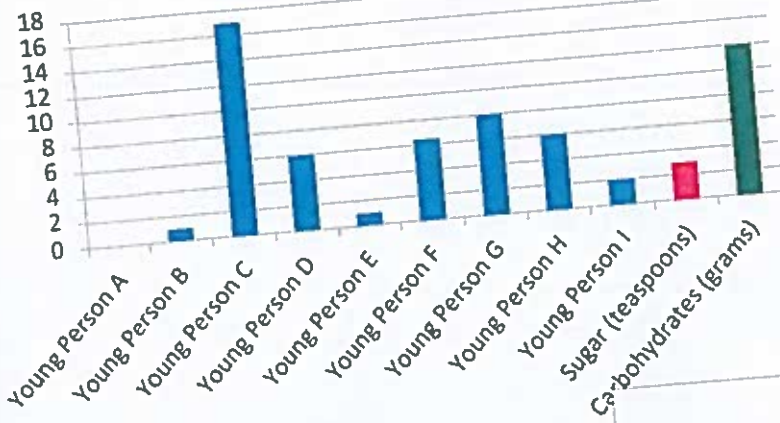
### Meringue



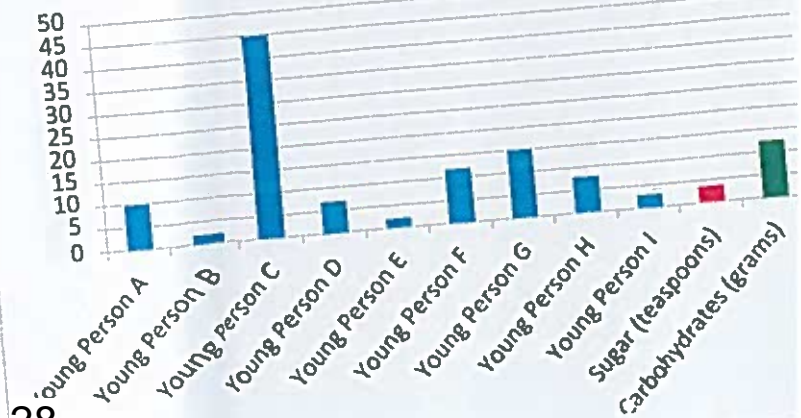
### Baked Beans



### Frosted Cereal



### Doughnut



## Disability Team – CLA YP

There are 8 CLA YP supported by the disability team, 6 male, 2 female, 5 have advocates. All 8 CLA are out of borough placements. Due to the severe LD, none of the YP can or have expressed a wish to join Harrow Youth Parliament. The ages of the CLA YP are from 10yrs – 17yrs+.

## Future plans

- Increase the number of CLA/Careleaver YP attending the participation activities;
- To increase the communication between the SW's and YP: A "Training the Trainers" session for YP is to be arranged, after which the YP will deliver training directly to the SW's to improve communication;
- Continue to meet with the CLA YP/Careleavers on a 1:1 basis before their Reviews;
- Continue to keep the CLA YP/Careleavers and carers advised about upcoming Beyond Limits and community activities that they can engage in;
- Continue to encourage the CLA YP/Careleavers to apply for apprenticeships and employment;
- Continue to encourage the CLA YP/Careleavers to register for free access to swimming and gym facilities;
- Continue to encourage impact evidence outcomes based reports received from invited facilitators who engage with the CLA/careleavers YP;
- Preparing, collating and reviewing monthly participation consultation topics to ensure that YP are making informed choices to improve their personal safety.
- There are occasionally issues around finding an interpreter when meeting 1:1 with YP before their review – this has been reported to the Careleavers manager
- The Independent Visitors team are not able to provide interpreters so less UASC and LINAB YP are able to access their service – more liaison with the IV staff;
- The YP have stated that they do not want to attend a yearly meeting with the Corporate Parents in a formal setting, so it was agreed that once a year, a specific activity will be arranged locally for the Corporate Parents and YP to attend together.
- The Corporate Parents are regularly invited to attend activities that the YP engage in.



**REPORT FOR: Corporate Parenting  
Panel.**

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<b>Date of Meeting:</b>	November 2018
<b>Subject:</b>	<b>NEET/EET report &amp; suitable Accommodation –</b>
<b>Responsible Officer:</b>	Paul Hewitt, Corporate Director People
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Report on Care Leavers EET

**Section 1 – Summary**

The purpose of this report is to inform the Corporate Parenting Panel of the NEET / EET Figures and those Young People aged between 16-15 years in suitable Accommodation

FOR INFORMATION

## **Section 2 – Report**

As a corporate panel we have a duty to ensure our young people are engaged in education, employment or training.

It is therefore recommended that the allocated Social Workers, Social Care Assistants and Careers Advisor continues to engage and support the “Hard to reach” young people who are currently NEET or potential NEETS into suitable Education, Employment or Traineeship fit for their needs and as a progression route.

It is recommended that the Careers Advisor’s input is implemented into individual LAC/care Leavers pathway plan to reflect their future aspirations and actions to take, to achieve progression routes.

Care Leavers who are potential NEET to receive support to continue to sustain their current / future education/ employment placement

## **Section 3 – Further Information**

# Contents Page

1. Corporate Parenting Panel
2. Introduction Page
3. Report on Care Leavers NEET / EET & suitable Accommodation
4. The Responsibilities of the CLA Team.  
Responsibilities of the Leaving Care &UASC Team
5. Graph Pie charts (Data capture) [2 pages]
6. What we are doing to support young People to maintain EET status



7. Young People who are not in Employment, Education or Training (NEET)
8. What are the Barriers / Issues?
9. There are 4 different groups within the NEET Cohort
10. Activity to reduce the number of young people who are NEET
11. Dedicated CLA/LCT & UASC Careers Advisor



# Corporate Parenting Panel

**17<sup>th</sup> November 2018**

**Report on: Care Leavers Employment,  
Education & Training and Suitable  
Accommodation**

**Date: October 2018**

## Introduction

Every year around 10,000 16-18 year olds leave foster or residential care in England. Children in care must leave local authority care by their 18<sup>th</sup> birthday. Local authorities must support care leavers until they are 21 years old (or 25 if they are in education or training). On leaving care, some young people return home to their families, but many start to live independent lives. The government wants to ensure that care leavers get the same care and support that their peers would expect from a reasonable parent, such as help finding a job or setting up home. It also wants them to have the opportunities they need to move successfully to adulthood.

Central and local government both have a role in supporting care leavers. The department for education sets the overall framework for the delivery of support for care leavers. It gives statutory guidance to local authorities, collects information on care leavers and makes data and research on good practice publicly available. Other departments support housing, training, welfare and other needs. Support is mainly given by local authorities. They need to ensure that care leavers get comprehensive personal support to help them achieve their potential as they make their transition to adulthood. This support includes finding them somewhere suitable to live and supporting them into employment, education or training.

The government recognises the quality of support for care leavers has been patchy and that their journey through life can be lonely, disrupted, unstable and troubled. Those leaving care may struggle to cope with the transition to adulthood. They may experience social exclusion, unemployment, health problems or end up in custody. Care leavers have had these problems for a long time, they also are less likely to have achieved 5 A\* - C GCSE's.

With more young people over the age of 16 leaving care, the demand for support is increasing. The increase is due to an increase in the care population as a whole; an increase in the number of older children coming into care; and 16 and 17 year olds presenting as homeless and becoming looked after. Local authorities have to support the increased population.

**Background Papers:** List **only non-exempt** documents (i.e. not Private and Confidential/Part II documents) relied on to a material extent in preparing the report (e.g. previous reports). Where possible also include a web link to the documents.

## **Report on Care Leavers NEET/EET & Suitable Accommodation**

As a *Corporate* panel we have a duty to ensure our young people are engaged in education, employment or training.

It is therefore recommended that the allocated Social workers, Social Care Assistants, support workers and Career Advisor continues to engage and support the “hard to reach” young people who are currently NEET or potential NEETS into suitable Education, Employment or Traineeship fit for their needs and as a progression route.

It is recommended that the Careers Advisor’s input is implemented into individual LAC/ Care Leavers pathway plan to reflect their future aspirations and actions to take to achieve progression routes.

Care Leavers who are potential NEET to receive support to continue to sustain their current / future education/ employment placement.

### **The responsibilities of the CLA team**

The team is responsible for children and young people who are looked after by Harrow Council who have a plan of permanency by way of long term fostering or adoption. When a young person reaches the age of 18 they are transferred to the Leaving Care Team.

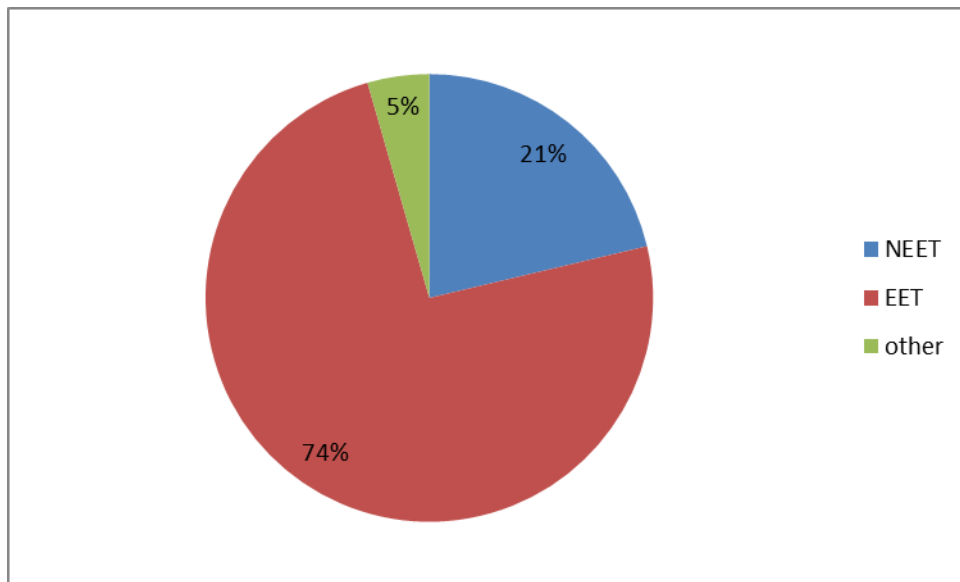
### **The responsibilities of the Leaving Care and UASC team**

The team is responsible for young people who are preparing for their move into independence and further education, employment or training under the Leaving Care Act 2000. They support unaccompanied asylum children under section 20 of the Children Act 1989.

**Care Leavers 171 (45 under 18,) total 202**

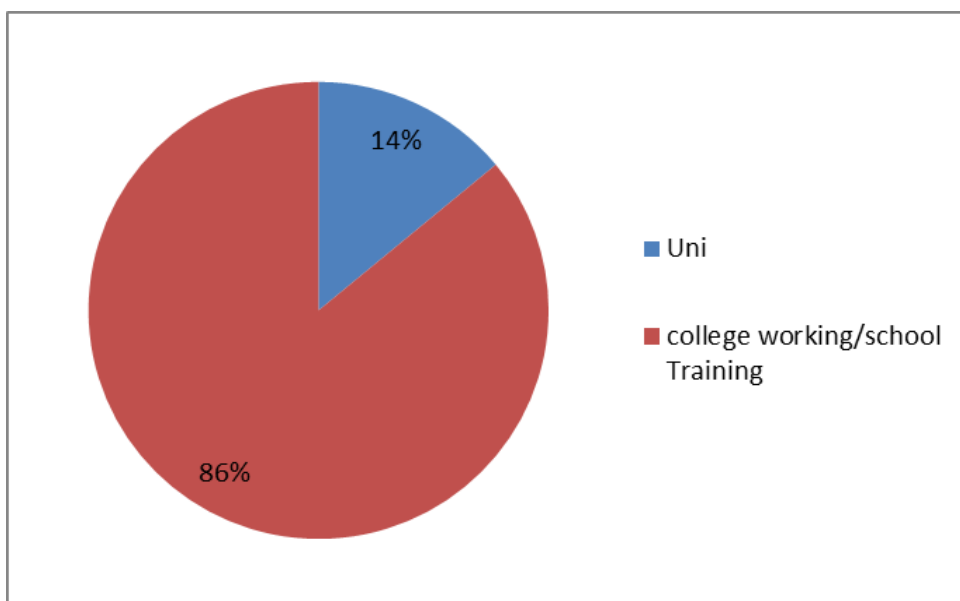
**With a Snapshot of our Current EET figures we have 74% % EET currently in Harrow and 21% NEET (5% are either not recorded, in Prison or missing)**

NEET	43
EET	150
other	9



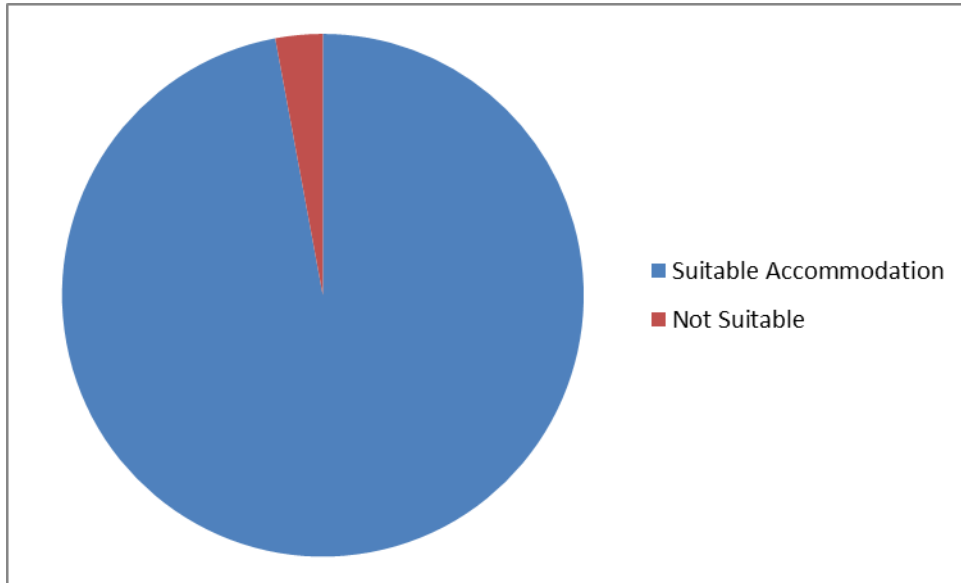
**There are currently 21 Young persons at University; 150 EET**

Uni	21
college working/school Training	129



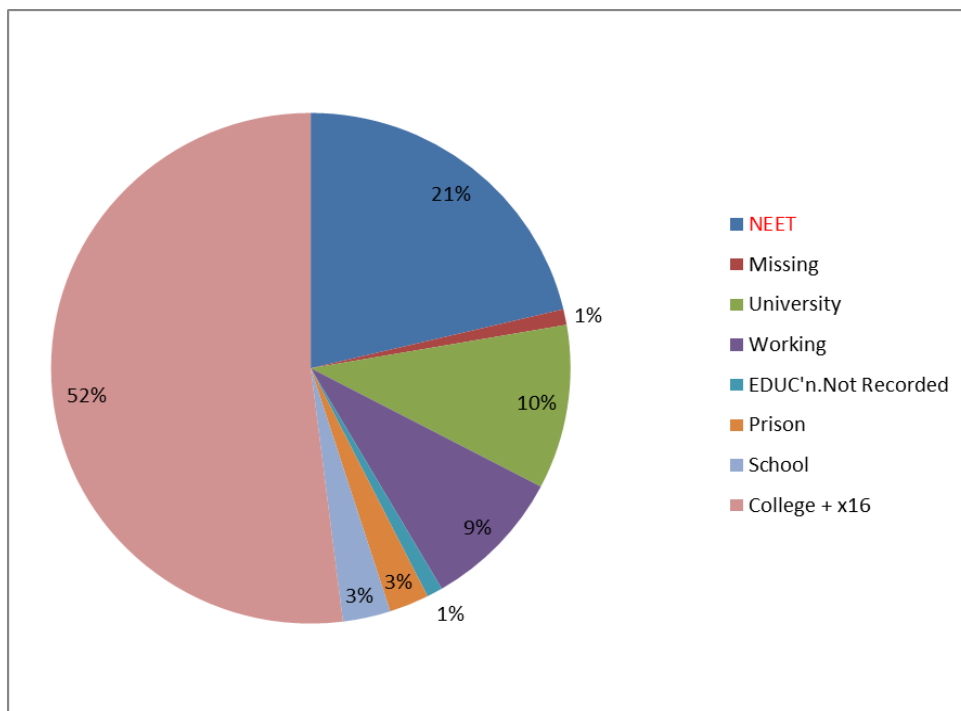
**Currently 97% of Harrow Care Leavers are in Suitable Accommodation. 3% are not in Suitable accommodation. (i.e. 5 in Prison)**

Suitable Accommodation	166
Not Suitable	5



**Grand overview**

NEET	43
Missing	2
University	21
Working	18
EDUC'n. Not Recorded	2
Prison	5
School	6
College + x16	105



## **So what are we doing to support young people to maintain their EET Status?**

- Social workers actively engage, encourage and support young people in their chosen field of education, employment and training.
- Allocated Careers Advisor will work with the young people who have been referred with up to 4 weeks of follow up to ensure they sustain their placement from when being NEET to becoming EET
- A one stop shop for young people 'Harrow Youth Stop' free careers service for 16-21yrs (up to 25 years if with special needs) with a variety of clinics being offered by training providers, health clinic and legal advice offered from this Centre. Referrals are made direct.
- Pathway plans and reviews are now being chaired by the Team Manager or Deputy Managers, to ensure there is effective management input and oversight, to ensure the plans are multi- agency and of a high quality.
  
- Recognising the achievements of young people including financial reward in accordance with the Leaving Care Charter.
- Leaving Care Forum – facilitated twice a year and led by the young people with the aim to inform young people of various topics relevant to them including access to Employment, Education and Training.
- All young people who are EET are entitled to travel and lunch money in addition to their weekly allowance or subsistence payments.
- Regular monitoring by careers advisor and social workers through contact with colleges ,training providers and employers of attendance of young people in these environments in order to sustain placements with the intention to identify any difficulties at early stage.
- Regular meeting between managers and Careers advisor regarding performance on reducing NEET young people

A very large number of our young people are attending college or sixth form and the range of subjects they are studying include IT, Business Studies, ESOL, Construction such as electrician, plumbing, Health and Social Care, GCSE's and A levels.

We currently have a good number of young people wanting to pursue higher education into university with interest and aspirations to study degrees which ranges from, social working, nursing, conservation, Art, IT and business management.

Some students are currently receiving one to one tutoring support funded and sustained by the virtual school to enable them to move forward into progression routes.

### **Young people who are not in Employment, Education or Training (NEET)**

Evidence shows that young people leaving care tend to be disadvantaged when trying to find employment for the following reasons: low skills, poor education, health issues and little knowledge of employability skills and the labour market. Unemployment comes at a high social cost and is associated with social exclusion, poverty, poor health, homelessness, crime, isolation and loss of skills and motivation.

## **What are the Barriers/Issues?**

- Cash in Hand (Employment) – A hidden barrier for young people who will not make us aware of them being exploited by being paid under the minimum wage, this can be due to their circumstances of not being permitted to work in the country if they are asylum or refugees and therefore decide to work for cash in hand.
- Lack of Confidence or Self-Motivation – Based on the experiences young people have had they, their negative beliefs about themselves turns into facts for them and this has a great deal of impact on their personalities.
- Education - Children are leaving care with a lack of basic literacy and numeracy skills and are around four times more likely to be expelled.
- Immigration Status – There are a small number of young people who have had all rights exhausted and the law prevents them to be able to access either education or employment.
- Skills - Young care leavers often lack the skills and self-esteem necessary to impress employers and as a result can find themselves trapped in long term unemployment.
- Drug and Alcohol - Almost a third of young people misuse drugs and alcohol within a year of leaving care [Dixon, J. (2008) Young People Leaving Care: Health Wellbeing and Outcomes]. One study found that over half of the individuals with a history of care had used
- Teenage Parenthood - Children who have been in care are almost two and a half times more likely to become teenage parents, compared with those brought up with both natural parents. One study found that a quarter of young women leaving care are Pregnant or already mothers, and nearly half become mothers by the age of 24.
- Custody/ Prison - Custodial sentences create further barriers to employment as employers often don't want to hire candidates with a criminal record.
- Health - One of the major barriers to employment faced by care leavers is health, including a lack of emotional well-being, multiple mental health issues and a deficiency in mental health support. Mental Health significantly affects children and young people's social and educational development. This can have a profound and lasting negative impact into adult life in terms of their employment, relationships, and likelihood of disability suffer, or have suffered from depression, and many lack confidence and self-esteem. Mental health issues and depression can be a huge barrier to employment due to their symptoms and the frequent need for long term and intensive support.



### **There are 4 different groups within the NEET cohort:**

The majority of young people who are looked after and NEET fall within categories 1-3.

1. Those not available for learning who will be deemed as having “reasonable Excuse” for not participating e.g. due to pregnancy, maternity leave, illness or immigration status
2. Core/sustained NEET, those with long term and complex barriers to learning. These can be an example of young people on JSA, with Mental Health issues or Learning/ Physical difficulties or are in Prison.
3. At risk NEET, those who are undecided, dissatisfied with current opportunities OR with some barriers to learning e.g. low qualifications.
4. Open to learning young people with no discernible barriers to education or training.

### **Activity to reduce the number of young people who are NEET**

- Referral of NEET young people to the appointed Careers Advisor for LAC/ Care Leavers Team. Careers Advisor working one to one with the young people, building a rapport, offering advice and guidance session, generating options and opportunities, assisting towards accessing learning or employment with follow up sessions up to 4 weeks to ensure sustain of placement
- The Pathway plan is a holistic working document and staff have been well trained in using the document. There will also be a process which has already been discussed in making amendments to the pathway plan with views of young people being taken into account when changes are being made. Ensuring that all young people have an up to date aspirational pathway plan. Work is currently underway with the Virtual School to strengthen pathway planning.
- Increasing the skills of the staff to engage with young people who are NEET e.g. Training for staff on Motivational Interviews.
- Increased frequency of visiting to young people who are NEET.
- Weekly performance management reports to track improved performance.
- Engagement of young people with the X16 programmes
- Ensuring staff are aware of the wide range of services available and to support young people and facilitate access to such services.
- Career Advisor networking and engaging with different ranges of Training providers to ensure a robust referral system is in place
- Ensuring close partnership work is taking place with the local Job centre to ensure young people receive their entitlement without delays.

## **5. Dedicated CLA / LCT & UASC Careers Advisor**

### Aim

To provide direct support to NEET young people 16-21 years (25 if SEN) who are in the care of Harrow Council. Support to focus on out-reach work enabling this group of vulnerable young people to overcome barriers which may be impacting on their personal, social, educational and economic progression and ability to become EET and reach their full potential.

How is this achieved?

This is achieved through regular contact with the young person, starting with an initial guidance interview to establish the young person interests, needs and barriers to learning. This is then followed up with a clear SMART action plan which identifies support to be offered. This is reviewed and monitored during the transition from NEET to EET. The desired timescale for transition from NEET to EET is over a 3 month period which is reviewed.

The Career Advisor holds a caseload of 15-20 young people offering intensive support to the most disengaged and hard to reach young people but also those ready to engage or through transition from college to university or employment.

The Career Advisor also maintains contact with those supported into EET to ensure stability and continuity. The key aim around those already engaged in EET is prevention of drift and this is achieved by supporting social workers, engagement with education providers and effective Pathway Planning.

There has been a significant shift in working together with the Virtual School with much more joint working, information sharing and presence at key meetings.

Apart from Career information, advice and Guidance, the Careers Guidance Practitioner also supports with the following:

- On a monthly basis the advisor prepares the vacancy bulletin for social workers to use with their young people when assisting them to job search
- The advisor has been dedicated to network with relevant external providers and has built relationships as well as making new contacts with providers such as 5E Training, Redwood Skills, Regents College, Aspire Programme, Remit and Spear to ensure that there is a robust referral system set up to allow herself and colleagues from social services to make direct referrals and ensure that young people receive quality support into either employment, education or apprenticeship and are working towards progression. There is constant contact with the training providers to receive feedback on progression of the young person who has engaged with them. The work will continue to maintain rapports with these organisations as well as look to seek other relevant providers and build relationship with them to support our young LAC and Care leavers.
- Due to being seated at the Civic Centre amongst the Social Workers the career advisor is able to share good practice through verbal communication and emails and inform colleagues of services on offer through training providers, college courses and access to funding/ bursaries.
- The advisor also assists with young people who arrive unexpectedly to the Civic Centre needing a Careers drop in service session, as well as regular attendance to team meetings to share good practice.

The programme helps young people build resilience, knowledge, skills and gain confidence to:

- Apply for jobs, attend interview and begin work, or
- Apply for further training and begin further or continued education, or
- Apply for apprenticeships, attend interviews and begin apprenticeships

In addition we also have 2 specialists imbedded within the UASC /L Care Team Thy are an ESOL teacher, who arranges Young person's tuition in the absence of; and also to support; college or school training. We have a Home Office, Immigration officer to assist with any queries/advice, the team may require as a matter of urgency; on young people's asylum or immigration problems or any matters that arise.

## **Section 4 – Financial Implications**

There are no financial implications arising from this report.

## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? Yes/No (delete as appropriate)

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these below:

If no, state why an EqIA was not carried out below:  
(please check Equalities Implications with Mohammed Ilyas if you have any concerns / clarification of points)

## **Section 6 – Council Priorities**

The Council's vision:

### **Working Together to Make a Difference for Harrow**

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

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

Name: Jo Frost

Jo Frost  
on behalf of the  
Chief Financial Officer

Date: 17 October 2018

**Ward Councillors notified:**

**NO**

## **Section 7 - Contact Details and Background Papers**

**Contact:** Negus Gebeyehu, Team Manager, PS-Leaving Care & U.A.S.C  
Tel: 02084168095 Email: [negus.gebeyehu@harrow.gov.uk](mailto:negus.gebeyehu@harrow.gov.uk)

**Background Papers:** None

**REPORT FOR: Corporate Parenting  
Panel**

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<b>Date of Meeting:</b>	30 October 2018
<b>Subject:</b>	<b>INFORMATION REPORT</b> – Harrow Virtual School: End of Key Stages 2 and 4 Attainment : 2017/2018
<b>Key Decision:</b>	No
<b>Responsible Officer:</b>	Paul Hewitt Acting Corporate Director People Services
<b>Portfolio Holder:</b>	Councillor Christine Robson Children, Schools and Young People
<b>Exempt:</b>	No
<b>Decision subject to Call-in:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

## Section 1 – Summary and Recommendations

### This report sets out:

- A. An overview of the Performance and Standards of Children Looked After (CLA) at the End of Key Stages Two and Four
- B. Development priorities for the Virtual School for 2018-19.

### 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

### Reasons for Recommendations:

The performance of CLA pertaining to their attainment, progress and attendance although improving, remains slightly below England's averages for CLA at the end of Key Stage 4. 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 and Previously Looked After Children*' statutory guidance for local authorities' February 2018. 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 academic performance at the end of Key Stages 2 and 4 in the academic year 2017-18.

## **2. Numbers on Roll**

- 2.1 There were 105 pupils of statutory school age (SSA) on the roll of Harrow Virtual School (HVS) at the end of the academic year 2017-18. This is 16 pupils less than July 2017. The ratio of girls to boys is 40%:60% respectively.
- 2.2 53% (56/105) of students are educated outside of Harrow and they are spread across 20 local authorities. 67 looked after children from other authorities are educated in Harrow schools. HVS also has a duty of care for these CLA.

## **3. Attainment**

- 3.1 Outlined below is a summary of the performance of CLA by end of each key stage in the academic year 2017-18. HVS monitors the performance of all children upon entry to care. The DfE, however only tracks and publishes data for CLA that have been in care for a year or longer.

## Key Stage 2

### A Table Comparing Predicted Performance against Actual Test Scores

<b>Performance Indicator Key Stage 2</b>	<b>All Pupils (Predicted- Autumn 2017)</b>	<b>In Care 1 Year Plus (Predicted- Autumn 2017)</b>	<b>All Pupils SATs results (2018) for those eligible to sit the test</b>	<b>In Care 1 Year Plus SATs results (2018) for those eligible to sit the test</b>
Year 6 % working at or above expected standard. Reading	33% (1/3)	33% (1/3)	33% (1/3)	33% (1/3)
Year 6 % working at or above expected standard. Writing	66% (2/3)	66% (2/3)	66% (2/3)	66% (2/3)
Year 6 % working at or above expected standard. Maths	66% (2/3)	66% (2/3)	100% (3/3)	100% (3/3)

- 3.6 The table above compares the predictions made in the Autumn Term 2017 against the actual scores at the end of Key Stage 2 gained in Summer 2018 compared to national expectations.
- 3.7 Only 3 children in Year 6 were eligible to sit the SATs. One child had an ECHP was 'disapplied'. All pupils who were on track to meet national expectations succeeded.



- 3.8 66% (2/3) of pupils met the nationally expected standards in Writing and Maths. The England average for Writing and Maths is 48% and 46% respectively. HVS continues to exceed the national averages in Writing and Maths at Key Stage 2.
- 3.9 33% (1/3) of pupils met the expected standards for Reading. The England average for Reading is 45%. No child met the expected standards across all three areas; Writing, Reading and Maths. This is the DfE measure. The England average for CLA in all three areas is 32%.
- 3.10 Reading is an area for development for our pupils in Key Stage 2. The two pupils who did not meet expected standards in reading will be closely tracked and monitored in Key Stage 3.

#### Key Stage 4

##### 3.11

In 2017-18 there were 24 pupils in Year 11. Just over half of these pupils (15) have been in care for 1 year or longer. The table below shows the provisional<sup>1</sup> Key Stage 4 results for 2017-18.

	In Care 1 Year Plus (DfE measure)
<b>GCSE Results 2017-2018</b>	
<b>No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-4 or A*-C (including English and Maths)</b>	<b>20% (3/15)</b>
<b>No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-5 or A*-C (including English and Maths)</b>	<b>7% (1/15)</b>
No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-1 or A*-G	33% (5/15)
Percentage no of pupils who sat at least one GCSE exam	60% (9/15)
<b>GCSE Results 2016-2017</b>	
<b>No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-4 or A*-C (including English and Maths)</b>	<b>8% (1/12)</b>
<b>No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-5 or A*- C (including English and Maths)</b>	<b>8% (1/12)</b>
No. of Pupils in Year 11 achieving 8 GCSEs at grades 9-1 or A*-G	33% (4/12)
Percentage of pupils who sat at least one GCSE exam	58% (7/12)

<sup>1</sup> The 2017-2018 Key Stage 4 results are still provisional and will remain so until recent arrivals are discounted and the performance tables are published in January 2019.

### 3.12

The new Year 11 assessment measures were introduced in 2016. GCSEs for most subjects are graded from 9-1, where a Grade 9 is equivalent to grade A\*\*, under the old system and a Grade 1 is equivalent to an old grade 'G'. Level 4 is considered a pass at GCSE and Level 5 is considered a good pass.

### 3.13

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 an attainment 8 score. Children who sit less than 8 GCSEs are placed in a disadvantageous position to their peers.

### 3.14

In the Academic Year 2017-2018, 20% (5/15) of pupils in Year 11 achieved 8 or more GCSEs grades 9-4, including English and Maths. Two of these pupils achieved 9 GCSEs and 1 pupil achieved 10 GCSEs. The highest grade was a grade eight (equivalent to a grade A\*). The average CLA Attainment 8 score for England is 19%.

### 3.15

60% (9/15) of children in care for a year or longer sat at least 1 GCSE exam in the academic year 2017-18; slightly fewer, 58% of pupils, sat only 1 GCSE in the previous year. This is a slight increase by 2%, of pupils achieving 1 or more GCSEs.

## 4. 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
  - Reading at EYFS and Primary Phases
  - 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 Virtual School and associated activities in 2017-18 was funded from a combination of council general fund budget of £116,340 and the Children Looked After Pupil Premium Grant of £366,700.

## 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: 16<sup>th</sup> October 2018

**Ward Councillors notified:**

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

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

## **Section 4 - Contact Details and Background Papers**

### **Contact:**

Mellina Williamson-Taylor	Harrow Virtual School for CLA, PLAC and Care Leavers.  <a href="mailto:Mellina.williamson-taylor@harrow.gov.uk">Mellina.williamson-taylor@harrow.gov.uk</a>  020 8416 8852
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**Background Papers: None**

<b>Call-In Waived by the Chairman of Overview and Scrutiny Committee</b>  <i>(for completion by Democratic Services staff only)</i>	<b><del>YES/NO/</del> NOT APPLICABLE*</b>  <i>* Delete as appropriate          If No, set out why the decision is urgent with reference to 4b - Rule 47 of the Constitution.</i>
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# **REPORT FOR: CORPORATE PARENTING PANEL**

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<b>Date:</b>	30 <sup>th</sup> October 2018
<b>Subject:</b>	INFORMATION REPORT – Activity and Performance
<b>Key Decision:</b>	No
<b>Responsible Officer:</b>	Paul Hewitt, Corporate Director of People
<b>Portfolio Holder:</b>	Councillor Christine Robson, Portfolio Holder for Children, Young People and Schools
<b>Wards affected:</b>	All
<b>Exempt:</b>	No
<b>Decision subject to Call-in:</b>	No, as the Recommendation is for noting only
<b>Enclosures:</b>	CLA Performance Report

## **Section 1 –Summary and Recommendations**

This is an information report which sets out activity for children looked after and care leavers as well as provisional performance position at Q2 2018-19. 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 September and an update of activity for children looked after (CLA) at the end of September where available.

### Key Points:

- Above target on timeliness of CLA reviews
- Above target on both long and short term placement stability indicators
- Health indicators are below target at Q2 – due to time lag in receiving reports and entering data. This is a focus for improvement by year end.
- Adoptions are below target at Q2 - this indicator involves small numbers and is dependent on court proceedings
- Missing instances for CLA showing high compared to target but published data shows that Harrow is within comparator averages
- Confirmed key stage 2 and key stage 4 results are not yet available, Virtual school will be providing provisional results. Harrow had higher absence and exclusions rates compared to statistical neighbour (SN) and England averages for 2016-17 and is a focus for the virtual school. In year monitoring is higher than published data because local monitoring includes all CLA at a given date whilst DfE indicators only look at children looked after at 31<sup>st</sup> March who they are able to match with the National Pupil Database.
- The number of all CLA has been increasing since the start of the financial year, 173 CLA at end of Q2 compared to 159 at 31<sup>st</sup> March. There has also been a rise in number of Unaccompanied Asylum Seeking Children by 12 in the same period.
- Profile of CLA (age, gender, ethnicity) is mostly similar to previous quarter with a slight increase in children from 'mixed' and 'other' backgrounds and a drop from 'white' backgrounds, there is also an increase in children aged 16+.
- The service is following up on initial health assessments, often there is a time lag in health assessments reports being received and data entered in the case recording system.
- Of those CLA at 30<sup>th</sup> September, 51% had become looked after due to an initial need category of abuse of neglect, followed by 20% due to

absent parenting - mainly unaccompanied asylum seekers.

- The percentage of care leavers in suitable accommodation has increased since last quarter to 92%. Currently 31% 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.
- Numbers of CLA 'missing' and 'away from placement without authorisation' have increased. However the proportion of CLA with at least one missing or absent instance is lower than that compared at the same period last year.
- CLA offending data is updated quarterly, with Q1 data showing a decrease of 2 young people from the previous quarter. Though our data was not published due to suppression rules, for 2016 -17 this would have been 6% and for 2017-18 this will be around 6.5%.

### **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: 22/10/2018		

<b>Ward Councillors notified:</b>	<b>NO, this is an information report only</b>
<b>EqIA carried out:</b>	<b>NO</b>
<b>EqIA cleared by:</b>	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 <a href="mailto:dipika.patel@harrow.gov.uk">dipika.patel@harrow.gov.uk</a>	David Harrington Head of Business Intelligence 0208 420 9248 <a href="mailto:David.harrington@harrow.gov.uk">David.harrington@harrow.gov.uk</a>
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# **Corporate Parenting Report**

**30<sup>th</sup> October 2018**

## **Children Looked After**

**Activity to end of September 2018**

**Key Indicators to end of September 2018 (provisional outturns)**

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## Part A –Performance Indicators for Children Looked After

Ref No	Indicator Description	Statistical Neighbour Average 2016/17	England average 2016/17	Harrow 2016-17	Harrow target 2016/17	Harrow actual Q4 2017-18	Harrow actual Q1 2018-19	Harrow actual Q2 2018-19
1	Rate of CLA per 10,000 children aged under 18	39.0	62.0	36.0		27.2	27.8	29.9
2	Timeliness of Reviews of Looked After Children	Not Published	Not Published	97.0	95%	98.7	98.7	98.8
3	% of CLA with 3 or more placements	11.6	10	17.0	Q1 - 2.5% Q2 - 5% Q3 - 7.5% Q4 - 10%	13.5	0.6	0.6
4	% of CLA looked after for 2.5+ years and in the same placement for 2 years	66.0	70.0	57.1	65%	80.6	75.0	73.5
5	% of Care Leavers in suitable accommodation (19 - 21 year olds)	81.0	84.0	88.0	90%	87.1	62.9	92.0
6	% of Care Leavers not in education, employment or training (18 - 21 year olds)	32.8	39.0	30.0	30%	26.6	45.7	31.0
7	% of CLA who are looked after 1 yr + with up to date Dental Checks (rolling year)	90.0	84.0	93.0	90%	91.0	82.8	82.8
8	% of CLA who are looked after 1 yr + with up to date Health Checks (rolling year)	93.9	90.0	93.0	90%	97.0	73.1	84.9
9	% of children who ceased to be looked after who were adopted	6.8	14.0	4.0	Q1 - 2.5% Q2 - 5% Q3 - 7.5% Q4 - 10%	6.6	2.7	3.0
10	% of CLA placed more than 20 miles away from home (snapshot)	20.9	14.0	19.0	20%	21.7	22.7	21.3
11	% of all CLA (current and ceased) with at least 1 missing episode in year	14.0	10.0	14.0	Q1 - 3% Q2 - 6% Q3 - 9% Q4 - 12%	13.2	4.6	8.0
12	Percentage of all CLA (current and ceased) with atleast one instance of being away from placement without authorisation	8.5	5.0	10.0	Q1 - 2.5% Q2 - 5% Q3 - 7.5% Q4 - 10%	11.9	4.6	7.6

## Part A – Education Performance Indicators for children looked after

Educational Attainment at Key Stages	Harrow 2015-16	Harrow 2016-17	England average	SN Average	Harrow 2017-18 Q1	Harrow 2017-18 Q2	Harrow 2017-18 Q3	Harrow 2017-18 Q4	Harrow 2018-19 Q1	Harrow 2018-19 Q2
Percentage of children looked After reaching the expected standard least level 4 at KS2 in Reading, Writing and Maths (Source DfE)	100*	40.0	32.0	53.0	Annual				confirmed results awaited	
Percentage of children Looked After (1+ years) achieving 9-4 pass in English and mathematics.		8.0	17.6	33.3						
<b>Absence Indicator</b>										
Percentage of sessions missed. (CLA 1 year+)	5.3	6.9	4.3	4.5	9.0	start of new academic year	8.9	10.5	12.4	14.4
Percentage classed as persistent absentees (CLA 1 year+)	X	17.0	14.5	10.0	17.4	start of new academic year	16.9	22.7	31.8	29.6
<b>Exclusions from school</b>										
Percentage of CLA with at least one fixed term exclusion	15.6	X	13.3	11.4	13.0	start of new academic year	4.6	13.6	21.2	0.0
<b>Special educational needs</b>										
Percentage of CLA with SEN but without a statement/EHCP	28.6	23.9	29.6	26.8	Routine monitoring under development					
Percentage of CLA with SEN but with a statement/EHCP	30.4	28.2	26.7	33.3						

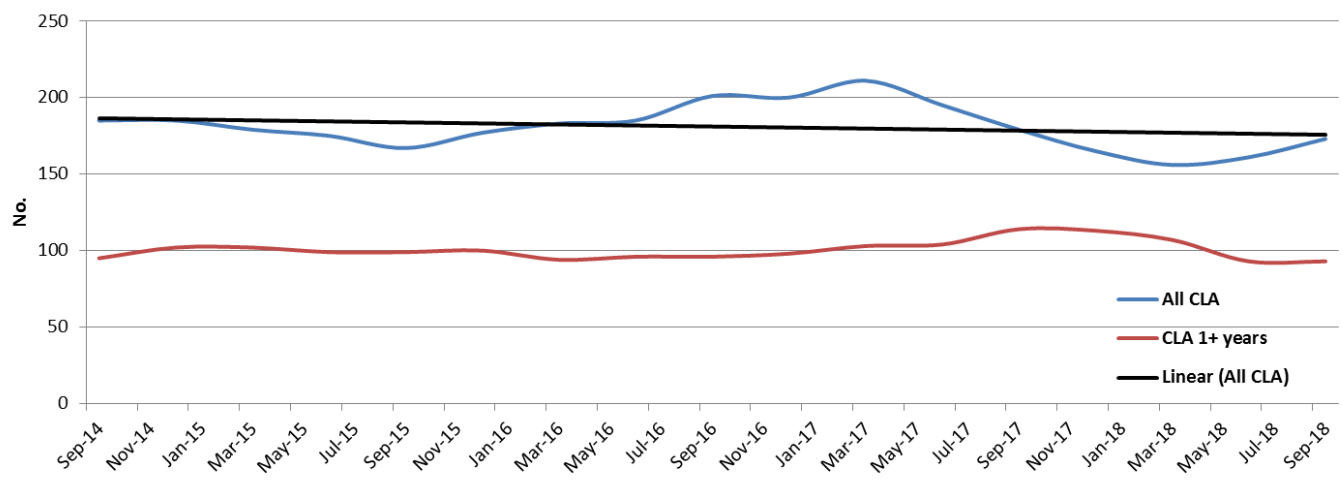
X - Figures suppressed in order to protect confidentiality due to small number

\* - Only one child in the cohort.

Note\_ DfE published data for absence and exclusions will be lower as it only includes children looked after at 31st March whose data has been matched with the National Pupil Database, our in year monitoring includes all children so numbers will be higher.

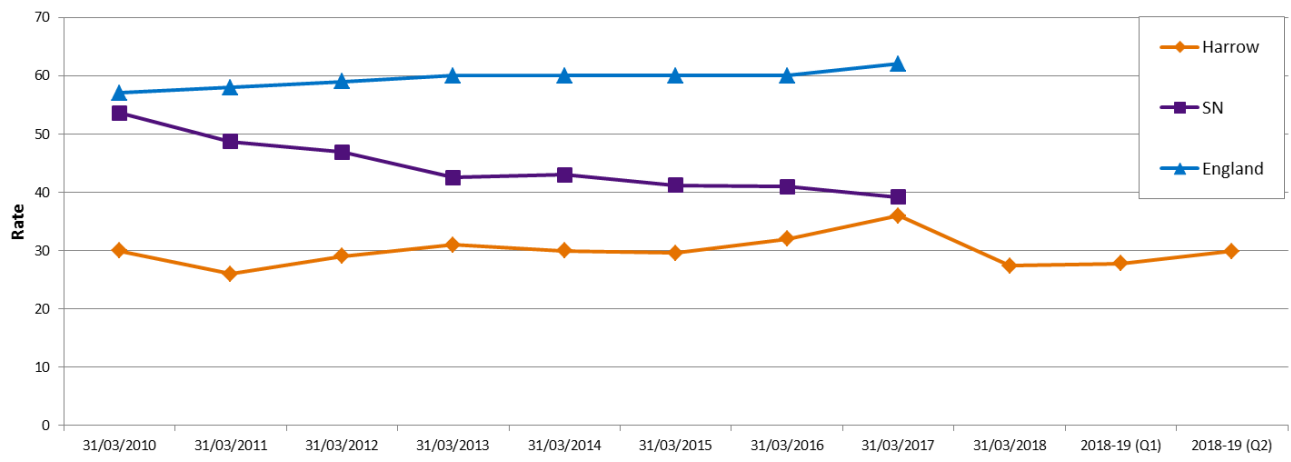
Part B1 –Numbers of CLA over time

Number of CLA - the long-term trend



61

Rate of CLA per 10,000 children aged under 18

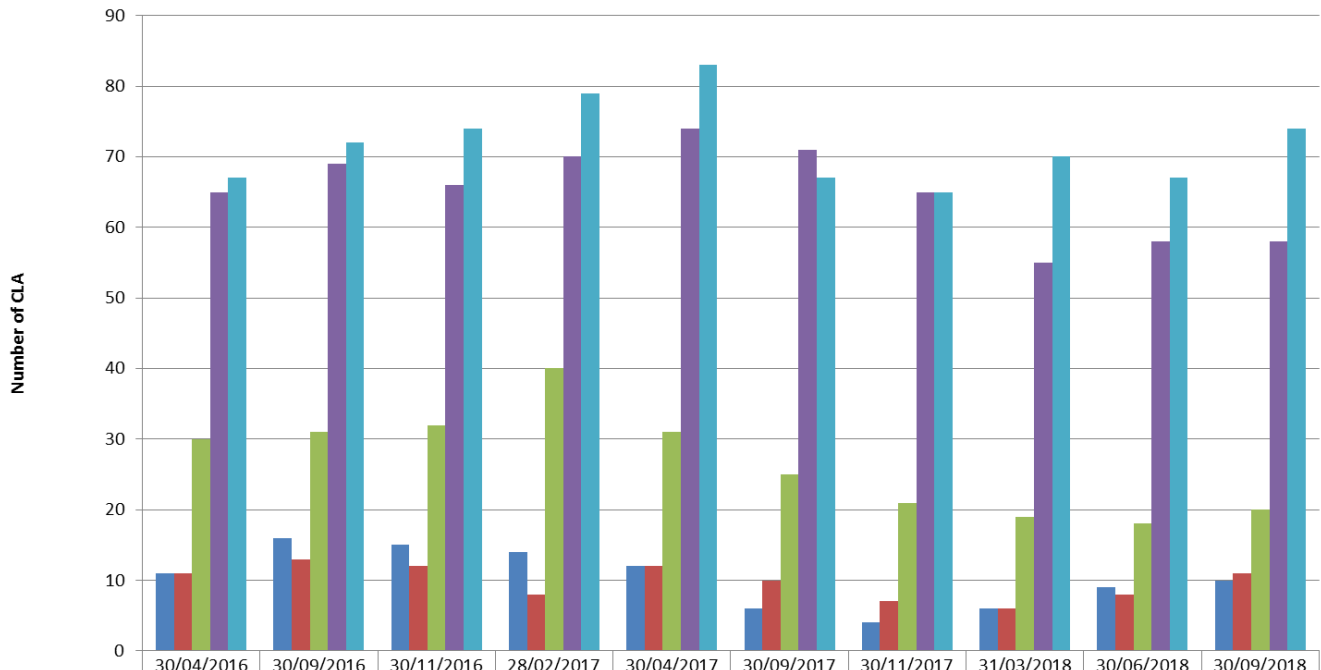


The number of all CLA has been increasing since the start of the financial year, though CLA 1+ years is showing a decrease.

The rate of CLA per 10,000 has increased slightly with the increase in the CLA cohort by remains below the England and statistical neighbour average.

In 2017 Harrows rate per 10,000 increased and the statistical neighbours decreased, causing Harrow to fall only marginally below their rates but 2018 saw a drop in the rate again bringing us below SN averages, The 'Keeping Families Together' programme supporting children at the edge of care may have been a contributing factor.

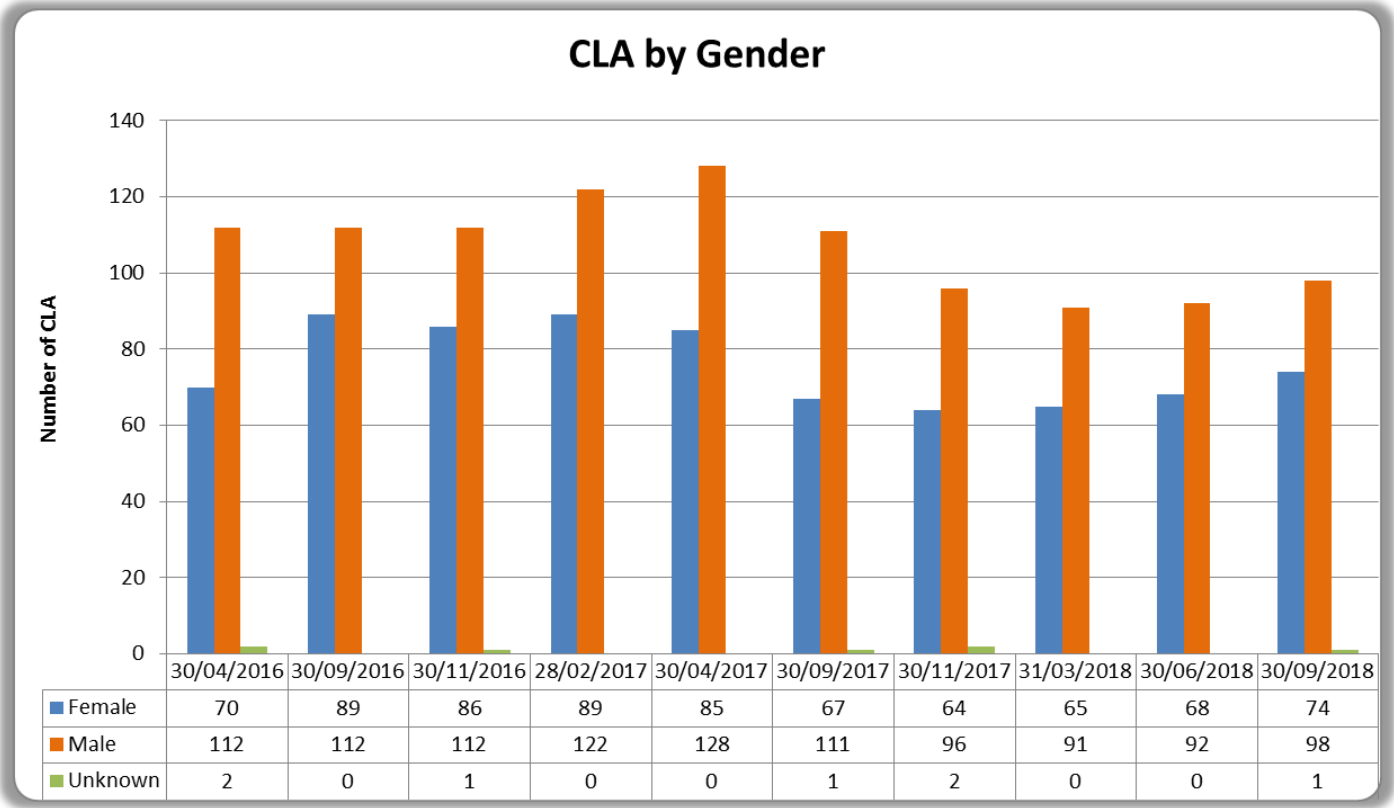
**CLA by Age Group**



The proportion of CLA in age group remains fairly stable, though there is a slight increase in numbers of CLA aged 16+, this will continue to have an impact on leaving care services. 47 children will be turning 18 this year. Harrow is in line with SN averages for this age group but has lower proportions for CLA aged 10 – 15.

Comparator Info. for % of age of CLA at 31/3/2017 (Source: SSSA903)	Age at 31 March 2017 (years) (%)				
	Under 1	1 to 4	5 to 9	10 to 15	16 -17
<i>Harrow</i>	6.3%	4.9%	16.5%	34.5%	37.9%
<i>England</i>	5.3%	12.6%	19.4%	39.3%	23.4%
<i>Stat. neighbours avg.</i>	4.1%	7.4%	13.3%	38.0%	36.2%

63



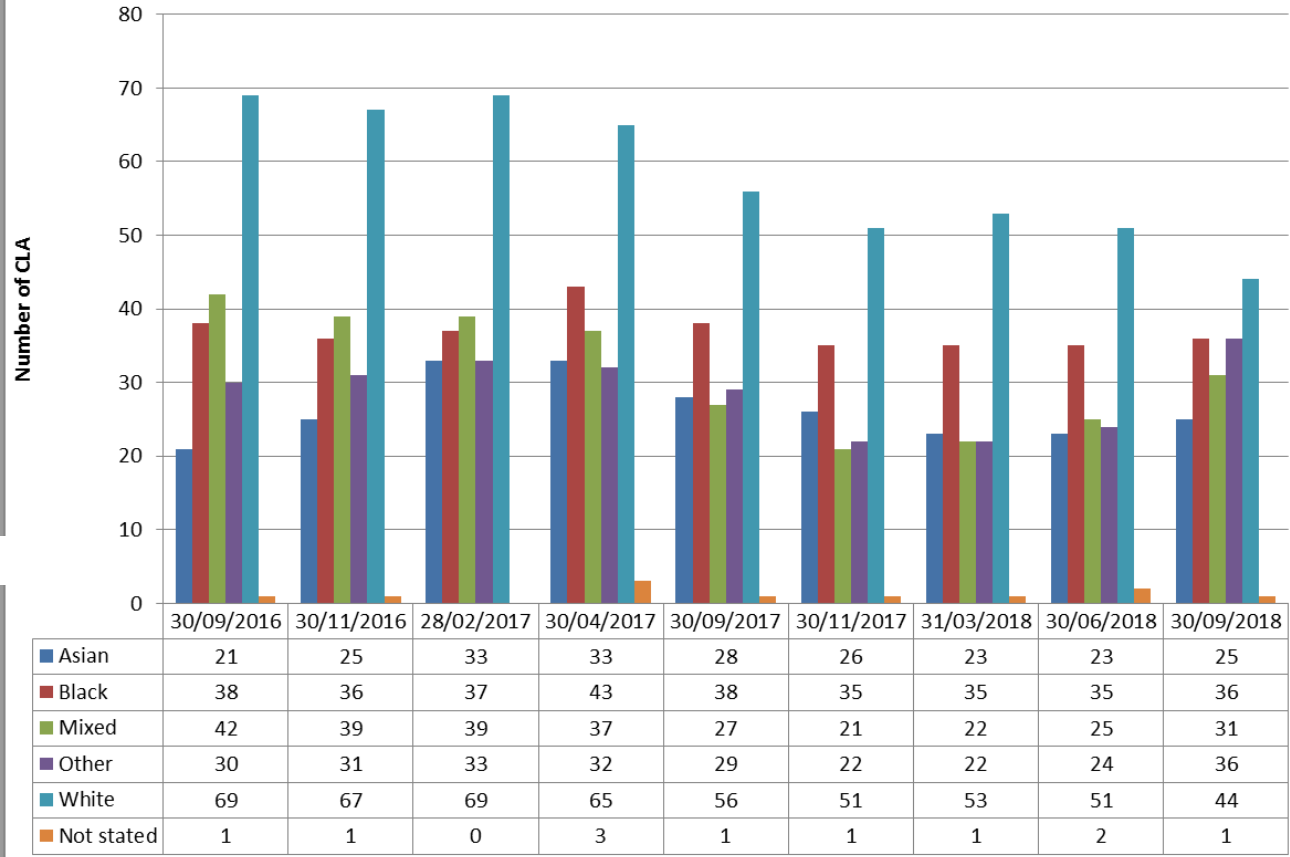
The looked after cohort is 43% female and 57% Male, the proportion remains fairly stable with the increase in numbers. Harrow is similar to SN and England average..

Comparator Info. for % of gender of CLA at 31/3/2017 (Source: SSDA903)	Gender (%)	
	Male	Female
<b>Harrow</b>	58.7%	41.3%
<i>England</i>	56.4%	43.6%
<i>Stat. neighbours avg.</i>	57.9%	42.1%

**B4 – Children looked after ethnicity.** (Comparator info. source SSDA 903 March 2015)

64

**CLA by Ethnicity**



Overall three quarter 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.

This quarter has seen an increase in CLA from ‘mixed’ and ‘other’ backgrounds and a drop in numbers from white backgrounds.

Published data shows Harrow to have a higher proportion of CLA from other backgrounds,

Comparator Info. for % of ethnicity of CLA at 31/3/2017 (Source: SSDA903)	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups/ Other
<b>Harrow</b>	34.0%	16.5%	15.5%	19.4%	14.6%
<i>England</i>	74.7%	9.1%	4.7%	7.2%	4.3%
<i>Stat. neighbours avg.</i>	42.5%	13.6%	15.5%	19.7%	2.5%
<i>* figures for not known/not recorded are not published so some % may not add up.</i>					



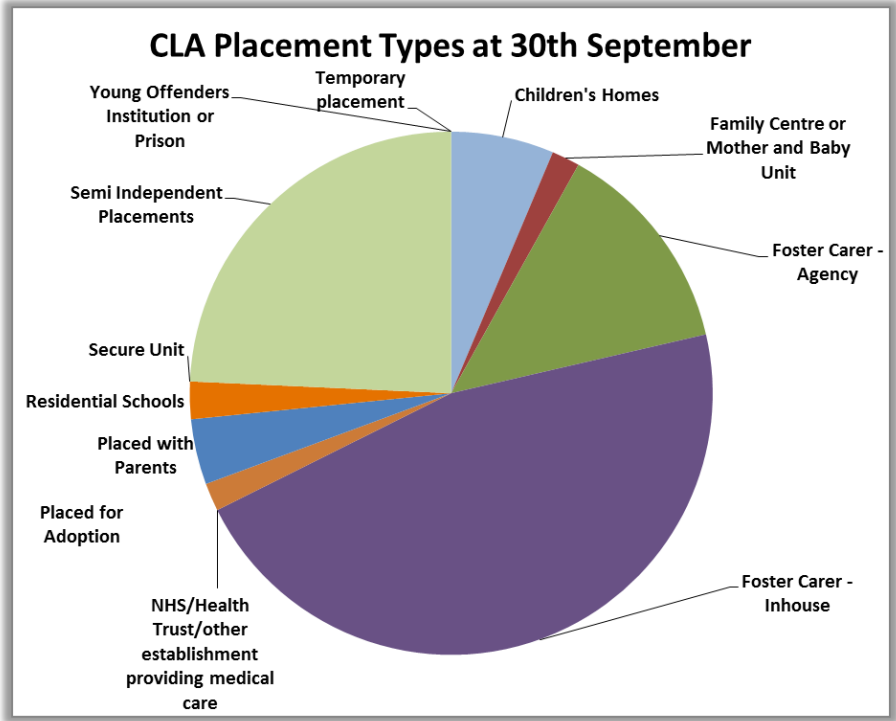
### B5 – Children looked after placement type

Placement Type	Sep-16	Nov-16	Feb-17	Apr-17	Sep-17	Nov-17	Feb-18	Mar-18	Jun-18	Sep-18
Children's Homes	13	10	13	16	12	10	11	11	8	11
Family Centre or Mother and Baby Unit	3	3	2	2	1	0	2	1	2	3
Foster Carer - Agency	25	26	32	31	28	25	17	23	21	23
Foster Carer - Inhouse	107	100	101	100	74	71	73	66	74	80
NHS/Health Trust/other establishment providing medical care	4	4	3	2	1	0	0	0	0	0
Placed for Adoption	4	5	6	7	10	7	4	4	3	3
Placed with Parents	0	2	0	0	6	7	5	4	5	7
Residential Schools	6	7	7	7	5	5	4	4	4	4
Secure Unit	1	1	1	1	1	0	0	0	0	0
Semi Independent Placements	36	39	44	45	37	34	40	39	39	42
Temporary placement	0	0	1	0	2	2	2	2	3	0
Young Offenders Institution or Prison	2	2	1	2	2	1	2	2	2	0
<b>Grand Total</b>	<b>201</b>	<b>199</b>	<b>211</b>	<b>213</b>	<b>179</b>	<b>162</b>	<b>160</b>	<b>156</b>	<b>173</b>	<b>173</b>

There are no significant changes to placement types. In house foster placements have increased by 6 since the last report, foster placements remain the most common placement type accounting for 60% 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).

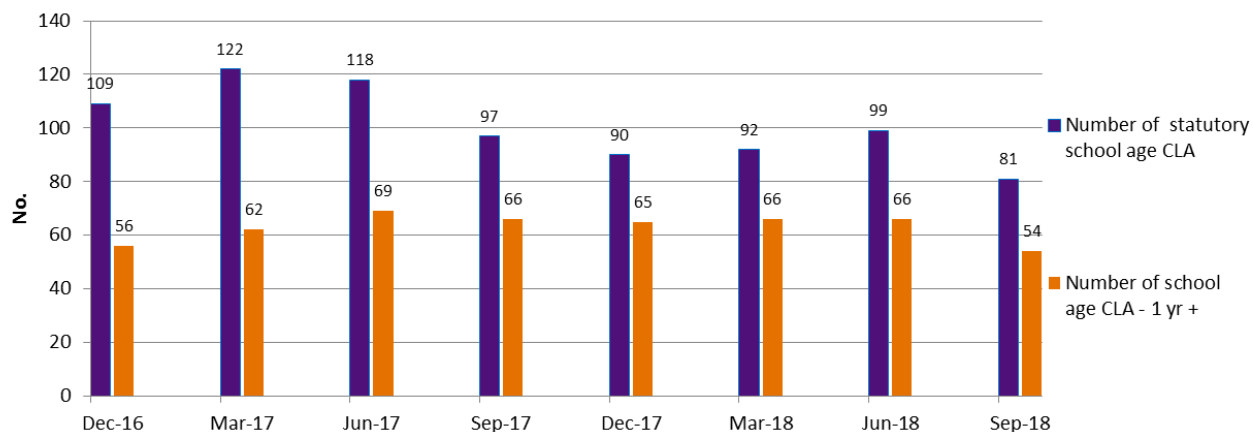
Comparator Info. for % of Main Placement Types of CLA at 31/3/2017 (Source: SSDA903)	Harrow	SN avg.	England
foster placements	63.1%	67.1%	73.5%
placed for adoption	3.4%	2.7%	3.5%
placed with parents	0.0%	0.8%	6.0%
other placements within the community	12.1%	5.2%	4.3%
secure units, children's homes and hostels	18.9%	18.4%	10.9%

Published data shows Harrow has slightly less children in foster placements compared to SN average and more in community settings, this is mainly due to higher numbers of children aged 16+



## B6 – school age CLA

### School age CLA



Harrow monitors all school children and those looked after 1 year plus.  
 At the end of September 81 CLA are of statutory school age of whom 54 have been looked after more than a year. 75 CLA are being monitored by Welfare Call. 6 CLA are attending college, not on roll or on remand and not monitored by Welfare call. There have been no permanent exclusions last academic year but fixed term exclusions and absence rates are high. Local monitoring differs from national indicators as DfE indicators only look at children looked after at 31<sup>st</sup> March, latest published data for fixed term exclusions for CLA 1 year+ shows Harrow at 14% , SN average at 13% and England at 11%, For absence (missed sessions) Harrow is 6.9%. SN 4.5% and England 4.3%. Persistent absence Harrow is 17%, SN is 14.5% and England 10%

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PI Description (end of term data)	Dec-16	Mar-17	Jul-17	Dec-17	Mar-18	Jul-18
% of school age CLA (all CLA) permanently excluded this year (Sept to date)	0.9	0.8	0.8	0.0	0.0	0.0
% of school age CLA (1 yr + at 31st March) permanently excluded this year (Sept to date)	1.8	1.6	1.4	0.0	0.0	0.0
% of school age CLA (all CLA) with at least one fixed-term exclusion this year (Sept to date)	4.6	9.0	10.8	3.3	12.0	15.8
% of school age CLA (1 yr + at 31st March) with at least one fixed-term exclusion this year (Sept to date)	3.6	9.7	12.2	4.6	13.6	22.1
% absence from school (all CLA - % of sessions missed)	11.5	12.2	11.3	11.7	11.4	12.6
% absence from school (1 yr+, % of sessions missed)	9.5	10.4	10.0	8.9	10.5	12.3
% of CLA (all CLA) classified as persistent absentees	19.3	23.8	29.2	26.7	28.3	29.7
% of CLA (1 year+) classified as persistent absentees	16.0	17.7	20.3	16.9	22.7	29.4
% of CLA (all school age CLA) with up to date PEP	70.6	68.0	81.7	70.0	66.3	82.2

## B7 – CLA Education Data-

### CLA educational attainment trends - No update as confirmed results not yet available *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.

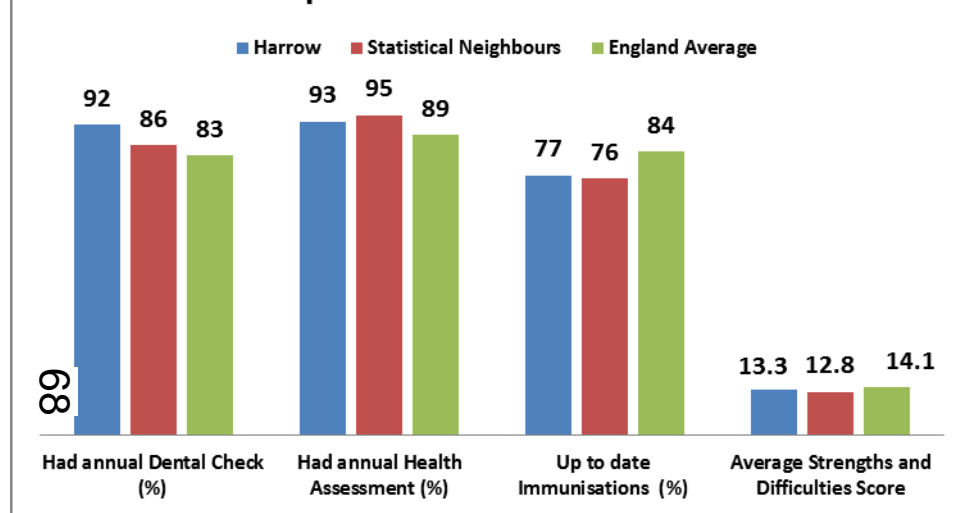
CLA Looked after for over a year	2013	2014	2015	2016	2017
<b>Total Children in KS2 cohort (1yr +)</b>	3	1	6	1	10
Attained at least Level 4 in Maths at end of KS2	67%	100%	83%	100%	50%
Attained at least Level 4 in Reading at end of KS2	67%	100%	83%	100%	40%
Attained at least Level 4 in Writing at end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

## B8 - CLA Health

Annual health checks have gone up and dental checks are stable with above 80% of CLA are up to date with their checks. Immunisations are collated annually. Harrow end of year figures for up to date health assessments is 97%, up from 2016-17 and dental checks is at 91%, similar to 2016-17. Latest comparative information available is for 2016/17 and shows that Harrow performed well at annual dental checks for children looked after and slightly below SN average for Health assessments.

**Comparator Health Data 2016-17**



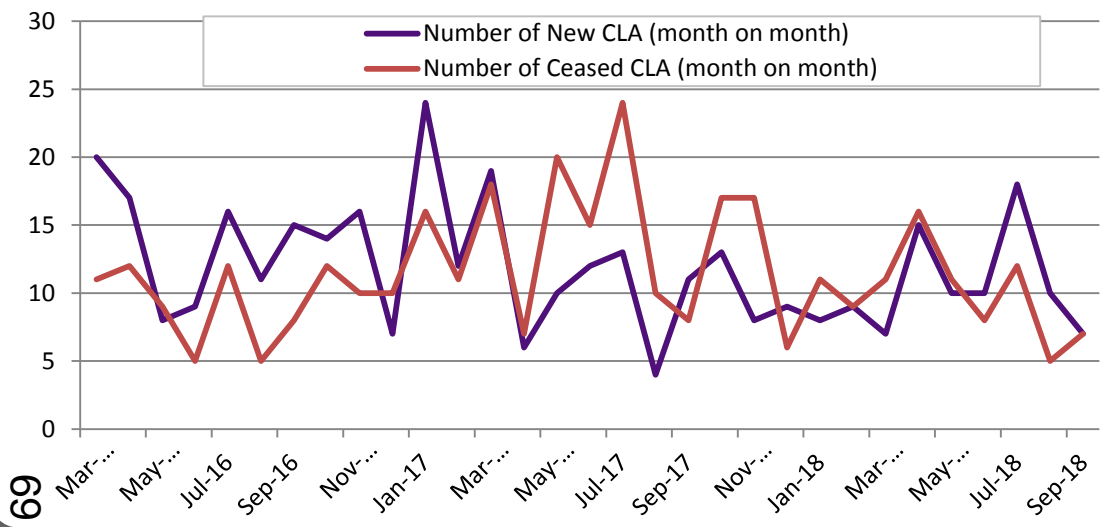
Comparative Data (%) year ending 2017	Had annual Dental Check (%)	Had annual Health Assessment (%)	Up to date Immunisations at 31st March (%)	Average Strengths and Difficulties Score
Harrow	92	93	77	13.3
Statistical Neighbours	86	95	76	12.8
England Average	83	89	84	14.1

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	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18
% of all CLA aged 4-16 who have an up to date strengths and difficulties (SDQ) score	75.6	68.5	93.4	78.3	87.9	63.4	63.4
% of CLA (1 yr +) with immunisations up to date	68.9	66.3	64.1	66.4	63.6	69.3	57.5
% of CLA with up to date Dental Checks (CLA 1 yr +)	91.0	74.5	86.8	84.1	80.4	82.8	82.8
% of CLA with up to date Health Checks (CLA 1 yr +)	97.0	90.6	93.0	89.4	93.5	73.1	84.9
% of new CLA where health assessment has been completed within 28 calendar days YTD	49.2	38.5	69.6	80.5	68.2	38.1	22.8

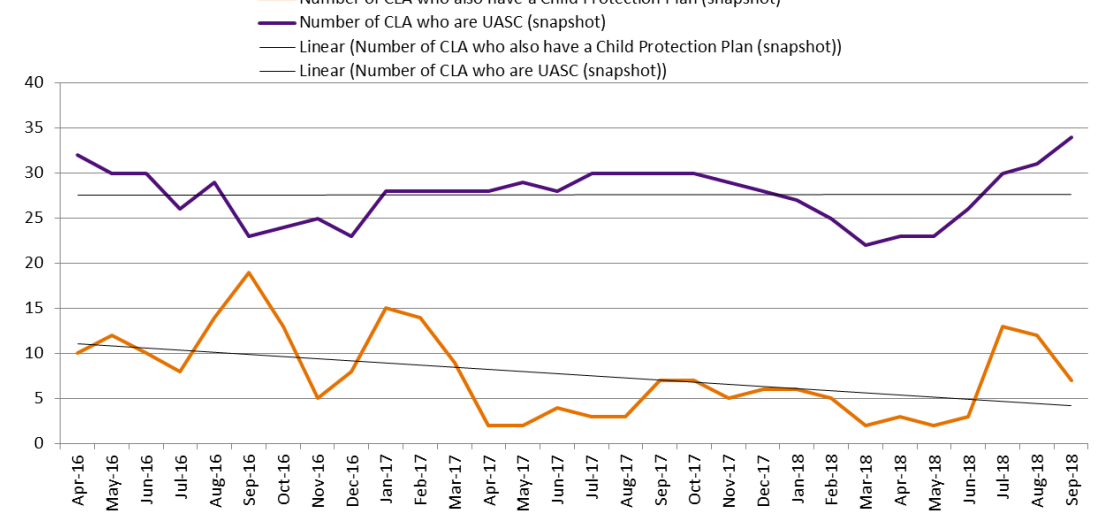
**B9 – Number of new CLA, number of ceased CLA and number of children looked after who also have a child protection plan or are unaccompanied asylum seeking children.**

**Number of CLA starting and ceasing**



The number of new and ceased CLA continues to vary, month on month.

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



The number of dual allocated CLA who also have a Child Protection Plan and the number of CLA who are UASC, both have seen increases since the last report though those with dual plans has dropped but UASC have increased by 12 since March 2018.

## B10 – Reasons for entering and leaving care

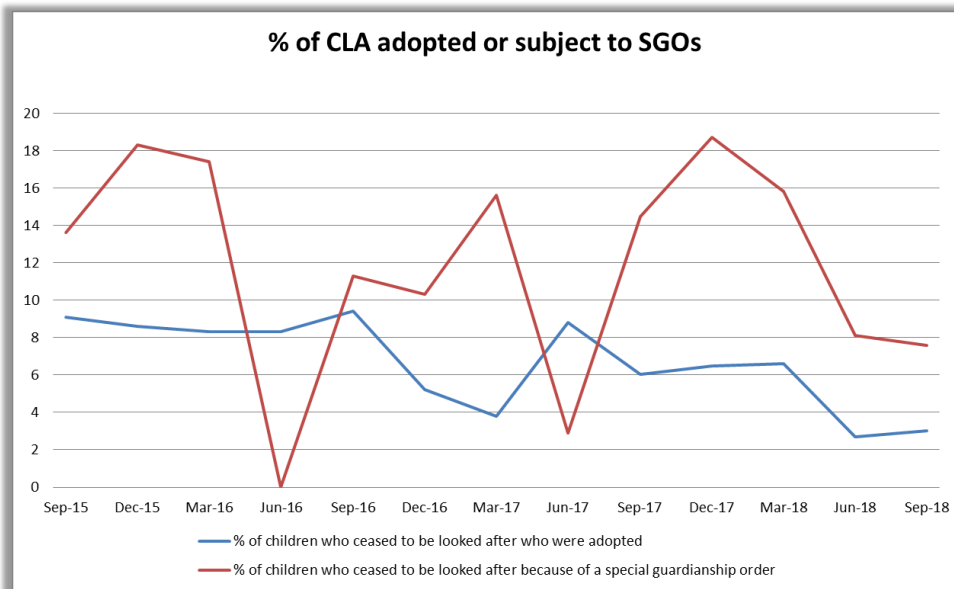
When a 'Social Work Assessment' is carried out, the primary need is recorded in line with DfE categories. For children who are looked after at 30<sup>th</sup> Sept. 2018, the top three need codes are 51% became looked after due to abuse or neglect, 20% due to absent parenting, 7% due to family dysfunction and family in acute stress

Primary Need	Count	%
Abuse or Neglect	89	51.45%
Absent parenting	34	19.65%
Family dysfunction	12	6.94%
Family in acute stress	12	6.94%
Child Disability	7	4.05%
Socially unacceptable behavior	5	2.89%
Low income	4	2.31%
Parental illness or disability	4	2.31%
Cases other than Children in N	2	1.16%
<b>Total</b>	<b>173</b>	<b>100.00%</b>

Reason LAC Ceased YTD Description	Count	%
Period of LAC ceased for any other reason	24	36.4%
Returned home to live with parents	20	30.3%
Moved into independent living	10	15.2%
Sentenced to custody	2	3.0%
Age assessment child is 18 or over	2	3.0%
Left care to live with parents, relatives, or other	1	1.5%
SGO	5	7.6%
Died	0	0.0%
Care taken over by another LA	0	0.0%
Transferred to residential by ASC	0	0.0%
Adopted	2	3.0%
Accommodation on remand ended	0	0.0%
Child moved abroad	0	0.0%
Residence order	0	0.0%
<b>Total</b>	<b>66</b>	<b>100%</b>

Year to date of the 66 children who ceased to be looked after, 24 (36%) ceased for other reasons and 21 (31%) returned home to live with their parents or relatives. The highest category 'other' is currently being looked into..

## B11– Adoptions and Special Guardianship Orders of CLA



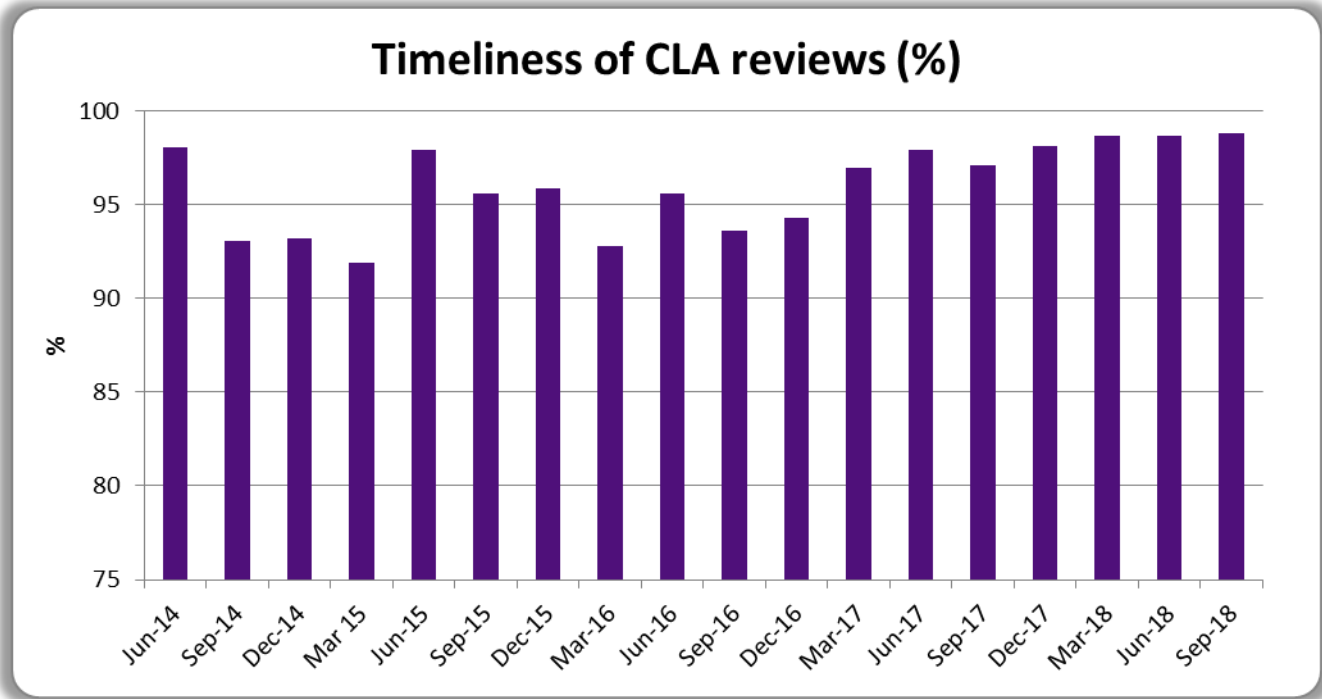
	LA	2011-14	2012-15	2013-16
Average time between a child entering care and moving in with its adoptive family (days)	Harrow	440.00	339.00	439.00
	Statistical Neighbours	607.60	588.00	603.30
	England Average	628.00	593.00	558.00

	LA	2011-14	2012-15	2013-16
Average time between a LA receiving court authority to place a child and deciding on a match	Harrow	84.00	104.00	154.00
	Statistical Neighbours	196.30	207.90	217.80
	England Average	216.00	223.00	226.00

The percentage of ceased CLA who were adopted appears at end of Q2 is 3% and SGO is 8%. Timeliness indicators will vary as more children are adopted and the variation at end of Q2 is due to small numbers, DfE publish 3 year averages due to variations caused by small numbers and Harrow's 3 year average for this indicator remains above average compared to England and statistical neighbours. DfE have gradually reduced the waiting time from 20 to 14 months. For children entering Care and moving in with their adoptive family, this dropped for Harrow from 62% in 2016 to 58% for 2016. DfE now includes children placed for adoption but not yet adopted so Our local indicator will be adjusted to including children not yet adopted for the next report as our report only calculated adopted children.

	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18
The average time (days) between a child entering care and moving in with its adoptive family, for children who have been adopted. <b>Measured Quarterly (YTD).</b>	426.0	390.5	390.5	543.0	506.6	380.3	333.0	286.0	437.5
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. <b>Measured Quarterly (YTD).</b>	189.0	167.0	167.0	86.0	102.0	93.9	116.0	147.0	86.0
Percentage of children who wait less than 14 months between entering care and moving in with their adoptive family. <b>Measured Quarterly.</b>	80.0	83.0	83.0	0.0	20.0	50.0	83.3	100.0	50.0

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The timeliness of CLA reviews remains high at 98.8% and above our target of 95% of reviews to be held in time.



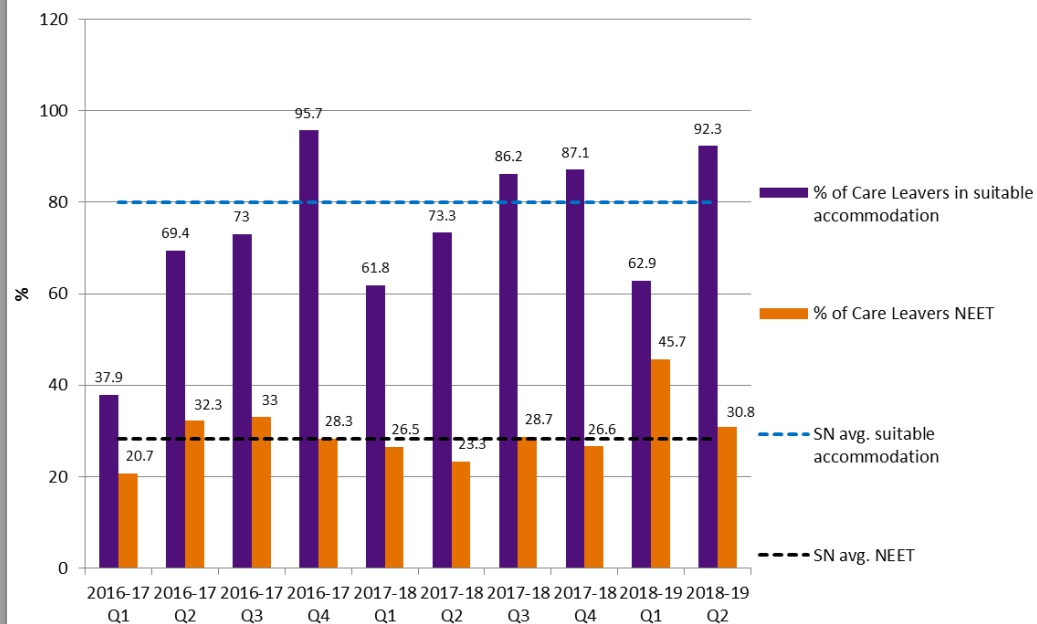
## B13 – Care leavers

Provisional figures show that the percentage of care leavers in suitable accommodation has increased from the last report to 92%. 31% of care leavers are not in education, employment or training.

2016-17 published data shows us above statistical neighbour averages for care leavers in suitable accommodation. Harrow has also had lower numbers of care leavers who are not in education, employment or training.

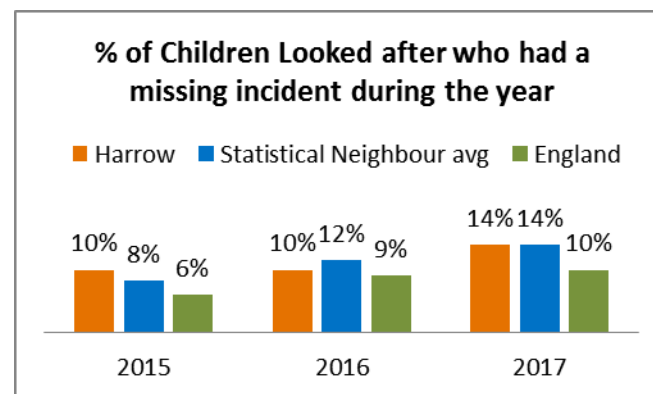
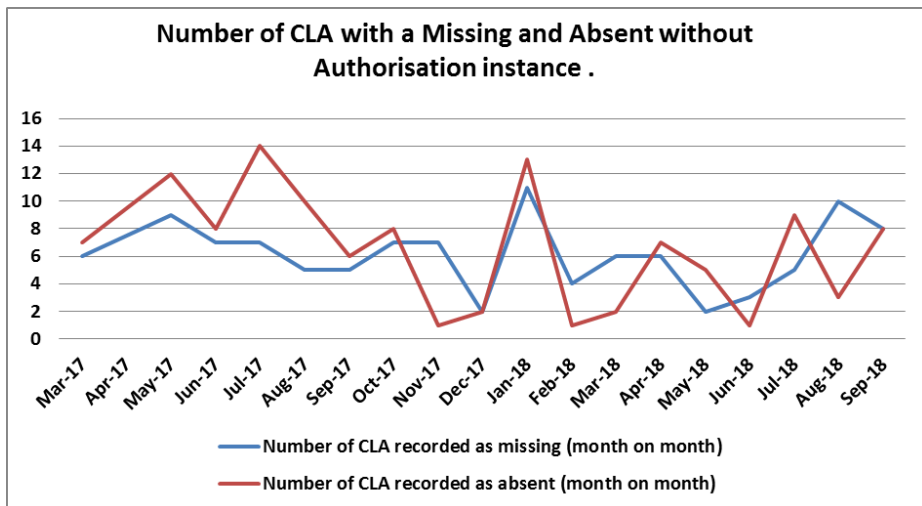
As the indicators only measure activity around care leavers birthday, and subsequent activity is not included in the indicator. Real time activity is also monitored locally and this shows 24% NEET and 5 % not recorded which is being followed up.

### Care leavers suitable accommodation and NEET



Care Leaver Activity Status (Snapshot)	Sep-18	%
NEET - due to Illness or Disability	3	1.6%
NEET - due to Pregnancy or Parenting	6	3.3%
NEET - Other Circumstances	34	18.5%
Unemployed	1	0.5%
Not Recorded	9	4.9%
Enrolled on Course - Not Yet Started	5	2.7%
F/T Higher Education = beyond A Level)	18	9.8%
F/T Training or Employment	15	8.2%
Full Time Education	2	1.1%
Other F/T Education	78	42.4%
Other P/T Education	6	3.3%
P/T Higher Education (i.e. beyond A Level)	1	0.5%
P/T Training or Employment	6	3.3%

## B14 – Children who go missing or are absent



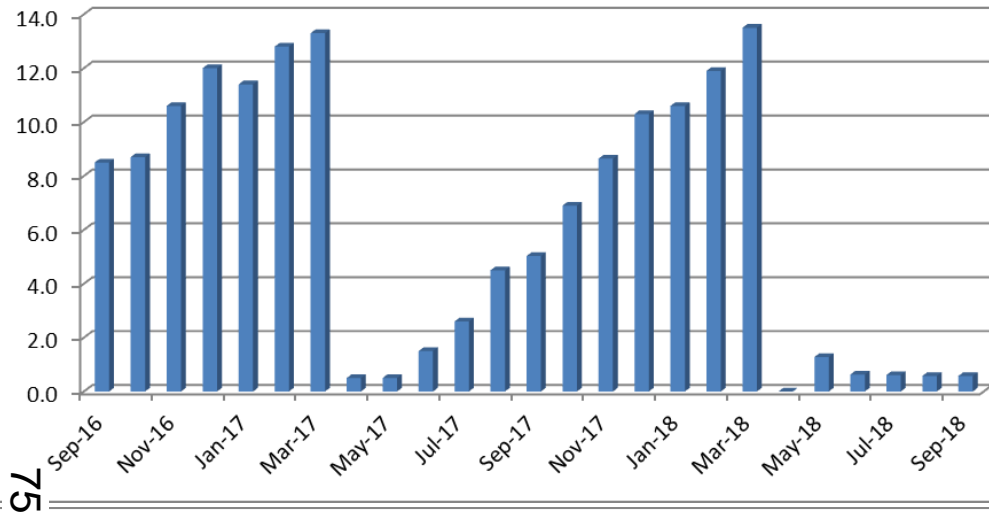
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Number of CLA recorded as missing (month on month)	5	7	7	2	11	4	6	6	2	3	5	10	8
Number of CLA recorded as absent (month on month)	6	8	1	2	13	1	2	7	5	1	9	3	8

	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18
% of CLA who had at least one missing incident (year to date)	14	12.2	12.5	12.8	13.2	4.6	8.0
% of CLA away from placement without authorisation at least on one occasion (year to date)	10	10.5	11.7	11	11.8	4.6	7.6

The percentage of CLA missing and away from placement have increased. The numbers of CLA recorded as missing and absent (month on month) has increased in recent months. 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

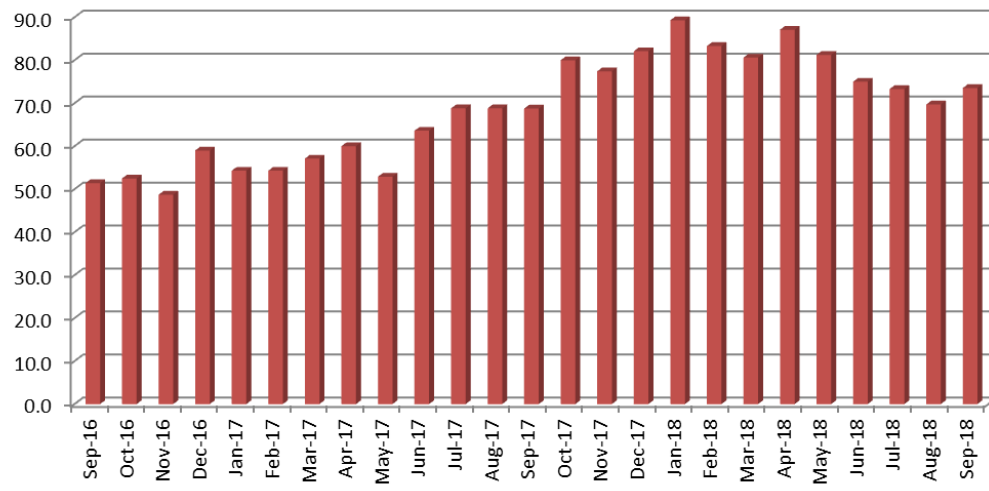
## B15 – CLA placement stability

### % CLA with more than 2 placement moves in year

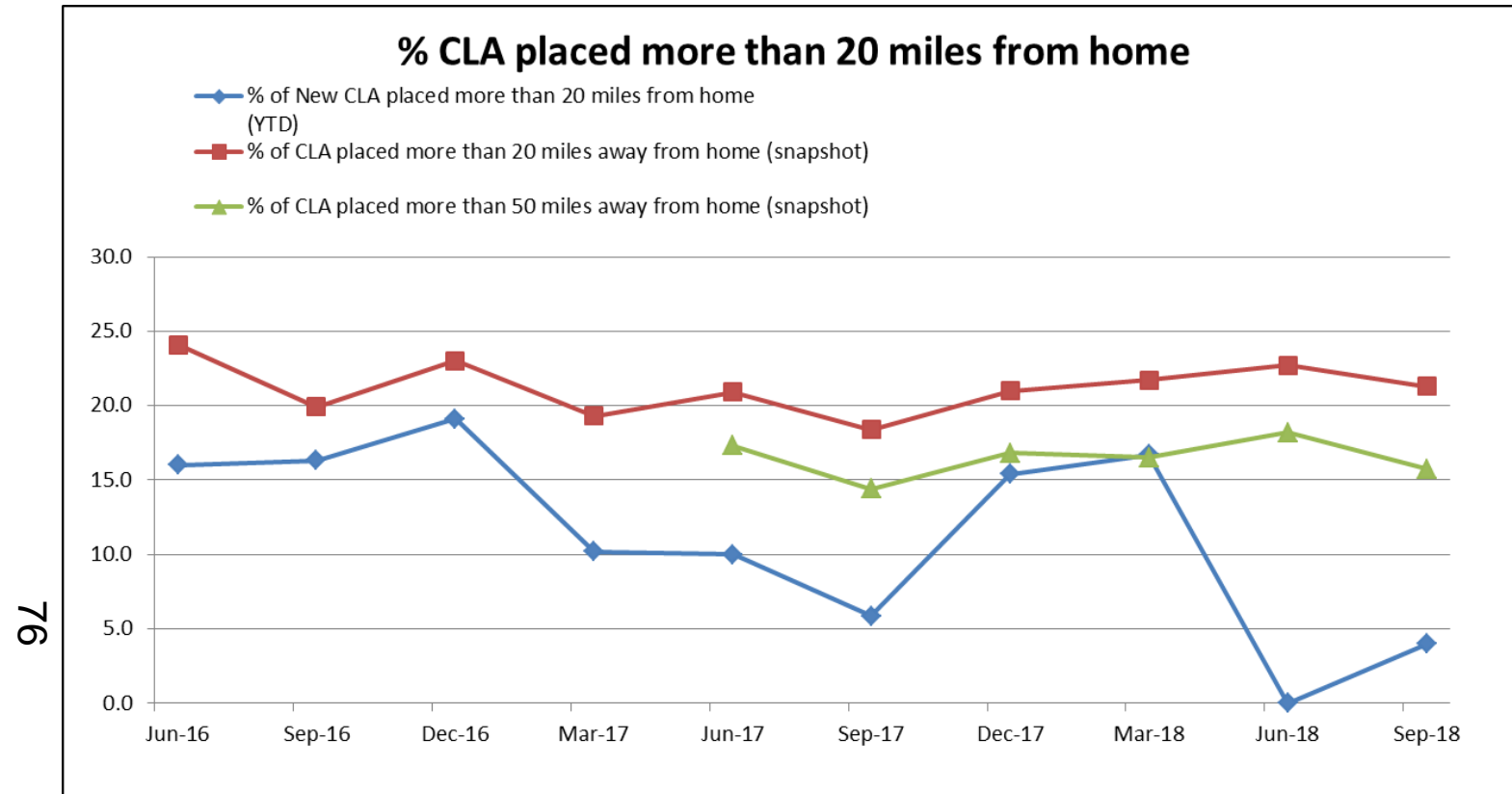


The percentage of CLA with more than 2 placement moves remains low since the start of new reporting year. All placement moves are carefully monitored. 73.5% of children who have been looked after for more than 2.5 years have been in the same placement for more than 2 years.

### % CLA looked after for 2.5 years who have been in same placement for 2 years



## B16– CLA placed over 20 miles from home

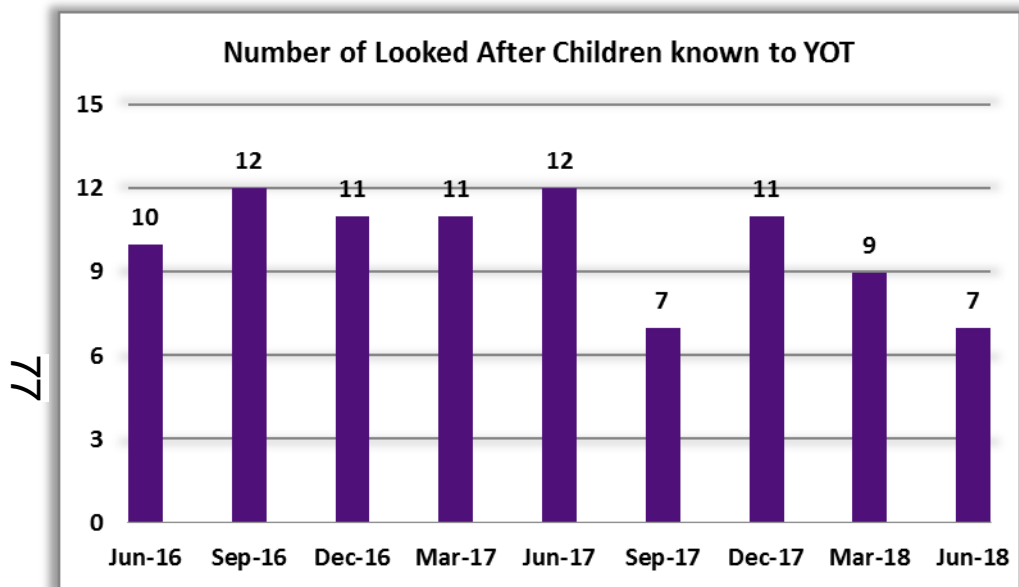


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The percentage of all new CLA placed more than 20 miles from home has varied throughout the year, currently below 5% and averaged at 14.4% for 2017/18. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged at 20.0% for 2017/18. A new local indicator measuring the percentage of all CLA placed more than 50 miles from home averaging at 15% mirrors the trend of children placed more than 20 miles from home. In order to give a balanced view, these indicators exclude looked after children who are placed with parents, placed for adoption or are unaccompanied asylum seekers.

# B17 – CLA Offending

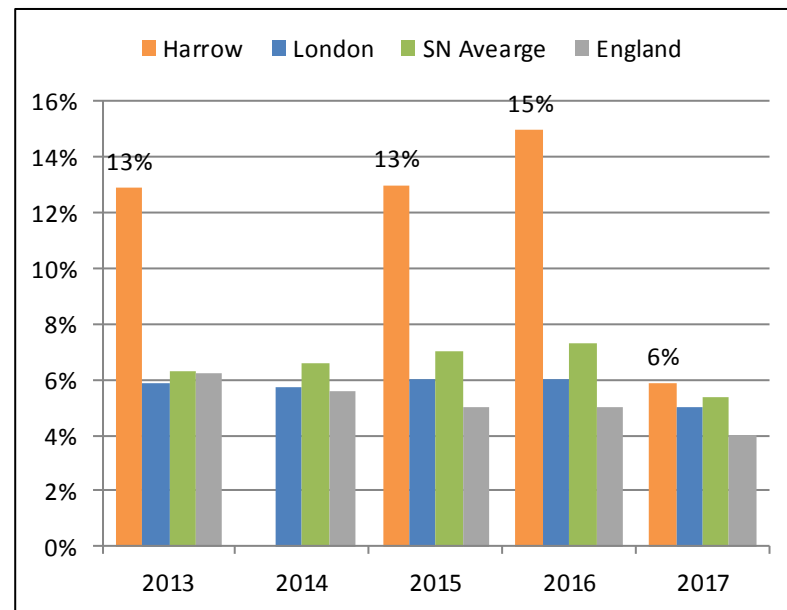
Jun-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18
10	12	11	11	12	7	11	9	7



The number of Looked After Children known to YOT has decreased from the last report. Harrow's CLA offending rate is higher than comparators – this is being investigated and may be due to the comparatively small numbers of young people who are looked after, and a corresponding tendency towards higher levels of risk and vulnerability amongst this group.

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

	2013	2014	2015	2016	2017
<b>Harrow</b>	13%		13%	15%	6%
<b>London</b>	6%	6%	6%	6%	5%
<b>SN</b>	6%	7%	7%	7.30%	5.40%
<b>England</b>	6%	6%	5%	5%	4%



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**REPORT FOR: Corporate Parenting  
Panel**

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**Date of Meeting:**

**Subject: INFORMATION REPORT –  
Harrow Children Looked After  
Health (CLA) Report**

**Responsible Officer:** Zoe Sargent, Associate Director of  
Children’s Services

**Exempt:** No

**Wards affected:** All

**Enclosures:** Harrow Children Looked After (CLA)  
Health Report.

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 May –August 2018 in line with national guidance. It reviews performance indicators and clinical work undertaken by the CLA health team.

**FOR INFORMATION**

## **Section 2 – Report**

See Attached Reports

## **Section 3 – Further Information**

Not applicable

## **Section 4 – Financial Implications**

Not required

## **Section 5 - Equalities implications**

Not required

## **Section 6 – 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.

<b>Ward Councillors notified:</b> NO
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## **Section 7 - Contact Details and Background Papers**

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

### **Background Papers:**

Corporate Parenting Panel Reports  
January 2018, March 2018 and May 2018





Annual Report  
Children Looked After Health Service  
(Harrow)  
2017/18

Emma Hedley Named Nurse CLA Harrow

# 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 2017/18 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. A glossary of frequent terms used in this report is attached in Appendix A.

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

Harrow is the 12<sup>th</sup> 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 Black and Minority Ethnic (BME) communities.

At the end of 2017/18, there were 159 children looked after by the London Borough of Harrow. CNWL, in partnership with Harrow Council, has achieved 96% with regard to Review Health Assessments (RHA's) being undertaken on time, an increase of 3% from last year. This figure is both higher than statistical neighbours and the England average.

The report looks at other clinical activity including dental checks, which are again higher than both statistical neighbours and the England average. Immunisations remain fractionally below statistical neighbours by 1.2% however this has improved from last year where immunisations were 6% below statistical neighbours. 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 children looked after, carers and professionals.

Service improvements include the implementation of an electronic process for requesting adult health (AH) forms, updating the health information for permanency process, and improvements in the quality of health assessments with health summaries being received from GP's. Other new ways of working include the introduction of a weekly case discussion with CLA Social Workers.

During the third year of the service, the CLA health team met 100% of their Key Performance Indicators (KPI) every month. For one consecutive quarter, 100% of children were seen within timescales which is a first in the history of the service. This success can be attributed to the strong partnership working between CNWL and Harrow Council staff.

This year CLA have been involved in the development of the 'health needs tool' which allows young people to decide what they would like to change to improve their health. A successful trial period was completed regarding health passports and these are now being implemented.

The CLA Health Team achieved the priorities 2017/18. The team has undertaken a project to ascertain the impact of the new Tuberculosis (TB) referral process for Unaccompanied Asylum Seeking Children (UASC) and have also completed a second Client Satisfaction Audit. These pieces of work were highlighted as priorities in last year's annual report.

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

## 2 New National Guidance on CLA / National changes/guidance

The following guidance has been published in relation to CLA.

1. 'Caring for Better Health: An investigation into the health needs of care leavers' The Care Leavers' Association Department of Health (DH) 2017. This report provides a comprehensive overview of the needs of care leavers. The project team worked with ten CCGs and sought the views of care leavers and professionals. The report focuses past the age of 25 years to look at the long term health consequences for this group of young people.
2. 'Children speak out on living in care' Children's Rights Alliance for England 2017. This briefing paper is a forum for the voices of CLA who describe their issues around entering and leaving care. This has highlighted the inadequate support that they receive.
3. 'Transforming children and young people's mental health provision: a green paper' DoH and Department for Education (DfE) 2017. This document promotes access to high quality mental health and wellbeing support. It states that some young people who need additional or specialised support should be assessed and referred quickly.
4. 'The fostering system in England: Evidence review' DfE 2017. This document provides a review of foster placements, experiences of young people and their outcomes.
5. 'Staying Put; Good practice guide' The Children's Partnership 2017. This paper outlines accommodation support for care leavers.
6. 'Applying corporate parenting principles to looked-after children and care leavers' Statutory guidance for local authorities; DfE 2018. This guidance provides information on the role of local authorities and how they should meet the corporate parenting principles in section 1 of the Children and Social Work Act 2017. This guidance is designed to help local authorities and partners consider the kinds of services that may be offered to CLA.
7. 'National Transfer Scheme Protocol for Unaccompanied Asylum Seeking Children' DfE 2018. The National Transfer Scheme (NTS) protocol for unaccompanied asylum seeking children (UASC) has been created to enable the safe transfer of children from one local authority to another. The protocol is intended to ensure that these children access the services and support they need. The scheme is based on the principle that no local authority should be asked to look after more UASC than 0.07% of its total child population.
8. 'Measuring the wellbeing of children in care: Views from the frontline and opportunities for change' National Children's Bureau 2018. This research paper explores how wellbeing is measured, and is based on the views of children in Care Councils and professionals working with CLA. The report looks at the use of Strengths and Difficulties Questionnaire (SDQ) as a measuring tool but highlights due to mixed views on its use that many professionals use their own measures. The research raises particular issues around the access to specialist mental health services.
9. 'Foster Care in England' DfE 2018. This document reviews foster care and the needs of those young people within these placements.

## 3 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.'

### 3.1 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 12<sup>th</sup> 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 communities.

The LBH has a population of 239,056 (2011 census); Harrow Joint Strategic Needs Assessment (JSNA) for (2015-2020 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 a quarter of people in Harrow are aged 18 or less, with seven percent of the population under 5 years old. The percentage of children living in poverty is just slightly above the England average but lower than the London average.

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

<https://www.gov.uk/government/statistics/2017-child-health-profiles>

### 3.2 Benchmark with National Data Including UASC Data

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664995/SFR50\\_2017-Children\\_looked\\_after\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf)

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017>

Headlines from the national data on CLA published in September 2017 are as quoted below from above link for all CLA:

- *Nationally The number of looked after children continues to increase; it has increased steadily over the last nine years. At 31 March 2017 there were 72,670 looked after children, an increase of 3% on 2016. The number of children starting to be looked after in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year. The number of children ceasing to be looked after in 2016-17 has fallen by 2% compared with the previous year.*
- *The number of looked after children ceasing to be looked after, due to adoption,*

Annual Report – Children Looked After Health Service (Harrow) 2017/18  
August 2018

increased between 2011 and 2015 from 3,100 to a peak of 5,360. Last year the number of adoptions fell for the first time since 2011, by 12% and in 2017 the number of looked after children adopted have fallen again, by 8% to 4,350.

- *The increase in looked after children reflects that more children started to be looked after in 2017 than ceased. For the last two years, the changes seen in the characteristics of looked after children, those who become looked after and care leavers are influenced by the unaccompanied asylum-seeking children cohort who tend to be non-white British, older children, with a main category of need of absent parenting.*
- *The age profile of looked after children is very similar to last year, with little change in the proportion of children in each age group. Over recent years the numbers of looked after children aged under 1 year have been decreasing; at 31 March 2017 they are down 11% on five years ago, however we did see a slight increase this year of 280 children (8%) between 2016 and 2017. There has been very little change in the number of 1-4 year olds and 5-9 year olds this year; after decreasing slightly in recent years the 1-4 year old group has stabilised around 9,200 children in 2017 and the 5-9 year old group, after increasing in recent years, has stabilised around 14,100.*

And for UASC the following points are identified:

- *After a large rise in numbers last year, the number of CLA who were unaccompanied asylum-seeking children continues to increase in 2017. The number of looked after children at 31 March 2017 who were unaccompanied asylum-seeking children increased by 6% compared to last year, up to 4,560 from 4,300 in 2016, and up 134% from 1,950 in 2013. Up to 2009 the number of unaccompanied asylum-seeking children was steadily rising to a peak of 3,900 which was 6% of the looked after children population. Between 2009 and 2013 the numbers fell to a low of 1,950 (3% of the looked after children population) before increasing again in 2017 to the levels seen in 2009 where unaccompanied asylum seeking children represent 6% of the looked after children population. Whilst we do not collect information on the nationality of looked after children, statistics on asylum applications from unaccompanied asylum-seeking children by nationality are published by the Home Office<sup>2</sup>.*
- *In recent years we have seen the increase in unaccompanied asylum-seeking children being largely driven by more males, however this year there is a greater increase in females – male unaccompanied asylum seeking children rose by 5% whereas female unaccompanied asylum-seeking children rose by 19% between 2016 and 2017. However, females still only account for 390 (8%) of unaccompanied asylum seeking children looked after at 31 March 2017. There has been an increase in the numbers of unaccompanied asylum-seeking children aged 16 years and over, up 9% to 3,540, whereas the number aged under 16 years has decreased slightly by 3% to 1,020. This means 78% of unaccompanied asylum-seeking children at 31 March 2017 were aged 16 years of age and over, and 22% were aged under 16 years. This compares to 76% and 24% in 2016 and 74% and 26% in 2013.*
- *There is significant variation in the number of unaccompanied asylum-seeking children across the country – many are concentrated in areas where they first make entry into the country (for example Kent, Croydon, Hillingdon). At 31 March 2017 the number of unaccompanied asylum-seeking children in these local authorities have reduced compared to 2016. We understand this is a result of the implementation of a National Transfer Scheme<sup>4</sup> from 1 July 2016 resulting in some of these children being distributed across other local authorities within the country.*

National data shows that most looked after children are up to date with their health care. Although performance nationally against KPIs is decreasing. Of the 49,750 children looked after continuously for 12 months at 31 March 2017:

- 84% were reported as being up to date with their immunisations, compared to 87% in 2016 and 88% in 2015,
- 89% had their annual health check, compared to 90% in 2016 and 2015,
- 83% had their teeth checked by a dentist, compared to 84% in 2016 and 86% in 2015

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664998/SFR50\\_2017\\_Additional\\_Tables\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664998/SFR50_2017_Additional_Tables_Text.pdf)

### 3.3 Local Statistics

The following information and data has been provided by Harrow Council (Corporate Parenting report June 2018)

The number of all CLA has decreased since last year. The rate of CLA per 10,000 continues to decrease since 2016/17 and remains below the England average.

Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. 47 children will be turning 18 this year and eligible for leaving care services.

Harrow has a higher percentage of males in care.

Two thirds of Harrow's CLA population are from BME groups.

Harrow has a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi-independent placements) compared to statistical neighbours.

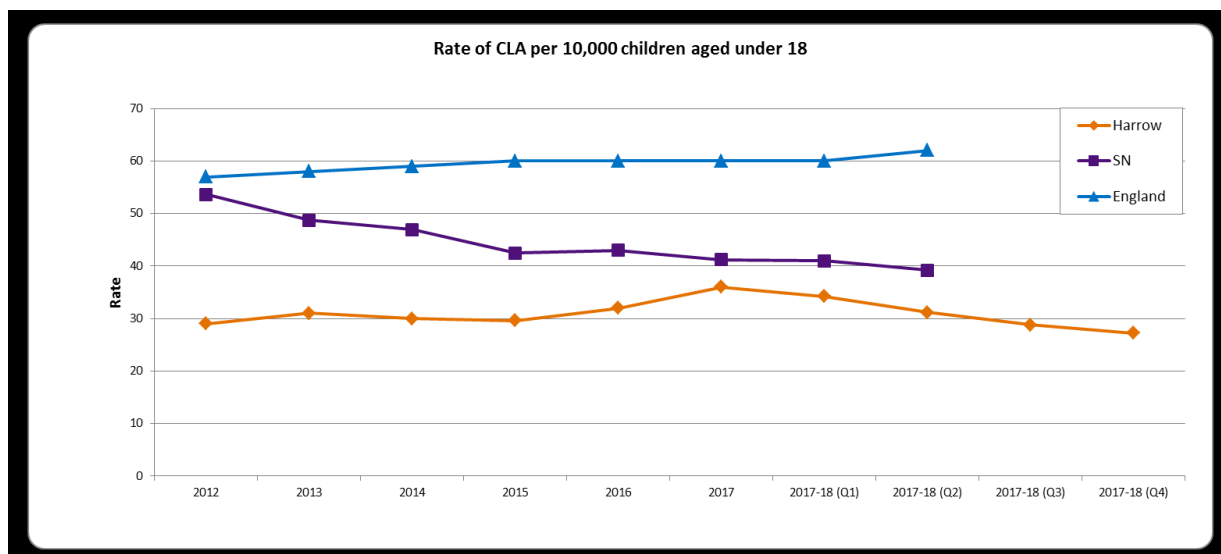
For CLA at 31<sup>st</sup> March 2018, the top 5 need codes are 47% became looked after due to an initial need of abuse or neglect, 15% due to absent parenting, 11% due to family dysfunction, 9% due to family in acute stress and 9% due to socially unacceptable behaviour.

In 2017-18, of the 153 children who ceased to be looked after, 62 (40.5%) returned home to live with their parents or relatives.

2017-18 published data shows Harrow above statistical neighbour averages for care leavers in suitable accommodation. However, Harrow also has a lower number of care leavers who are not in education, employment and training.

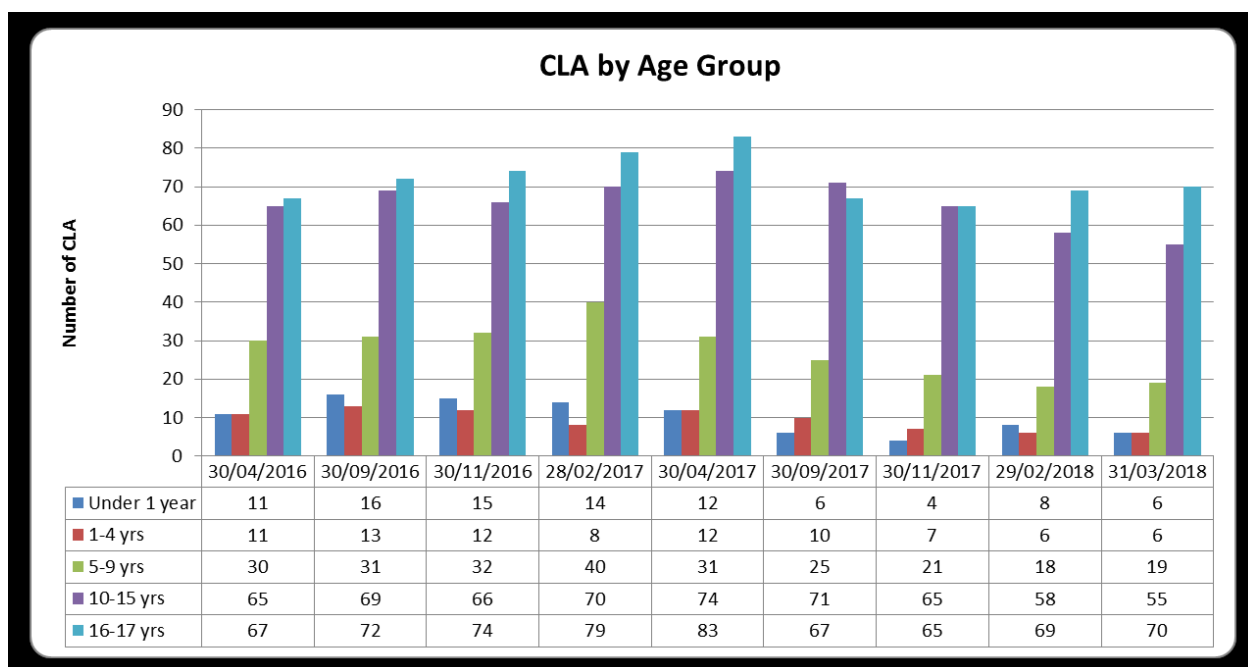
Harrow have had a similar proportion of CLA who had a missing episode in 2017 compared 2016 whilst statistical neighbours' and England trend is an increase from the previous year.

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



The rate of CLA per 10,000 population in Harrow has 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.

Chart 1: 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.



Table 1: Comparative Data Regarding Age of CLA

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

Higher numbers of CLA aged 16+ will continue to have an impact on leaving care services. It is important to note that 47 children will be turning 18 this year.

Harrow's CLA offending rate is higher than comparators – this is being investigated and may be due to the comparatively small numbers of young people who are looked after.

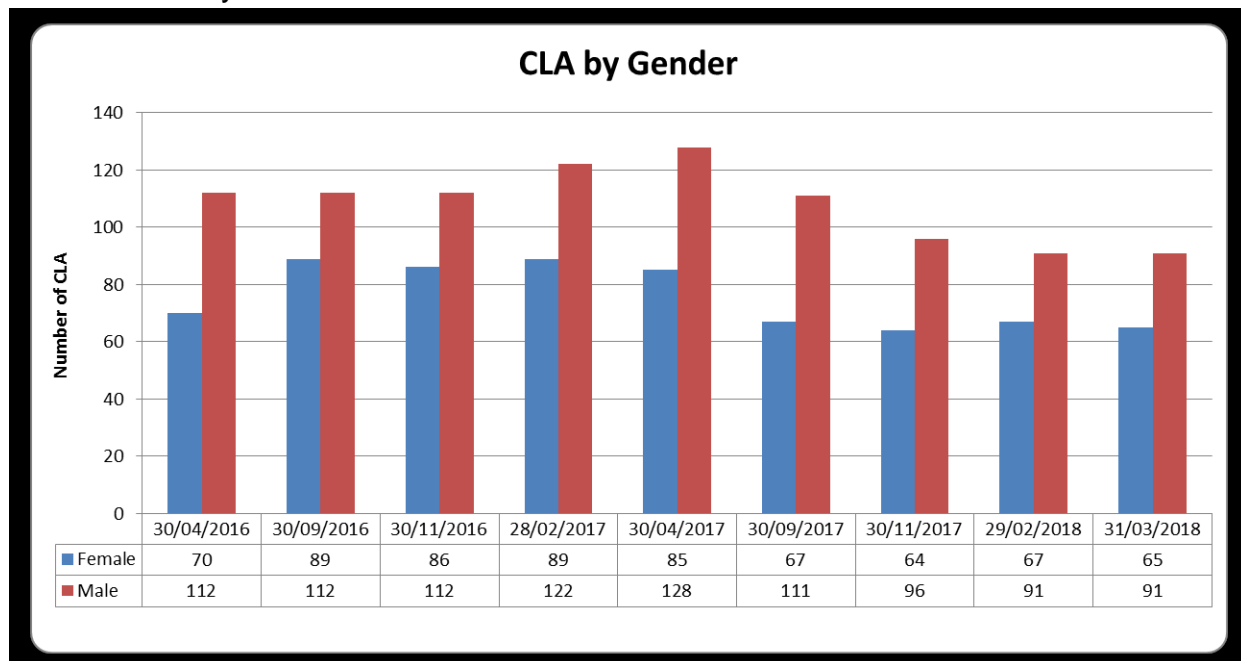
Furthermore, CLA are known to have higher levels of risk and vulnerability.

Table 2: Number of CLA known to Youth Offending Team (YOT)

Jan 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Mar 18
12	10	12	11	11	12	7	11	9

During 2017/18, 7 young people were in a young offender institute at the time of their health assessment, and a Comprehensive Health Assessment Tool (CHAT) was completed for them all.

Chart 2: CLA by Gender



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

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

### Ethnicity

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.

There are no significant changes in the ethnic breakdown of the CLA cohort since the last report.

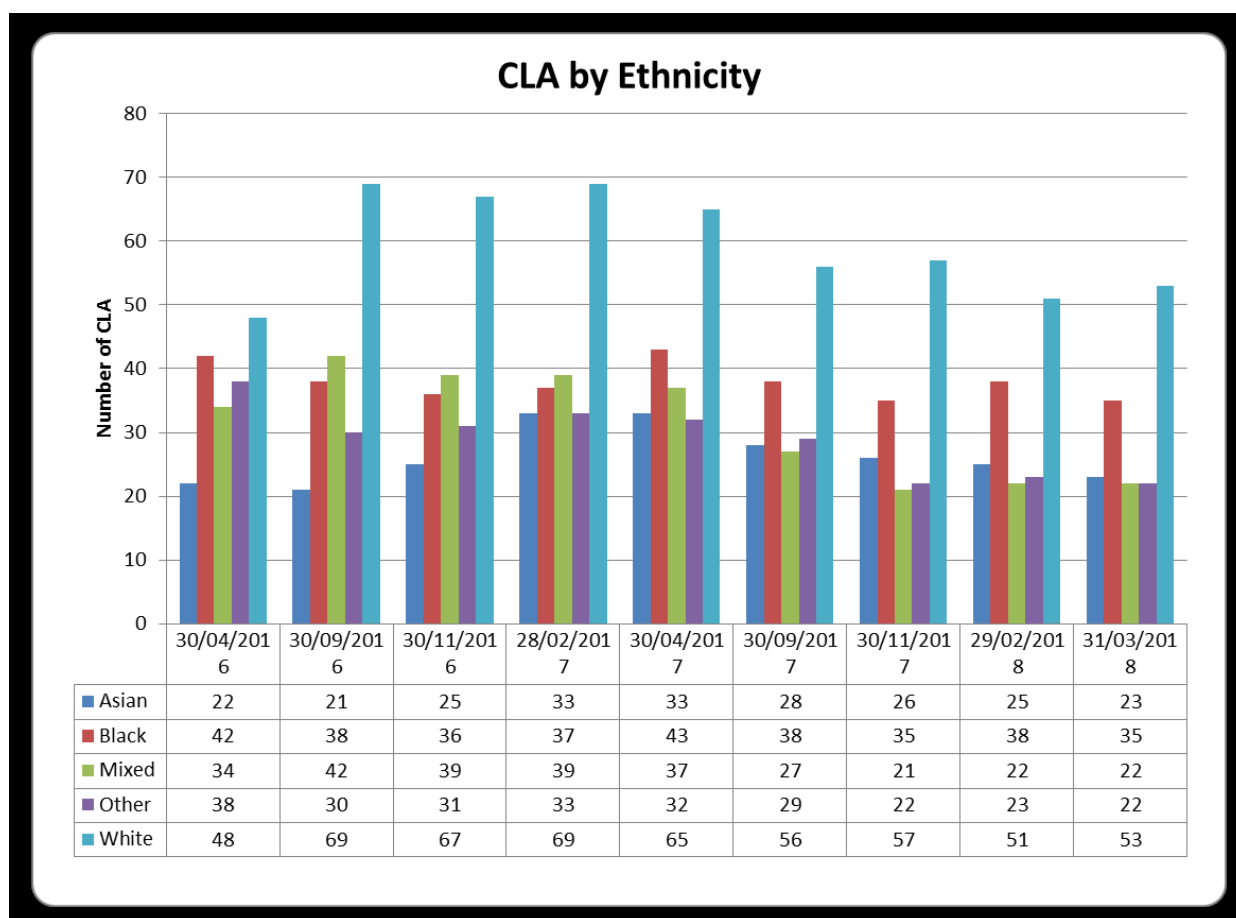


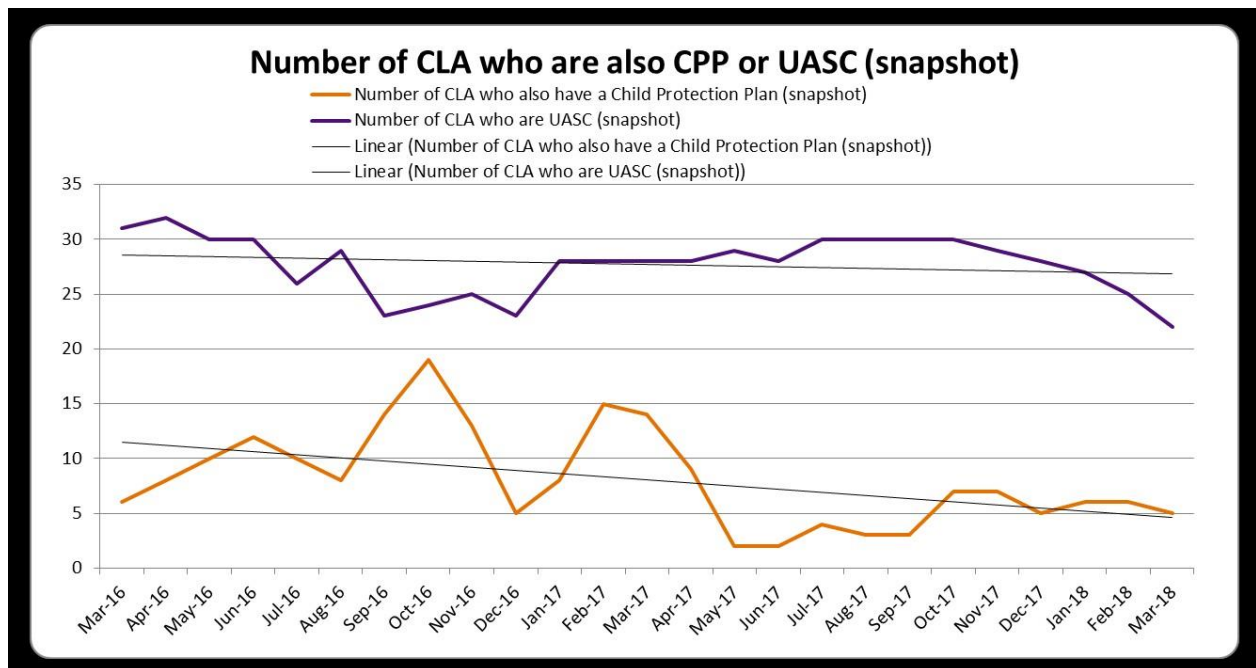
Table 3: CLA by Ethnicity

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

**Unaccompanied Asylum Seeking Children (UASC):**

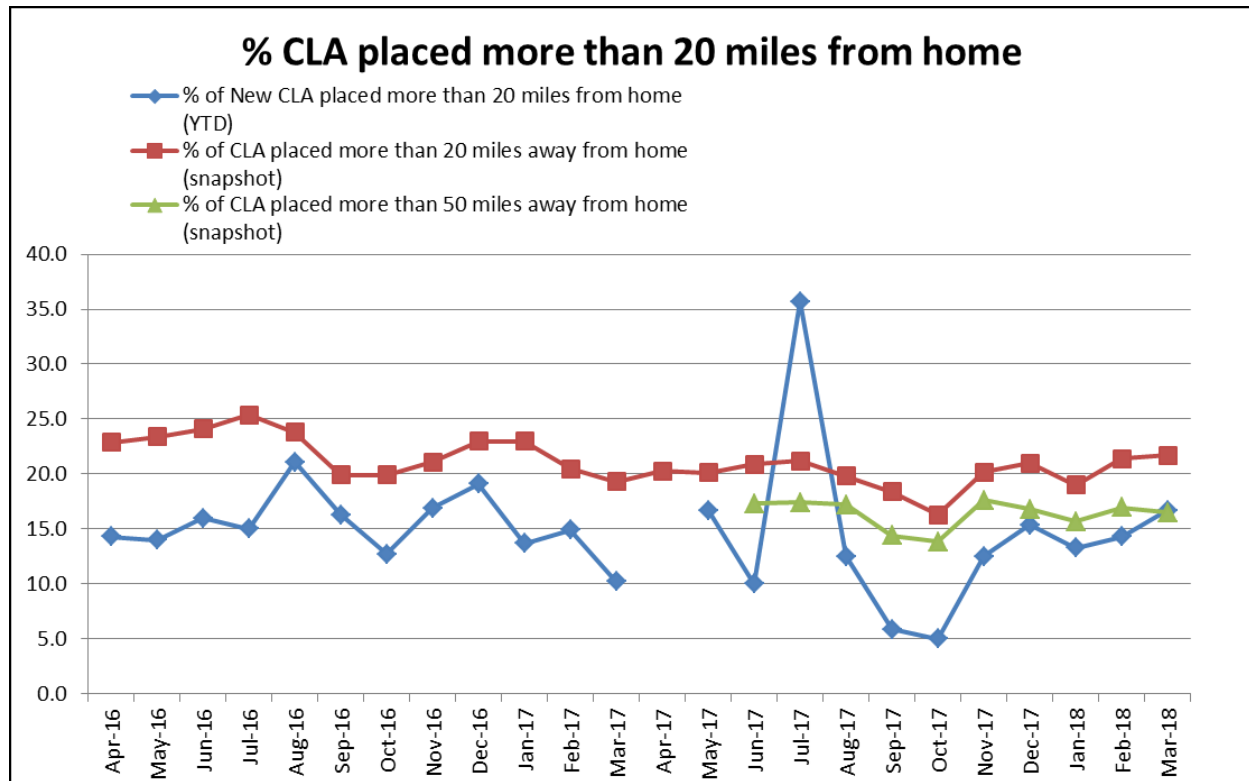
Harrow borough have a smaller number of UASC compared to statistical neighbours. The numbers over the year have remained stable at an average of 30 with a high of 35. This equates to 3 new UASC being looked after by Harrow each month. However, as these children enter the UK with significant needs; this has an additional impact upon services. Of the 107 children who have remained looked after for over 12 months 11(10%) are UASC.

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 also decreased from 29 to 25.



**New/Ceasing CLA**

The number of new and ceased CLA continues to vary, month on month. Overall the number of new CLA for 2017/18 was 9.2 compared to 14 the previous year. The average number of ceased CLA was 12.9 for 2017/18 and increase from 10.7 in 2017/16.

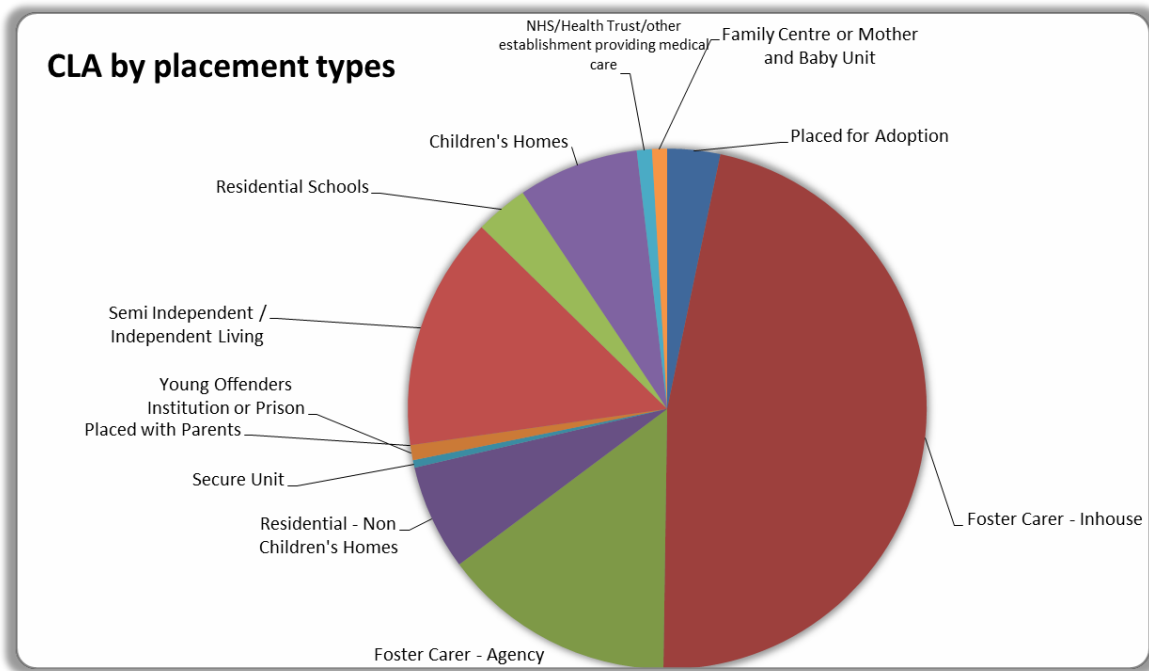


The percentage of all new CLA placed more than 20 miles from home has varied throughout the year, currently at 16.7%. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged at 20.0% for 2017/18.

A new indicator measuring the percentage of all new CLA placed more than 50 miles from mirrors the trend of children placed more than 20 miles from home and rests at 16.5%.

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 29<sup>th</sup> February 2018



There are no significant changes to placement types. In-house foster placements remain the most common placement type accounting for 42.3% 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).

## 4 Service Summary

### 4.1 Staffing & Supervision

CNWL is jointly commissioned by Harrow CCG and Harrow Council to provide the CLA health service within Harrow. The team are based at Westmead Clinic. The CCG Designated Nurse role for Harrow is now provided by Harrow CCG and the Designated Doctor role is commissioned from and hosted by the provider services for CLA.

All members of the CLA Health Team are experienced and suitably trained within their area of expertise, and all team members maintain competencies as required within the Competency Framework (RCGP/RCN/RCPCH 2015). They undertake regular appraisals and as required are subject to revalidation.

#### The current staffing is as follows

##### Nursing Team

Named Nurse for CLA – 30 hours per week

Specialist Nurse for CLA – 37.5 hours per week

##### Medical Team

Designated Dr for CLA – 1PA per week

Medical Advisor for Adoption and Fostering – 1PA per week

GP with a special interest (GPwSI) – 2 PA's per week

##### Administrative Team

Administrator for CLA – 37.5 hours per week

In December 2017 the GPwSI was successfully recruited to the Designated Doctor role. The training of a local GP into the Designated Doctor role is an innovative practice that was supported by Harrow CCG. The Medical Advisor post is currently being covered by the Designated Doctor and Medical Advisor for Hillingdon.

#### Supervision

The CLA health team have the following supervision arrangements in place:

- The Designated Doctor/GPwSI and the Nurses meet on a weekly basis to review and discuss cases, quality assure work undertaken and ensure consistently high quality health assessments. This provides an opportunity to discuss any concerns, compliments, areas for development and strategic issues to be addressed.
- The Designated Professionals attend Brent, Harrow and Hillingdon (BHH) safeguarding meetings every two months in their CCG roles. They also attend a quarterly North West London Designated Professionals' CLA meeting which has been organised with the Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Collaborative (CWHHE) to discuss and work towards enhancing the commissioning arrangements and good practice for CLA across the collaborative.
- The Nurses receives individual clinical supervision every 6-8 weeks. Supervision is also provided within monthly team meetings. However arrangements are in place for case discussion and debriefing on a daily basis. The CLA health team are managed and supervised by the Named Nurse for CLA. All staff have annual appraisals, 4-6 weekly 1:1s and ad hoc meetings to promote learning, development and supervision.



- 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 providing time for reflection and learning offered. The nurses have access to discuss any safeguarding issues with the Harrow Designated Nurse for Safeguarding Children
- Clinical staff also receives support from external meetings in both CCG and provider roles:
  - Quarterly North West London CLA peer group meeting
  - Quarterly London CLA Nurse meeting
  - Quarterly CoramBAAF London and SE health group
  - Annual RCN CLA forum
  - Annual CoramBAAF conference
  - Attendance at neighbouring boroughs network event

The CLA health team have been trialling the 'headspace' app for meditation and mindfulness for themselves or with CLA to promote positive mental health.

CLA Health Team Photo



Named Nurse, Administrator, Specialist Nurse, GPwSI/Designated Doctor

## 4.2 Governance & Reporting Arrangements

In terms of reporting arrangements, the CLA Health Team are accountable to the Head of Children's Services and Operations (CNWL) and have robust governance arrangements in place:

- For CNWL, the Named Nurse provides a progress report and updates to the Goodall divisional safeguarding meeting and 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?
- The CLA Health Team have identified the lack of sharing of health information between health providers as a risk, and this remains on the CNWL risk register.
- For Harrow CCG, the CLA 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 monitoring meetings with Harrow CCG and Harrow Council are held bi-monthly.
- The Specialist Nurse for CLA continues to monitor the timeliness of requests for health assessments and their completion during the weekly monitoring meetings. She is available to the Social Workers every Wednesday afternoon to discuss cases, provide support and advice. Feedback from Harrow Council continues to be very positive about the Health Team being accessible every week for the Social Workers.
- The Named Nurse compiles a monthly breach report; health needs report and additional report for Harrow CCG and Harrow Council which is discussed at the bi monthly monitoring meetings. These meetings continue to be productive, transparent and positive.
- The Named Nurse ensures that the team's self-assessment of CQC key lines of enquiry (KLOEs) – being safe, effective, caring, responsive and well-led are completed on a quarterly basis. In April 2017 the CLA team had a peer review undertaken by CNWL managers to assess the team against CQC KLOEs. This resulted in a positive review and 'interviews with staff felt they were supported and well-led, they were passionate about the service and had a good understanding of safeguarding.'



## 5 Performance Indicators

### 5.1 National Targets

Local Authorities are required to report on eleven performance indicators i.e. the National Indicator Set (NIS), which refer to looked-after children or care leavers. (903 return) The health outcomes are reported on as 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' 2017

Performance against these is reported in section 6 in this report.

### 5.2 Local Improvement Requirements

During 2017/18 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)

#### Initial Health Assessments (IHAs)

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 3 working days. The tables below show that the health team have achieved all targets for both initial and review health assessments set within the agreed service specification, and that for 4 out of 12 months achieved 100% of children seen within timescales, for IHA which is the first time this has ever occurred in the history of the service.

Table 4: Initial Health Assessments

	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
CNWL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Actual	71%	60%	83%	71%	60%	100%	69%	71%	100%	100%	100%	60%

#### 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.

Table 5: Review Health Assessments

	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
CNWL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Actual	80%	75%	72%	70%	75%	60%	80%	83%	67%	78%	100%	60%

## 5.3 Non-Attendees

The CLA health team strive to reduce non-attendance for health assessments by engaging with young people who do not attend (DNA) by offering flexible times, venues and respecting their wishes.

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 has recently been updated.

Currently, the CLA health team have 5 young people who have refused to have their health assessment: this equates to 2% DNA rate – 5 out of 240 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 3 young people have planned face to face appointments.

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 the Team have received 3 questionnaires from young people. This method often leads the way to a telephone health assessment or a face to face assessment.

### Flexible Working with Young People who DNA or Refuse

Young person refused to attend for their IHA whilst living out of borough and had also been non-compliant with their health needs. Joint home visit arranged with youth offending worker to placement. Young person did not attend. Appointment rearranged however young person not at the placement. YOT worker spoke to young person who was at his birth mother's home in Harrow and then drove young person to Westmead Clinic to see the Specialist Nurse for his health assessment.

## 6 CLA Team Clinical Activity

This section will focus on the performance of the CLA Health Team against national and local targets.

### 6.1 Health Assessments

Initial health assessments are undertaken at Westmead Clinic, South Ruislip. Review health assessments are undertaken at Westmead Clinic, schools, and at the child's home, offering increased flexibility for the day, time and venue to suit the CLA to enable completion and promote engagement in health assessments.

Health promotion is discussed at every health assessment and these include also but are not limited to, physical health, emotional well-being, diet, exercise, safety, immunisations, dental care, eye care, hygiene, sexual health, substance use and prevention of radicalisation.

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

The CLA Health Team are required to ensure all CLA have a statutory health assessment within statutory guidance i.e. within 20 working days of becoming looked after and thereafter every 6 months for under 5s or annually for 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 2017 – March 2018.

#### Initial Health Assessments (IHAs)

A total of 120 requests for IHAs were received

A total of 91 children were seen for IHAs from April 2017-March 2018.

(This includes 19 children from other authorities.)

Table: 6 Number of IHAs completed

Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
9	6	7	9	7	3	16	7	6	8	5	8	91

Of the 29 children not seen for IHAs, these included those who ceased being a CLA, as well as those children who were seen in April 2018. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 72 (100%) IHAs completed for Harrow children, 59 (82%) were seen within 20 days of the child becoming looked after compared to 54% in 2016/17. This may be due to a decrease in the number of children becoming looked after, as well as the experience of the GPwSI.

Of the 13 not seen within 20 days of request, exceptions within KPIs applied.

#### Issues contributing to the overall performance:

Monthly data is 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 the 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.

Review Health Assessments (RHAs)

A total of 163 requests for RHAs were received during 2017/18 and a total of 149 children were seen for RHAs (This includes 11 children from other authorities)

Table 7: Number of RHAs completed

Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
6	18	18	10	19	10	6	15	9	13	13	12	149

Harrow Council completes data on the DfE 903 return, based on those children who have remained as CLA for over 12 months: for 2017/18 this was 103 children. This figure differs from those above, as some children would have left care during the year and thus were not included in this report. Of the 103 (99) children 96.1% had an annual health assessment within time scales. Of the 4 not seen within timescales, exceptions within KPIs applied.

England 2016/17	Statistical Neighbours	Harrow 2014/15	Harrow 2015/16	Harrow 2016/17	Harrow 2017/18	Number of CLA
89.0%	95.0%	82.5%	93.7%	93.0%	96.1%	99/103

The table above shows a comparison to previous years of RHA's being undertaken within time scales. CNWL have achieved 96.1% higher than both England and statistical neighbours.

Issues contributing to the overall performance:

There is an established process to ensure that RHA requests giving the Health Team 12 weeks' notice to complete. Overall, data analysis has shown that a significant reason for children not being seen within statutory timescales is late requests received from Social Workers, other reasons included. 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/text 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. The Health Team have found a reminder telephone call and text before the appointment improves attendance.

The CLA Health Team work with out of borough colleagues to minimise these problems, however, capacity issues and KPI's in out of borough (OOB) team's impact upon timescales. The CLA Health Team have a reminder system in place, contacting the OOB provider to ask for details of the appointment. Should this information be provided, the child's Social Worker is informed. It is important to note that, despite several reminders and processes in place, CLA may still DNA their appointments.

Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2018/19. The Named Nurse continues to produce monthly breach reports for the Senior Managers in Harrow Council.

### Quality of Health assessments

Quality improvement has been driven by the needs of the CLA population who require a high quality health assessment. This is to ensure that their health needs are identified and recorded as smart, measurable, achievable, realistic and timely (SMART) actions on the health recommendations. Each health assessment returned to the provider CLA Health Team is reviewed by either the Designated Doctor or Named Nurse and graded as one of five categories (excellent, good, satisfactory, needs improvement, poor). Health assessments undertaken by the Designated Doctor or Named Nurse are graded independently.

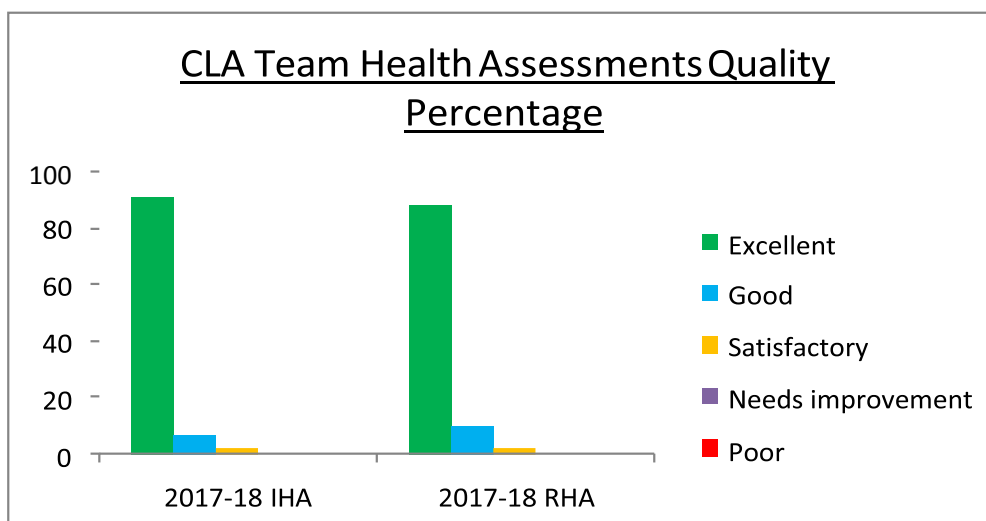
An excellent health assessment results in an email to the professional who has completed the health assessment (wherever they are situated) and where possible, a copy to their manager. This often results in a 'thank you' email from the recipient. No health assessments received from out of borough were poor or needs improvement this year, which may be as a result of the CLA health team challenging poor quality last year.

2017-18 91 IHA's - 91% excellent, 7% good, 2% satisfactory.

2017-18 149 RHA's – 88% excellent, 10% good, 2% satisfactory.

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 98% of IHA's and 98% of RHA's graded as excellent or good. This can be attributed to the experience and stability of the CLA Health Team. The 2% graded as satisfactory for both IHAs and RHAs 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 2018, a quality assurance mechanism for the CCG.



## 6.2 Immunisations

The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2017/18 was 103 children. Of 103 children, 77 (74.8%) were recorded as up to date with immunisations.

England 2016/17	Statistical Neighbours	Harrow 2014/15	Harrow 2015/16	Harrow 2016/17	Harrow 2017/18	Number of CLA
84.0%	76.0%	66.1%	72.6%	76.0%	74.8%	77/103

Nationally, 84% are up to date on their immunisations, a slight decrease from 87% last year.

The above table shows that the rates of immunisation for Harrow CLA are below both our statistical neighbours and the national average. This continues to be an area the CLA health team has prioritised for 2018, to ensure that we are safeguarding CLA from preventable infectious diseases.

The CLA health team identified 26 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. (7 had appointments booked, 3 were missing, 1 living out of the country, 1 parental refusal, 1 child with autism, 1 on remand, 12 refusers)

The Specialist Nurse for CLA has regular liaison with the School Nurses and the Immunisation Team to identify those young people not up to date and to arrange for them to be immunised. Liaison with Social Workers to obtain consents has also improved uptake of immunisations.

- The TB process that was first implemented by the CLA Health Team, in conjunction with the TB service at Northwick Park Hospital has now been reinstated. This ensures that all UASC are screened for TB and any infectious diseases in a timely way. The Health Team have also: Liaised with Social Workers and the Paediatric TB Team for a UASC diagnosed with TB living out of borough. The Specialist Nurse for CLA has liaised with the CLA health team in Brent to discuss TB referrals.
- The immunisation status of all CLA is always reviewed and information is requested from their GP and subsequently arrangements are made for any outstanding immunisations with the GP. Where relevant this is always included in the CLA health recommendations returned to the Social Worker for the health care plan. Immunisation records are shared with professionals undertaking the health assessments and with foster carers and young people.
- After every health assessment a letter is sent to all GPs with a copy of the health recommendations and this has led to emails being received from the GPs with additional data about immunisations which in turn has been updated on SystemOne. Access to the child health information system has also helped in obtaining documented evidence of immunisation history.
- Introduction of quarterly immunisation monitoring with Harrow Council which has been productive and effective in tracking children's immunisation status.

## 6.3 Dental Checks

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).

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.

Of the 103 CLA identified in the Harrow Council return 90 (87.4%) were recorded as having a dental check. This is higher than both the England and statistical neighbours' average.

## 6.4 Local Requirements

### Registration with a General Practitioner

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 91 CLA seen for IHA, 7 children (8%) were showing as not registered with a GP. Of the 7 children not registered with a GP at IHA

- 1 had been placed in a young offenders institute and was in the process of registration.
- 6 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

If they do not have a GP at the initial health assessment, the CLA Health Team Administrator checks that all children have been registered with a GP within 1 month of them coming into care. For UASC liaison is made with the Northwick Surgery as this is the nearest surgery to 'The Gayton' – a semi-independent home for UASC. This successful partnership has developed from the training the CLA Health Team provided to the GP practice last year.

### Optician Checks

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 8: Percentage of CLA with up to date eye checks at time of health assessment.

	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
IHA	33%	25%	20%	33%	0%	0%	25%	43%	0%	40%	25%	67%
RHA	100%	87%	92%	100%	79%	100%	100%	67%	100%	100%	60%	80%

### 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, is the same as last year. This high level of performance has been supported by access to the child health information system which has helped in obtaining documented evidence of developmental assessments and screening tests.

## 7 Other Clinical Activity

### 7.1 Sexual Health

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. This promotes positive sexual health messages such as consent, contraception and prevention of sexually transmitted infections. Discussions with younger children include 'the pants are private', 'underwear rule', 'growing up, and body changes'. In addition the CLA Health Team ensure that all young people from high risk countries are asked the important questions about FGM as well as identifying CLA who require additional support.

Any CLA who is or has been sexually active is advised to use contraception, have a full sexual health screen, and the HPV and Hepatitis B vaccine is promoted, as appropriate. 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.

Work continues with the Harrow child sexual exploitation (CSE) manager and the Gangs Co-ordinator. 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 CLA Named Nurse and a plan devised.

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.

An example of the impact of this close work is with one case example. A 17 year old female discussed at children at risk panel due to missing episodes, risk of CSE and refusal of health assessment. A written health questionnaire was completed and followed up by the CLA Specialist Nurse, with the result that the young person attended for her health assessment.

### 7.2 Teenage Pregnancies

The CLA health team work closely with Social Workers and Sexual Health Services to prevent unwanted teenage pregnancies within the CLA population. The team refer to sexual health services should they consider that a young person is at risk of pregnancy.

The CLA health team 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.

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 girls 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).

The monthly joint health and sexual health clinics have stopped during this year due to the changes in the sexual health outreach nurse post.



In the last two months there have been 3 young people who have become pregnant. 2 have had terminations and 1 care leaver miscarried after an ectopic pregnancy. All have been supported by the CLA Specialist Nurse through regular liaison with the girls, their Social Workers and key workers. Liaison has occurred with the early pregnancy units at Northwick Park Hospital and Barnet Hospital, and with the British Pregnancy Advisory service.

## 7.3 Substance Misuse

National data shows: “The percentage of children looked after who were identified as having a substance misuse problem has remained the same since 2015. Of the 49,750 children looked after for at least 12 months in the year ending 31 March 2017, 4% were identified as having a substance misuse problem. Almost half of these (49%) received an intervention for their substance misuse problem, compared to 50% last year, and 48% in 2014. Comparable rates for all children are not available.”

Nationally substance misuse is slightly more common in males and is more common in older looked after children. 5% of males were identified with a substance misuse problems compared to 4% of females. 11% of 16 to 17 year olds were identified with a substance misuse problem in the year ending 31 March 2017, compared to 5% of 13 to 15 year olds.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664998/SFR50\\_2017\\_Additional\\_Tables\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664998/SFR50_2017_Additional_Tables_Text.pdf)

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

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 the locally commissioned substance misuse service, GP's and pharmacists.

The CLA Specialist Nurse follows up an A and E attendance. A case example identified a young person with substance misuse and issues regarding their emotional well-being. As a result the CLA agreed to a referral to Compass and Harrow Horizons for support with their substance use and emotional well-being.

The CLA Named Nurse has also met with the Senior Commissioning Manager (substance misuse, public health) and Service Manager for Compass to discuss current service, referrals and data collection. This was in response to the smoking cessation service no longer being commissioned in Harrow.

## 7.4 Emotional Health & Wellbeing

Nationally 76% of CLA had completed a strengths and difficulties questionnaire (SDQ) with the average score being 14.7 for males and for females (overall average 14.1). Almost half (49%) had 'normal' scores recorded with 12% having 'borderline' scores and 38% having scores which were a cause for concern. These figures have remained fairly stable over recent years.

In Harrow, 98.9% CLA had completed SDQ recorded which is higher than the national average. The average score was 13.7 which are higher than statistical neighbours and lower than the England average.

England 2016/17	Statistical Neighbours	Harrow 2017/18	Harrow 2017/18
14.1	12.8	13.7	98.9%

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.

During 2017/18 the CLA health team have undertaken partnership work with a range of professionals in order to consider the emotional needs of Harrow CLA, as below:

- Meeting with the CLA team manager to discuss sending of scoring of SDQ with every RHA.
- Monthly meetings with CAMHS YOT to discuss the health needs of children/young people under the YOT. This meeting will be reinstated in May 2018 as the CAMHS YOT Nurse role is currently being recruited to.
- Quarterly meetings with CAMHS and CLA team manager. Liaison and discussion of CLA with CAMHS and Harrow Horizons and liaison with CAMHS services OOB.
- Linking with other local services e.g. 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.
- Meeting with manager of Harrow Horizons to ensure referral processes and pathways are in place. The CLA health team are monitoring numbers of children referred and the outcome of referrals. Harrow Horizons attended a joint meeting between CLA health, education, CLA team manager, IRO and YOT. This meeting is well-established and occurs every 6-8 weeks.  
 '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, have been referred to the appropriate professional health services. The CLA nurse monitors this.'  
 (Mellina Williamson-Taylor, Head teacher, Harrow Virtual School)
- Young person seen for follow up of health needs following admission to hospital for exacerbation of mental health needs. Specialist Nurse visited young person at her current placement out of borough with her key worker. Health promotion advice and contact details of CLA health team given with planned follow up visit.
- Liaison with carer, Social Worker, Head Teacher of the virtual school and out of borough CAMHS team for vulnerable young person placed out of borough. This was to ensure coordination of their health needs, including an assessment of their learning needs.

## 7.5 Training

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

- Training about CLA and their health needs has been delivered bi-monthly as part of the 'partnership induction' for Harrow Council.
- Induction training to 10 new Social Workers and students about the health needs of CLA and the CLA health service.
- Training to Social Workers and partners in Harrow Council regarding the adoption medical advice process. Over 25 people attended and feedback was positive.
- Attendance at Social Work team meetings and IRO team meetings.
- Training with Health Visitors and School Nurses. New School Nurses have met with, shadowed and undertaken joint visits with the Specialist CLA Nurse, and feedback from them has been very positive.
- CLA Named 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 Karen Storey (Course Lead) with an evaluation showing that all students rated the session as excellent with one student commenting that it was an 'excellent session –interesting statistics and very informative'.
- Student Nurses have also benefited from training delivered by the CLA health team.
- As a result of consultation with foster carers last year the CLA health team provided training on weaning and Down Syndrome resulting in positive feedback. A training session on puberty and hygiene has been arranged.

'The Health Team provides professional input into the annual training scheme for Harrow Foster carers. They have provided a number of excellent training sessions for our Harrow Foster Carers on various topics such as Down Syndrome, Meeting the Needs of Looked After Children and the Adoption Medical Process. They have also attended Foster Carers Support Groups to offer advice and support. The team are professional and approachable and the ongoing information they offer to Harrow Foster Carers is invaluable. It is great that we can work together in partnership to support Foster Carers in their role in looking after Harrow's vulnerable children.'

(Clare Sullivan Training and Development Officer, Family Placement Service)

## 7.6 Other (Complex Case Work)

During 2017/18 the CLA Health Team have been involved with a variety of cases which are complex and require health input.

Furthermore, 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.

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

Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, sexual health and follow up and support regarding emotional health.

Case examples of work undertaken are given below. These have been changed to protect the confidentiality of the CLA concerned.

Health assessment for child placed out of borough. Carer cancelled review health assessment appointment due to her friends and family members affected by the Grenfell Tower fire. Appointment rearranged and child seen at school within timescales. Discussion regarding the fire with the child as another child from her school was missing. Discussion with carer, teachers and Social Worker regarding future support.

Specialist Nurse arranged a review health assessment at short notice at Harrow Civic Centre. Young person had been non-compliant, had lots of placement changes and had been placed out of borough. Young person moved back to Harrow temporarily and Specialist Nurse and Social Worker took the opportunity to see the young person who attended for her health assessment accompanied by her birth mother.

Specialist Nurse undertook health assessment at a specialist school for children with Autism following liaison with birth mother, Social Worker and specialist support worker.

Where a CLA has special educational needs these are discussed at every health assessment. Recommendations are made about issues to be discussed at a personal education plan (PEP) meeting and are also included in the health recommendations.

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. These plans are considered as part of the child's health assessment.

Excellent partnership working via termly meetings with the Head Teacher of the virtual school ensure children's education needs are met.

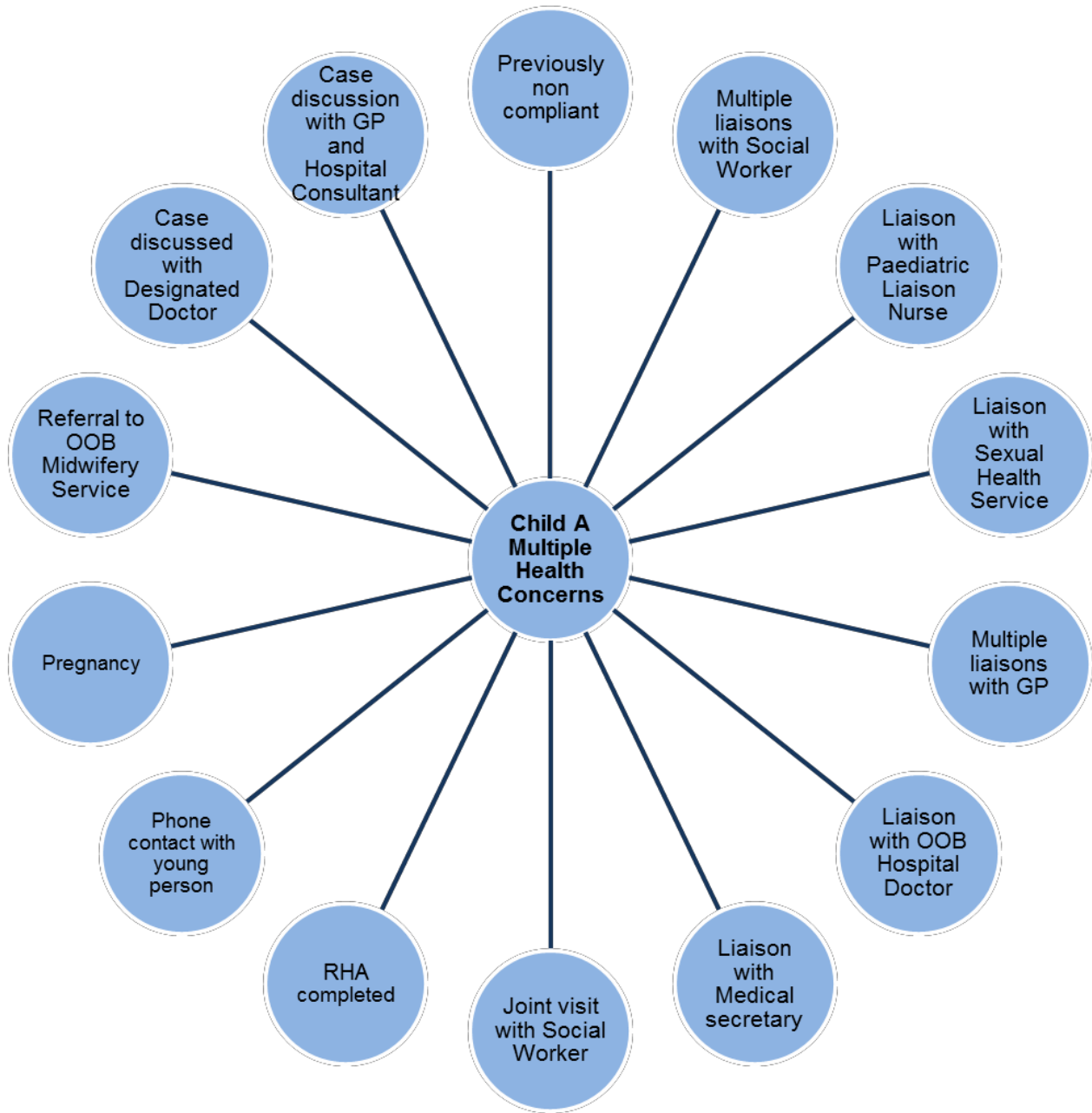
## Case Study 1

Child A: 17 year old vulnerable female due to the risk of CSE and has often been reported as missing.

A has a number of unresolved health problems and although has attended a number of hospitals out of borough, A has consistently not attended follow up appointments. This has been a complex case particularly as A lives out of borough (OOB), is often missing from her placement and attends different GP's.

Specialist Nurse for CLA attended CLA reviews and case discussions with the Social Worker to try to resolve the on-going health concerns

- ❖ Contact made with the GP who consulted the Senior Doctor in the Practice and 2 appointments were arranged but A did not attend.
- ❖ Following a missing episode A was admitted to an OOB Hospital.
- ❖ Telephone contact was made to the admitting Doctor and the previous concerns were highlighted.
- ❖ Specialist Nurse for CLA contacted the Safeguarding Nurse at the hospital to highlight the ongoing concerns.
- ❖ Following discharge from hospital a joint visit with the Social Worker was arranged. Health needs were discussed with A who agreed to attend the local sexual health clinic with her boyfriend. Appointment was attended.
- ❖ The review health assessment completed and health recommendations made.
- ❖ Telephone contact with the hospital medical secretary and 3 further out patient appointments were made due to previous non-attendance. A attended appointment.
- ❖ Telephone contact was made with A to ensure attendance.
- ❖ Liaison with the hospital to ensure A's health needs were met.
- ❖ A informed Social Worker and Specialist Nurse for CLA that she was pregnant. Specialist Nurse for CLA contacted Safeguarding Nurse at the hospital OOB.
- ❖ Referral and liaison made to the Midwifery service for vulnerable women.
- ❖ Case discussion with Designated Doctor who liaised with the GP and Hospital.
- ❖ Ongoing Partnership working.



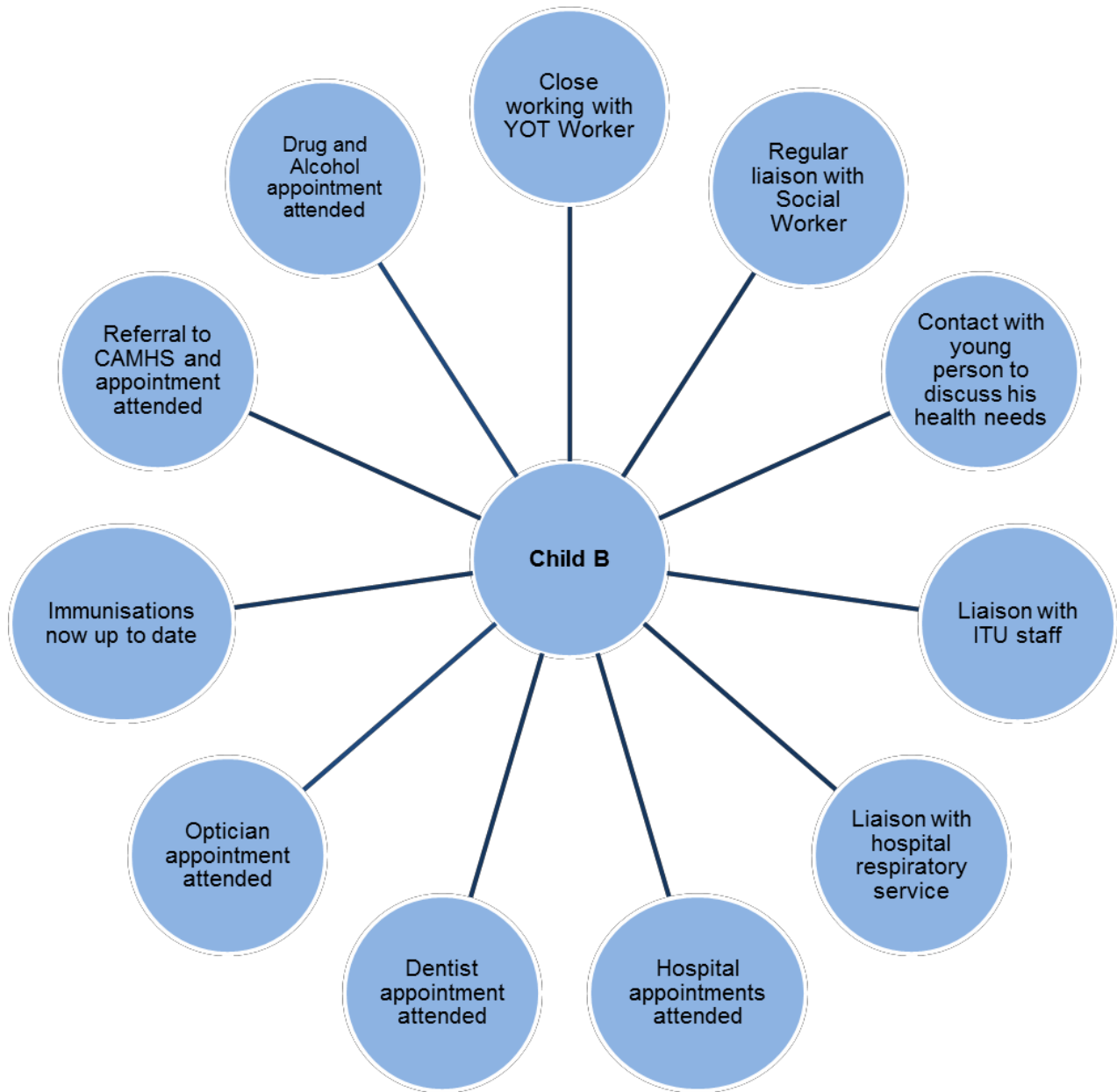
## Case Study 2

Child B: 17 year old male non-compliant with health professionals and appointments.

B remains under the care of the youth offending service for criminality, suspected gang involvement and missing episodes. B was not up to date with his immunisations had not attended a dentist or optician for many years.

Specialist Nurse for CLA attended Strategy meetings and regular case discussions with Social Workers about his medical needs.

- ❖ B sustained a stab wound and was admitted to ITU. Regular liaison with nursing staff and Social Worker to ensure all professionals were working together.
- ❖ B discharged himself against medical advice and refused to return to his placement. Discussions with Social Worker, YOT worker and hospital staff as B would require a medical review. This was difficult due to placement changes and lack of GP.
- ❖ B registered with a local GP and the Specialist Nurse for CLA obtained discharge letters from the hospital.
- ❖ Liaison with the hospital respiratory service medical secretary and scan and chest x rays arranged.
- ❖ Through regular liaison with the YOT worker, B was supported to attend his review health assessment with the Specialist Nurse for CLA. Health needs were discussed with B, advice was given and B agreed to attend other health appointments.
- ❖ Regular liaison with the hospital, YOT worker, placement Key Worker and Social Worker ensured that appointment dates were known and B was fully supported in attending his chest x ray and scan despite one missed appointment.
- ❖ Regular liaison with the placement Key Worker ensured that B was supported in attending a dental appointment where he had descaling and a filling. Further treatment was required but he declined to re-attend. A referral to the Specialist Dental service was made by the Specialist Nurse for CLA.
- ❖ Specialist Nurse for CLA spoke to B prior to referrals and appointments to reassure him and to ascertain his wishes.
- ❖ Regular liaison with the YOT worker and placement enabled B to attend the GP for his Immunisations which are now up to date.
- ❖ B was supported by placement staff in attending the Optician.
- ❖ B attended the Drug and Alcohol Service. Specialist Nurse for CLA referred B to the smoking cessation service and discussed the case with his GP.
- ❖ B seen at CAMHS following a joint referral from CAMHS YOT Specialist Nurse and Specialist Nurse for CLA. B will have an ADHD assessment via CAMHS as B requested.
- ❖ Ongoing work and liaison with professionals continues.





## 8 Adoption & Fostering

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 Named Nurse in their provider roles. These roles are set out in the intercollegiate document from the Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of General Practitioners. (RCPCH, RCN and RCGP) The 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.

There have been 11 joint fostering and adoption panels between April 2017 and March 2018 compared to 9 in the previous year. The Named Nurse attended 10 out of 11 panels while the Medical Advisor/Designated Doctor attended 8 panels. A Medical Advisor attended all adoption cases. Following panel the minutes have to be read and approved within 5 working days.

The breakdown of cases discussed show that there were 6 adoption matches (8 children), 2 intercountry adopter approvals, 5 long term fostering matches and 4 connected person's matches. There were 4 foster career approvals, 15 deregistration's (this also includes connected persons who were granted SGO (Special Guardianship Orders) 1 case where the children returned home) and 4 annual reviews discussed at the panel.

During the year 2017/18, 18 SGO's were granted in respect of Harrow's looked after children. Not all of the SGO's were presented to panel due to tight court timescales as courts superseded the panel. 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.

The Medical Advisor undertook all the Comprehensive Medical Adoption Panel Reports for the children for the agency decision maker (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. The Medical Advisor met with all the prospective adopters prior to panel to discuss the health needs of the children involved.

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 until the age of independence. In 2017/18, the Medical Advisor reviewed 1-2 Adult Health (AH) forms a week. Some cases were complex and require much research and liaison with other medical practitioners and Social Workers.

This year training for panel members has included Special Guardianship Orders, foster carer training and the implications of maternal alcohol and drug misuse in pregnancy.

An example of good practice is where health assessments for children placed out of borough were brought forward to enable the Medical Advisor to write a report for the agency decision maker to ensure timescales were met for the child.

## 9 Service Improvements

### 9.1 Specific Improvements / Team Achievements

During 2017/18 the CLA Health Team have continued to make improvements to the services provided and have achieved the following:

- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council now reduced to bi-monthly.
- Following a successful trial period this year changes have now been made to the implementation of the health passports to ensure that young people are given their passports in a meaningful and timely manner. Additions to the health passport include: details of the NHS website for harrow health services, NHS go app and the contact information for Harrow Horizons.
- Updated Harrow Council website page about the CLA Health Team including contact details, useful websites and health information.
- Meeting with CWHHE designated professionals to discuss the implementation of the new Child Health Immunisation System.
- Introduction of weekly case discussion with CLA social work team.
- Memo sent to all Harrow GP's via Harrow CCG to thank them for their partnership working and to highlight the need to continue to improve the immunisation status of children looked after and UASC.
- Meeting with the Senior Performance Analyst in Harrow Council to look at improving data collection and monitoring.

### 9.2 Audits (Research)

The CLA Health Team had identified undertaking a project to ascertain the impact of the new TB referral process for UASC as a priority for 2017/18. The executive summary is detailed below.

Unaccompanied asylum seeking children (UASC) are a specific group of looked after children in the UK who have increased and specific health needs. This projects looks at four set health outcomes; dental checks, eye checks, immunisations and TB screening. Data was collected in 2016 for a sample period covering six months between June and November. Further data was then sought from stakeholders who included GP practices, social workers and young people themselves. The same outcomes measures were collected again a year later in 2017 over the same six month period.

A number of changes were implemented in this time, including re activation of a referral system to Northwick Park Hospital Paediatric TB services directly from the Children Looked After (CLA) team, visiting a GP surgery where the majority of UASC register, attending two Harrow UASC forums to educate and gain the views of the young people and attending the UASC social worker team meeting to ascertain their views.

In addition, the importance of immunisations was promoted by contacting all local GPs, giving the young person a copy of the schedule in their appointment and highlighting the priority of immunisations to the independent review officer (IRO) in order for the message to be reinforced to social workers.

The results showed an overall four fold improvement in rates of TB screening and immunisations from 22% to 83% compliance. There was with a slight decrease in rates of dental and eye checks. The health needs of the 2017 cohort were analysed to reveal a number of primary care complaints, mostly related to Dermatology and Musculoskeletal problems. In addition, 55% of these young people required dental treatment and/or glasses to correct vision.

In addition, the health outcomes of the 2016 cohort were followed up a year later and showed that all outstanding needs were either in the process of being met or the young person had turned 18 years old and was no longer under the care of Children's Services.

Future service provision and education will encompass continued education and support to social workers, primary care staff and young people to ensure high levels of achievement are continued across these importance health areas.



Quality Improvement  
Project UASC\_report

## 9.3 Partnership working

The CLA health team continue to develop 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
- Weekly monitoring Meetings with Harrow Council
- Attendance at Social Work team meetings
- Business Support Officers at Harrow Council
- 'Beyond Limits' – children and young people's council
- Northwick Park Hospital A&E Liaison Health Visitor and Paediatric Liaison Nurses
- Head Teacher of Virtual School
- Harrow Horizons
- CAMHS and CAMHS Youth Offending Team (YOT)
- Health Visitors, School Nurses and the Immunisation Team
- 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 and Children At Risk Panel
- Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough including CLA reviews
- CLA health team continue to meet with the Head Teacher of the Virtual School, CLA Team Manager and the YOT on a 6-8 weekly basis
- Quarterly meetings with CAMHS and CLA Team Manager

The Specialist Nurse for CLA has liaised with the Brent CLA health team regarding A and E attendances and to look at closer partnership working.

Links have been made with both the Camden and Milton Keynes CLA teams.

CNWL colleagues have been working to develop a local policy for the recording of data for children who are in the process of being adopted/have been adopted. It was expected that an agreed policy would be in place during 2017/18. However, due to the complex nature of this issue, a policy has not yet been formulated. No comprehensive national guidance is currently available, although the CLA project manager at NHS England has put forward proposals for consideration at a national level.

Joint working and sharing of learning between the Harrow CLA Health Team and the Hillingdon looked after children's health team.

## 9.31 Involvement of CLA and Care Leavers

- Harrow CLA Health Team have undertaken significant work to involve CLA and care leavers.
- 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.
- Met with young people at the Corporate Parenting Board.
- The CLA health team attended the CLA awards ceremony at the Hive. This was a wonderful celebration.
- CLA Specialist Nurse and GPwSI attended Care Leaver conference. The theme for the event was cultural diversity. The CLA health team asked the young people to undertake a health quiz and to obtain their views about health. 40+ Care Leavers attended with many participating in having their height and weight checked.
- Presentation at Leaving Care Forum to 50 UASC and Care Leavers regarding general health and TB. Positive feedback from young people and from Councillor Christine Robson- Children's Portfolio Holder.
- Health quiz included in 'Particip8' magazine for CLA. Children's participation officer analysed the responses and shared the results with the CLA health team to enable targeting of health issues.
- Since 2017, local authorities have a responsibility to support care leavers to the age of 25 years. The CLA health service does not undertake formal health assessments for young people over the age of 18 but continues to offer health advice and signposting to adult services where needed.
- Children and young people's comments and views form is given to each child looked after following their health assessment. Some of the following comments have been received:

I feel that this thingy was really good for my health (7)

Gave me more ideas and things to think about to do in summer like other sporty activities. I liked the way she was interested in the thing I enjoy doing. Gave me a list of people I could talk to if I'm upset. Sorted out a big problem. Overall I am happy with the way the assessment went (17)

I found this very very good because Laurie asked if I wanted to be seen alone or not and not many people ask you that! Everything went well (11)

I thought the review went good because I could tell the doctor everything about my health (13)

It good for me (6)

I found this very very interesting and I liked the fact that we always have the same nice person instead of having different people every health care meeting! P.S you are the best health caring person ever! (8)

I thought it was quite helpful and useful. Now I am able to know a variety of new stuff that I hadn't been before all about me (13)

It was good and fun (10)

Little bit good. I answered hard questions

I think it was very useful and I found out a lot of different ways I can change for the better and I felt comfortable saying private things (16)

I don't want to ask me about my step dad

This assessment went exactly how I expected it to go (12)

Good listener, nice (13)

Very good. The doctor is friendly and kind (16)

It was ok (15)

It went well good questions and it helped to speak about things that stress me out (17)

## 9.32 Feedback

### Feedback from Partners:

On behalf of the CLA in Harrow, we would continue to express our thanks and appreciation to the GREAT work the CLA Health professionals do (Emma & Laurie) to support the positive outcomes for our CLA young people. Both Laurie and Emma continue to go 'over and above' their required remit to ensure that the young people remain well and healthy and receive the required health support and (at times treatment) that they require.

The two workers are a vital link to our work and without them; many young people would not achieve the positive outcomes that they currently have. The professionals work closely with our team and have built up a good working relationship with us, carers, young people, IRO and others. They attend additional meetings if and when asked and are pleased to help and support wherever needed. We actually see them as part of our CLA Team and at times forget that they are a commissioned service as they work so seamlessly with us.

To capture a word to describe them the word "GREAT" is not enough.

Thank you Emma and Laurie for all you do.  
(Pam Johnson, CLA Team Manager)

The UASC & Leaving Care service has benefited enormously from the looked after nurse for the last 12 months.

- Looked-after children are listened to
- Takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs
- That helps others, including carers and schools, to understand the importance of listening to and taking account of the child's wishes and feelings about how to be healthy
- Follow the Initial Health Assessment so it is completed on time scale.
- Providing training of health awareness to young people
- Presentation to Leaving Care Forum
- Providing Sexual Health training and advice
- Support and help any health concern for looked after children

(Negus Gebeyehu, Team Manager UASC & Leaving Care Service)

The partnership with the CLA Health team has been invaluable and has gone from strength to strength. Emma and Laurie are always proactive and work collaboratively with the social work team and other professional partners to ensure that the complex needs of our Children Looked After are met and that appropriate plans are put in place. They have worked hard to engage with young people who had previously been reluctant to work with professionals. Their persistence, flexibility and child centred approach has been very successful and made a significant contribution to the positive outcomes for many young people.

Emma and Laurie are very professional and consistently deliver a high standard of service to our young people and support to their colleagues. The partnership between the CLA social work team and the CLA Health team was recognised and commended at the Harrow Staff awards.

(Peter Tolley, Divisional Director Children and Young People Services (Interim))

The CLA Health team 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 available to give advice and support. Over the years we have had a number of cases of children with additional needs who require an adoptive family; the CLA health team always go that extra mile to research the varying medical conditions and provide advice on what the child's future needs may be and what the prospective adoptive family will need to understand.

The CLA health team have met with all prospective adopters. This has been through either individual meetings or as part of a Child Appreciation Day. Every prospective adopter has found these meetings informative and reassuring. Overall we feel that we have had an outstanding service which we very much appreciate.

(The Coram Harrow Partnership Team)

#### Feedback from birth parents, family members and carers:

'Dear Emma thank you so much for your patience and tenderness. All your advice is much appreciated. What a very warm welcome!' (Birth Father)

'Very good, got all information needed about baby and myself. The doctor was very pleasant and the health assessment went well. No concerns and I don't think anything needs to be improved' (Birth Mother)

'I found it very good and helpful' (Birth Mother)

'I was a bit apprehensive about the appointment but it turned out great. Very relaxed way of talking about my nephew and finding tips on how to help him. Was also recommended a website I intend on visiting' (Aunt)

'Very professional, warm and lovely interaction with X' (Aunt)

'The doctor was efficient pleasant and great with the baby. Not too intrusive so the medical was over quickly' (Carer)

'Very polite and helpful had a very good experience and very happy' (Carer)

'It was helpful to have baby weighed and checked to make sure she is developing well and on target' (Carer)

## 9.4 User Surveys

The CLA health team undertook a client satisfaction to discover how CLA rate the health assessment service provided. This took place between September 2017 and January 2018

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 58 questionnaires were returned in comparison to 48 last year. This represented 34% of the total number of Harrow Children Looked After (172 average between September and January). This is an increase of 9% from last year. The samples are representative of the total Harrow CLA population and cover both IHA and RHAs.

Results continue to show a high rate of satisfaction with 98% rating the health assessment as great or good. This is a 2% increase from last year's figure of 96%.

As part of our family and friends survey, 95% said they would "definitely" or "likely" recommend us to other children looked after. This is an increase of 1% from last year.

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. 55 out of 58 wrote responses this equates to 95% an increase of 10% from last year.

Some comments are shown below:

I felt it was positive and the doctor very approachable. She listened and gave positive advice

I got to talk about myself and I had a chance to talk about my worries

I always felt listened to and informed by the health assessor

She 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

I thought it was fun

In depth. Very informative. Great. I've never been to one of these before, and I think that it was pretty good

I'm more relaxed and informed about taking care of myself e.g. diet

It was interesting amazing fabulous I liked when she checked my height and weight

It was straight forward

My health assessment was very good today, everything was covered



#### Comments made by Carers:

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

All went very well, very child friendly lady

Very supportive. Good listening to child. Good health tips

Was very good. Doctor was very polite and took her time to explain to X who has learning difficulties

Today's assessment went well. The doctor was very clear in her questioning and also gave us information in regards to her questions. I gained 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

Very happy with Laurie's efforts and perseverance. She accommodated our young person's choices/preferences in terms of time and waited patiently until he was up from bed. Laurie provided very useful information, tips and motivation

This is the second 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 July 2018 to compare this year's results.

## 9.5 Inspection Updates

No inspections of the CLA health services by CQC or Ofsted were undertaken during 2017/18.

## 9.6 Professional Development

The CLA Health Team ensure that all staff have the required training and development opportunities in order to provide excellent services to Harrow CLA.

The CLA Health Team have initiated clinical learning afternoons which provide time for team members to share relevant information and feedback from courses. This then enhances practice and improves the outcomes for CLA. During the two sessions held this year topics have included: research based information on burnout, loneliness, the provision of Book start and evaluating quality tools. Guest speakers have also been invited to these sessions providing valuable insight into the needs of UASC and how to identify when a young person may be at risk of radicalisation. On review, these events are informative and the team plan to continue to hold them during the coming year.

During 2017/18 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).

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

Mandatory training - CNWL

North West London CLA peer review group

RCN National Conference for CLA Nurses

Designated Professionals Updates – Brent, Harrow and Hillingdon CCG

Trafficking and Modern Slavery – Harrow SCB

Team away day – update on domestic abuse

Autism Awareness – CNWL

All team members have completed Mosaic training – Harrow Council  
Administrator for CLA health team has commenced CNWL administration apprenticeship course  
Learning event for London Named and Designated CLA Nurses –level 4/5 safeguarding training

The CLA health team had a poster presentation accepted for the national RCN children looked after nurses' event. The abstract for submission highlighted the involvement of CLA in the improvement of the service, the development of health literature and the joint partnership working with Harrow CCG and Harrow Council to improve the health outcomes for CLA.

## 9.7 Other – New Processes

The CLA Health Team have developed and introduced a 'health needs tool' to allow young people to decide what they want to talk about and to rate the importance of health issues for them. This allows the young person to decide what they want to change to improve their health. (See Appendix 2)

Comment from young person who trialled the health needs tool and feedback that it was 'really good and informative. I like the worksheet, allowed us to clearly discuss issues and improvement towards my health' (16).

Further process work completed in 2017/18:

- Updated the health information for permanency process.
- CLA health team administrator asked to input outstanding NHS numbers onto Mosaic. Process now in place for this to commence via MASH.
- Inputting of immunisation status and dental checks directly onto Mosaic.
- Medical Advisor liaised with Senior Neonatologist to ensure that foster carers are given information about both immediate concerns and more information about a case involving possible long term problems. As a result this will now be embedded into routine practice in the neonatal unit.

## 10 Priorities for 2018/19

The following have been identified as areas for local improvement within 2018/19:

- To continue to work with managers in Harrow Council to improve the timely requests for initial and review health assessments
- Work with Beyond Limits (Harrow Council Children Looked After Council) on a variety of initiatives, such as care leaver services to inform service planning and delivery
- To fully implement Care Leaver Health Passports
- To continue to work with Harrow Council and Harrow CCG to improve the uptake of immunisations for CLA. Using CHIS to monitor this information.
- To ascertain the health needs of the over 13 year age group to ensure optimum holistic care. This may include exploration of mental health, substance misuse or sexual health issues.

Emma Hedley - Named Nurse CLA

Individuals from the CLA Harrow Health Team have contributed to this report.  
Thank you to the Hillingdon Looked After Children's Health Team for their continued support.

## Appendix 1

### Glossary of Terms

Abbreviation	Meaning
ADHD	Attention Deficit Hyperactivity Disorder
ADM	Agency Decision Maker
CAMHS	Child and adolescent mental health services
BHH	Brent, Harrow and Hillingdon
CCG	Clinical Commissioning Group
CLA	Children Looked After
ChiMat	Child and Maternal Health Observatory
CNWL	Central and North West London NHS Foundation Trust
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DfE	Department for Education
DNA	Did Not Attend
DoH	Department of Health
ED	Emergency Department
FGM	Female Genital Mutilation
GDP	General Dental Practitioner
GP/ GPwSI	General Practitioner/ General Practitioner with Special Interest
HSCB	Harrow Safeguarding Children Board
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
ITU	Intensive Therapy Unit
KLOE's	Key Lines of Enquiry
KPI	Key Performance Indicators
LAC	Looked After Children
LBH	London Borough of Harrow
MASE	Multi -Agency Sexual Exploitation
MASH	Multi-Agency Safeguarding Hub
NHSE	NHS England
NIS	National Indicator Set
OOB	Out of Borough
PA's	Programmed Activities
PEP	Personal Education Plan
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
SGO	Special Guardianship Order
TB	Tuberculosis
UASC	Unaccompanied Asylum Seeking Children
UCC	Urgent Care Centre
YOT	Youth Offending Team

## Appendix 2



Health Needs Identification Tool

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## Children Looked After Health Report

08.10.18

### Targets

All targets for March and April were met for initial health assessments and review health assessments from health.

Month	Target For IHA's 100%	Target for RHA's 100%	Number seen in timescales	
May	100%	100%	27% IHA	100% RHA
June	100%	100%	38% IHA	91% RHA
July	100%	100%	56% IHA	80% RHA
August	100%	100%	25% IHA	92% RHA

### Monitoring

Bi-monthly monitoring meetings with Harrow CCG and Harrow Council continue.  
Weekly meetings continue with the local authority to monitor health assessments.  
Weekly case discussion with CLA and UASC social work teams.  
Introduction of escalation process for late referrals.  
Reintroduction of meeting with YOT Nurse.

### Health Promotion

- Home visit to 2 children for emotional needs assessment to inform referral.
- Home visit for health promotion regarding safety and relationships.
- Participation event at Harrow Leisure Centre regarding healthy eating.
- Health eating presentation at Leaving Care Forum –young people completed a 'sugar quiz.'

### Work Undertaken

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

Meeting with Harrow Horizons manager to discuss closer working.

Attended joint health, CLA team and education meeting.

Presentation on CLA at the CNWL divisional quality governance meeting.

Following the poster presentation at the RCN the following feedback was received.

'I obtained a copy of your tool and really liked it. All the CLA nursing leads in South Yorkshire and Bassetlaw are working together to develop resources that we can use as part of a programme around unwarranted variation across the region. We would like to use your tool and make some adaptations for use in our area so seek your permission to do this. We would of course cite your original tool to acknowledge its origin.' (Specialist Nurse Barnsley)

### Training

Specialist Nurse for CLA and Designated Doctor attended UASC conference.

Delivered training on adolescence, puberty and hygiene to Foster Carers. The training was well evaluated with positive feedback from carers. Thank you received from the training officer.

Harrow Missing Children's Coordinator presented at team away day focusing on gangs and missing children. Attendance at 0-19 newly commissioned service in Harrow.

### Voice of the child and Care Leavers Update

Client satisfaction audit currently in progress until December 2018.

Report by Emma Hedley – Named Nurse for Children Looked After Harrow, CNWL.

8<sup>th</sup> October 2018

Trust Headquarters, Stephenson House, 75 Hampstead Road, London NW1 2PL

Telephone: 020 3214 5700 Fax: 020 3214 5701

[www.cnwl.nhs.uk](http://www.cnwl.nhs.uk)



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**Quality Improvement Project:  
Understanding and improving  
health outcomes for  
unaccompanied asylum seeking  
minors (UASC) in Harrow**

Dr Bina Chauhan & Laurie Ward  
Harrow Children Looked After team  
April 2018

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## **Executive summary**

Unaccompanied asylum seeking children (UASC) are a specific group of looked after children in the UK who have increased and specific health needs. This projects looks at four set health outcomes; dental checks, eye checks, immunisations and TB screening. Data was collected in 2016 for a sample period covering six months between June and November. Further data was then sought from stakeholders who included GP practices, social workers and young people themselves. The same outcomes measures were collected again a year later in 2017 over the same six month period.

A number of changes were implemented in this time, including re activation of a referral system to Northwick Park Hospital Paediatric TB services directly from the Children Looked After (CLA) team, visiting a GP surgery where the majority of UASC register, attending two Harrow UASC forums to educate and gain the views of the young people and attending the UASC social worker team meeting to ascertain their views. In addition, the importance of immunisations was promoted by contacting all local GPs, giving the young person a copy of the schedule in their appointment and highlighting the priority of immunisations to the independent review officer (IRO) in order for the message to be reinforced to social workers.

The results showed an overall four fold improvement in rates of TB screening and immunisations from 22% to 83% compliance. There was with a slight decrease in rates of dental and eye checks. The health needs of 2017 cohort were analysed to reveal a number of primary care complaints, mostly related to Dermatology and Musculoskeletal problems. In addition, 55% of these young people required dental treatment and/or glasses to correct vision. In addition, the health outcomes of the 2016 cohort were followed up a year later and showed that all outstanding needs were either in the process of being met or the young person had turned 18 years old and was no longer under the care of Children's Services.

Future service provision and education will encompass continued education and support to social workers, primary care staff and young people to ensure high levels of achievement are continued across these importance health areas.

## **Background**

Unaccompanied children seeking asylum are young people (YP) who are under 18 years and have travelled to another country to seek asylum due to fear of persecution in their home country. They have become separated from their usual parent or carer often due to the death or imprisonment or circumstances that mean they must travel alone.

The literature suggests that unaccompanied children have significant physical and mental health needs. These are influenced by access to basic healthcare in their home country, their experience of hardship, including the witnessing and experiencing of traumatic events and the conditions experienced on their journey to the UK. The most important physical health issues include infectious diseases (e.g. Tuberculosis screening and vaccination), dental health, nutrition (e.g. anaemia) and sexual health.

In addition to physical needs, unaccompanied children seeking asylum are at higher risk of emotional problems and mental illness than the general population.

Risk factors for ill health in unaccompanied children include:

- Limited access to basic healthcare prior to migration
- Time spent in refugee camps which may be overcrowded and lack sanitation
- Limited access to nutritious food during the journey to the UK which may be long
- The experience of imprisonment, torture or physical and sexual violence
- Forced labour and trafficking

The number of applications from unaccompanied children, excluding dependants, was 1,166 in quarter 1 of 2017, a significant increase compared with quarter 1 of 2016 (661), but very similar to quarter 4 of 2016.

Nationally, in 2016, the number of looked after unaccompanied asylum seeking children increased by 54% compared to 2015; to 4,210 children at 31 March 2016. There was also 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 in 2016. This is in part due to the dismantling of the 'Calais Jungle in October 2016.'

In Harrow, the total number of UASC in 2016 (April 2016 to March 2017) was 30 on average, with a high of 32. In 2017 (April 2017 to March 2018), the total number was 33 as of March 2018. They make up approximately 20% of the Harrow CLA population and have their own complex health needs as discussed.

## **Aims and objectives**

- To identify the health needs of the UASC population
- To improve the health outcomes for the UASC population

## **Stakeholders**

- Unaccompanied asylum seeking children
- Social workers
- Key workers
- CLA team
- Carers/ Care home staff
- Interpreters
- GP
- College and virtual schools
- Refugee specialists
- Harrow CCG
- Infectious diseases team
- Hospital and Urgent Care Centres
- Solicitors
- TB clinic
- Home office
- Sexual health nurses

## **Methodology and measures**

Data was collected for all UASC seen at their initial health assessments in the London Borough of Harrow during a six month period between June and November 2016 (inclusive). The outcome measures included:

- TB and blood borne virus screening within six months of becoming looked after
- Dental check within six months of becoming looked after
- Eye test within six months of becoming looked after
- Immunisations commenced

The same data was collected again a year later between June to November 2017 for comparison after a number of change cycles were instigated. Data was retrieved from clinical systems, requests from social workers and carers where appropriate, clinic letters and GP summaries. Data was recorded and analysed using Microsoft Excel.

## Baseline data June to November 2016

Total number of UASC: 14

Number of males: 14

Age range: 9-17 years

Out of borough (OOB): 5

Emotional Health needs: referral to CAMHS (3), referral to counselling (1), started on anti depressants by GP (2)

*Table 1: data in actual figures and percentages for measured outcomes in 2016*

2016	Actual figures	Percentage %	Comments
TB and BBV screening	2/9	22	1 – referred by CLA team (July) 1 – self presented to A&E
TB and BBV screening (OOB)	1/5	20	1 – referred by CLA team (Oct)
Up to date with dental check	8/9	89	1 -Booked but DNA
Up to date with dental check (OOB)	5/5	100	
Up to date with eye test	8/9	89	1 - Booked but DNA
Up to date with eye test (OOB)	5/5	100	
Immunisation status	2/9	22	
Immunisation status (OOB)	1/5	20	

## Data gathering

### Social workers

In July 2017, the CLA doctor and specialist nurse attended the Harrow UASC social worker team meeting to explore their views on the health outcomes for UASC. A short questionnaire was handed out to a team of 10 and 4 responses were returned with the results as below.

*Table 2: Responses to questionnaire given to social workers*

	Extremely easy	Very easy	Somewhat easy	Not so easy	Not easy at all
1. How easy was the registration process at GP?		1	3		
2. How easy was it to organise the dental check?		2	2		
3. How easy was it to organise the eye test?		2	2		
	Not confident at all	Low confidence	Somewhat confident	Confident	Very confident
4. How confident do you feel talking to the young person about TB screening and HIV?			1	2	1
	Social worker	GP surgery	Young person		
5. Who arranged the initial appointment for the YP to see the GP?	3				
	IHA	GP surgery	Dentist	Optician	
6. Which appointments are interpreters booked for?	3	2	2	2	

7. Which top 3 health needs are the most difficult to meet?

(Immunisations, dentist, optician, TB screening, blood tests, sexual health, general GP appointment)

- Social worker 1: Immunisations, dentist, bloods
- Social worker 2: Dentist, optician, sexual health (due to non start of education)
- Social worker 3: Sexual health, TB bloods
- Social worker 4: TB, sexual health

In addition, the social workers were asked about their ideas for improvement and reasons for current challenges. The comments were summarised as below:

- Fear of dental age assessment is a challenge to going to the dentist
- Needing to pay a fee to optician if the YP is not in education
- GP registration is hindered by ARC card availability
- Attending for immunisations depends on the experience of the YP in their home country
- Sexual health is no longer available as 'clinic in a box' where a nurse would come to the care home

UASC forum July 2017 at Harrow civic centre

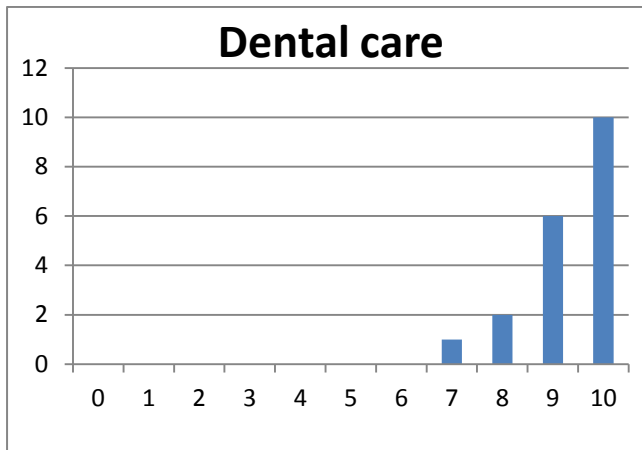
52 young people attended the forum which occurs twice a year. It is an opportunity for sharing and bonding of the young people. As part of this, the CLA specialist nurse and doctor attended to deliver a health quiz and to gather views of the YP via a booklet of questions with pictures and a rating scale of 1 to 10. 21 young people completed the questions.

*Table 3: General views of YP about their home countries*

Home country	Comments
Afghanistan	"Hospitality for guests is a big things" "Food or drink is offered straight away"
Albania	"Arranged marriage is prominent" "There is no gay marriage"
Eritrea	"50% is Christian, 50% Muslim"
Somalia	"Education and health is not free"
Sudan	"Opportunities in UK for education are much better"

The booklet questions asked the young people to rate the importance of a number of health issues including dental care, eye care, immunisations, smoking/cannabis, TB bloods, alcohol, depression and sexual health: "How important are the following areas?" [10 – very important 0 – not at all ]

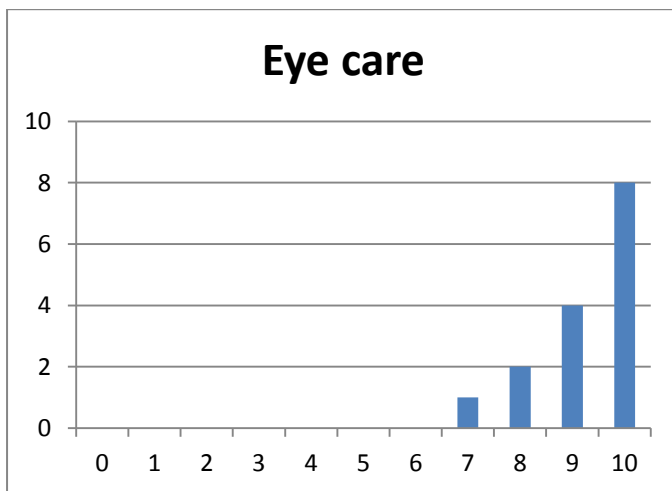
Graphs 1 – 8: Results of the rating questions by individual topic



“My previous experience - I have never been to a check but here I am going every 6 months”

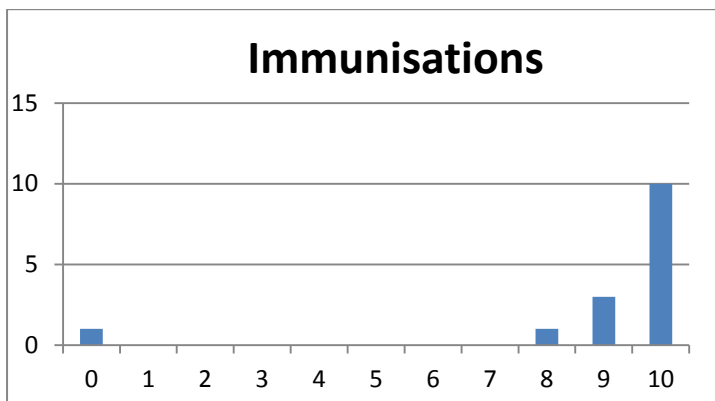
“Everyday brush twice a day”

Graph 2

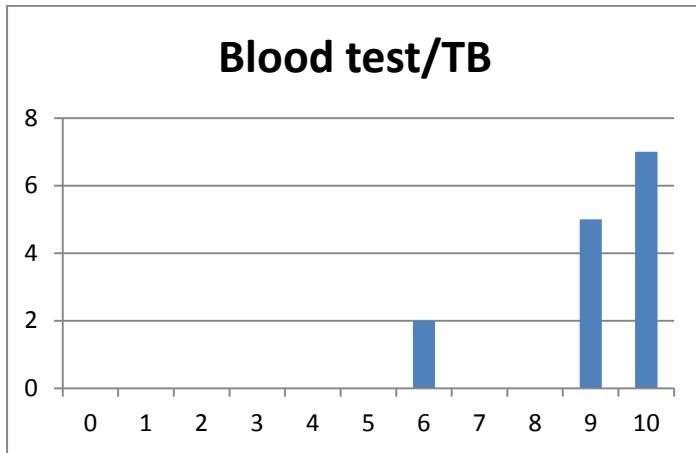


“Must see the optician in 6/12 time”

Graph 3

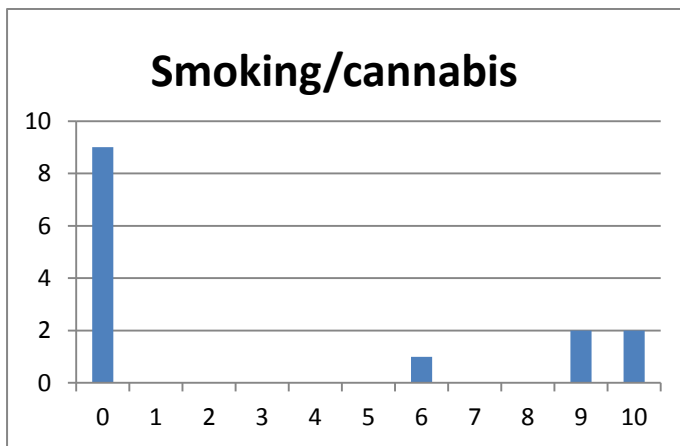


Graph 4



“The blood test is ok, you can have an appointment and you can do your blood test and have your result answer within 2 weeks”

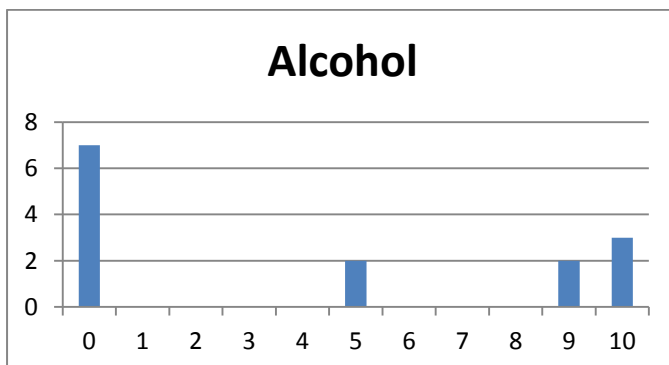
Graph 5



“Smoking is allowed in my country but cannabis is not. But lots of people consume it”

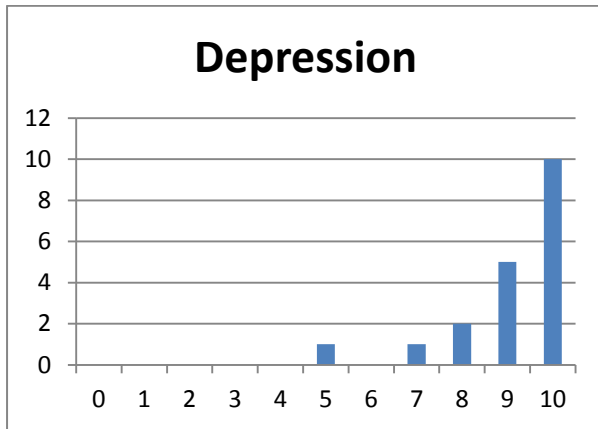
“Smoking cannabis is a very good idea. It makes you feel sooo good, chill and relax”

Graph 6





Graph 7

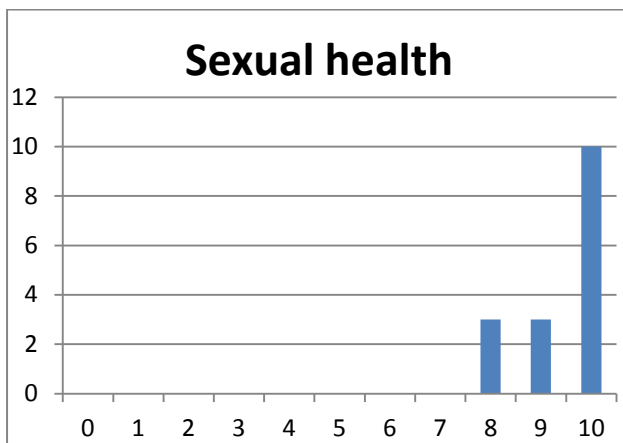


"We must keep ourselves happy and keep busy"

"Big impact on lifestyle"

"Yes I am"

Graph 8



## **Implementing changes**

### TB Services

In July 2017, Northwick Park Hospital began to accept referrals for UASC screening of TB and blood born viruses directly from the Harrow Children Looked After (CLA) team. This change followed a two way communication with the Infectious Diseases team about the need for such a service. A new form was created to allow email referral with background details of the YP and receipt of clinic outcome letters back to the CLA team. As such, there was improved communication with infectious diseases when a YP moved placement or could not be reached for another reason. The process prior to this change was for the young person's GP to perform a blood test (IGRA screening) in the practice. However, there were limitations to the inclusion criteria for this test and delayed registration with the GP proved this method to be unreliable.

### GP surgeries

In April 2017, all GP surgeries for the 2016 sample of young people were contacted by fax requesting up to date information on TB screening and immunisations. Only 1 responded. Since then, GP surgeries are contacted via email.

On 27/3/17, the CLA doctor and specialist nurse attended The Northwick Surgery in Harrow with the Paediatric Infectious Diseases consultant from Northwick Park Hospital and her registrar. The surgery registers the majority of UASC in Harrow as it is next to the UASC care home. The visit included discussion about difficulties with the registration process and the increased health needs of this population. It was also an opportunity to meet in person and leave contact details for the Harrow CLA team if needed.

### Immunisations

From the start of 2017, a print out of the recommended immunisation schedule was given to every young person at their initial health assessment to take to their practice nurse. This was to avoid any ambiguity about which immunisations are needed. A copy of the schedule is also sent to every GP with the health recommendations report.

In addition, since 2017, the CLA nurse and administrator have been sending letters to all social workers and carers to chase outstanding immunisations. This is followed up by a phone call in order to ascertain the immunisation status of the YP. There is now also an increased awareness for the need for up to date immunisations via the Independent Review Officer (IRO) and therefore greater emphasis placed on social workers to complete this task.

In addition, over the last 18 months, local GPs are more aware of Children Looked After and respond to requests for immunisation status promptly. A memo with a copy of the immunisation schedule for UASCs was sent to all practices via the CCG.

### UASC forum December 2017

A talk was given by the CLA specialist nurse on TB. Two children signed up in acknowledgement that they had not yet been referred or attended the TB clinic and reported that they found the talk useful.

## Re audit data June to November 2017 following implementation

Total number: 10 (1 excluded as no longer CLA)

Male: 6

Female: 3

Age range: 14-17 years

Out of borough (OOB): 3

Table 4: comparison of results data for 2016 and 2017 samples

2016	No. of YP	%	comments	2017	No. of YP	%	comments
TB and BBV screening	2/9	22	1 – referred by LAC (July) 1 – self presented to A&E	TB and BBV screening	5/6	83	1 – DNA
TB and BBV screening (OOB)	1/5	20	1 – referred by LAC (Oct)	TB and BBV screening (OOB)	2/3	66	1 – DNA appointment
Up to date with dental check	8/9	89	Booked but DNA	Up to date with dental check	5/6	83	1 – seen within 8m
Up to date with dental check (OOB)	5/5	100		Up to date with dental check (OOB)	1/3	33	1 – DNA 1 – Attended within 8m
Up to date with eye test	8/9	89	Booked but DNA	Up to date with eye test	4/6	66	1 – cancelled and rebooked 1 - ?
Up to date with eye test (OOB)	5/5	100		Up to date with eye test (OOB)	1/3	33	1 – DNA 1 - ? SK
Immunisation status	2/9	22		Immunisation status	5/6 commenced	83	
Immunisation status (OOB)	1/5	20		Immunisation status (OOB)	1/3 commenced	33	1 – DNA 1 - ?SK

## Retrospective analysis of outcomes for 2016 data a year later (excluding OOB)

### TB screening

Of the 7 outstanding young people placed in Harrow, who were not screened for TB, 4 had either been seen or were waiting to be seen and 2 were no longer CLA a year later.

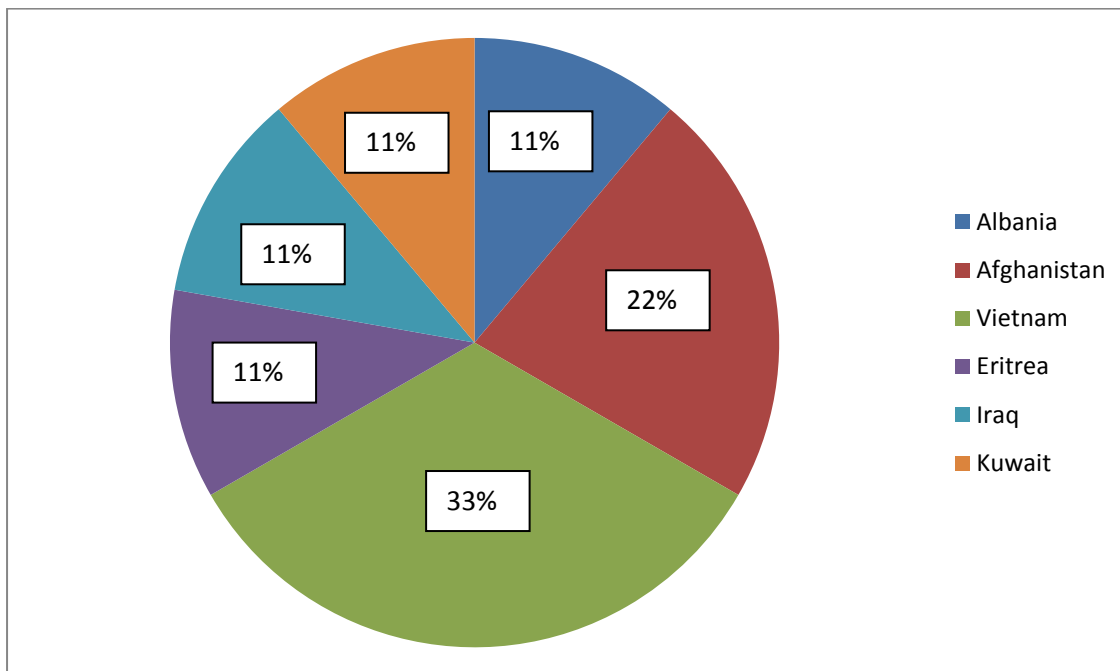
### Immunisations

Of the 7 outstanding young people placed in Harrow, who were yet to start their vaccination schedule, 4 had commenced and 2 were no longer CLA a year later.

## Health needs of UASC in June to November 2017 sample

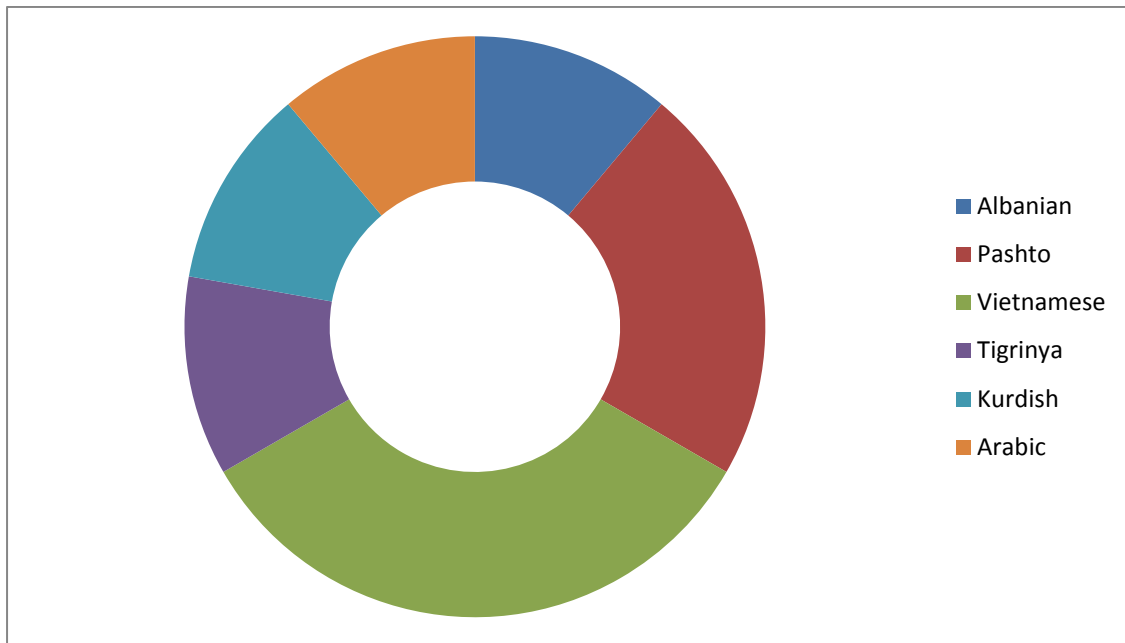
Information was collected about the country of origin, language spoken and the religions practised. Emotional and physical health needs data was also collected. In terms of social outcomes, one young person was found to be sentenced to prison.

Graph 9: a chart to show the countries of origin of UASC

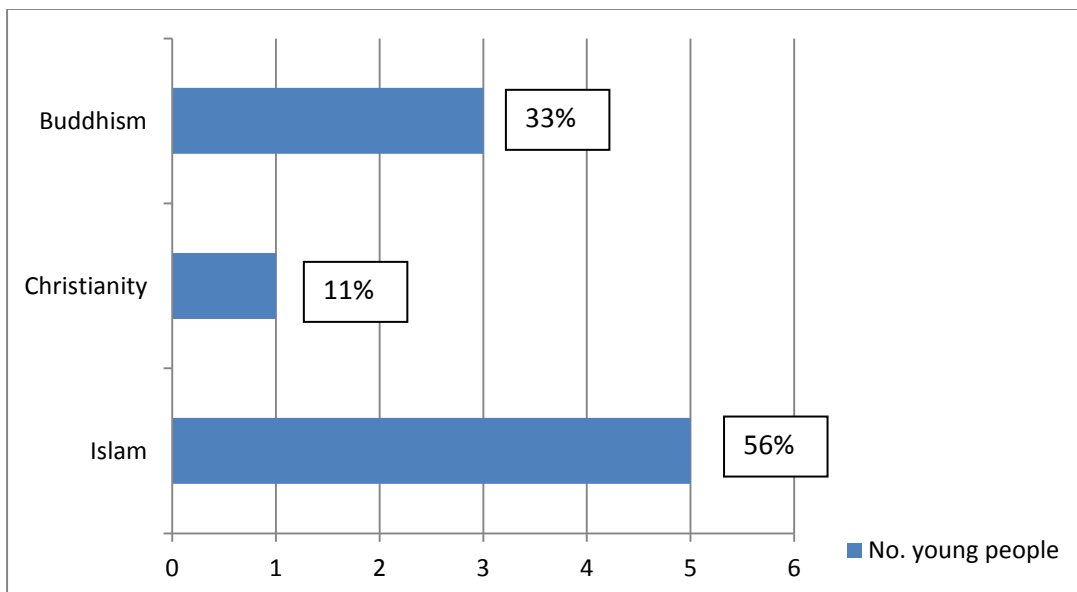


A third were Vietnamese and approximately 10% from the remaining countries.

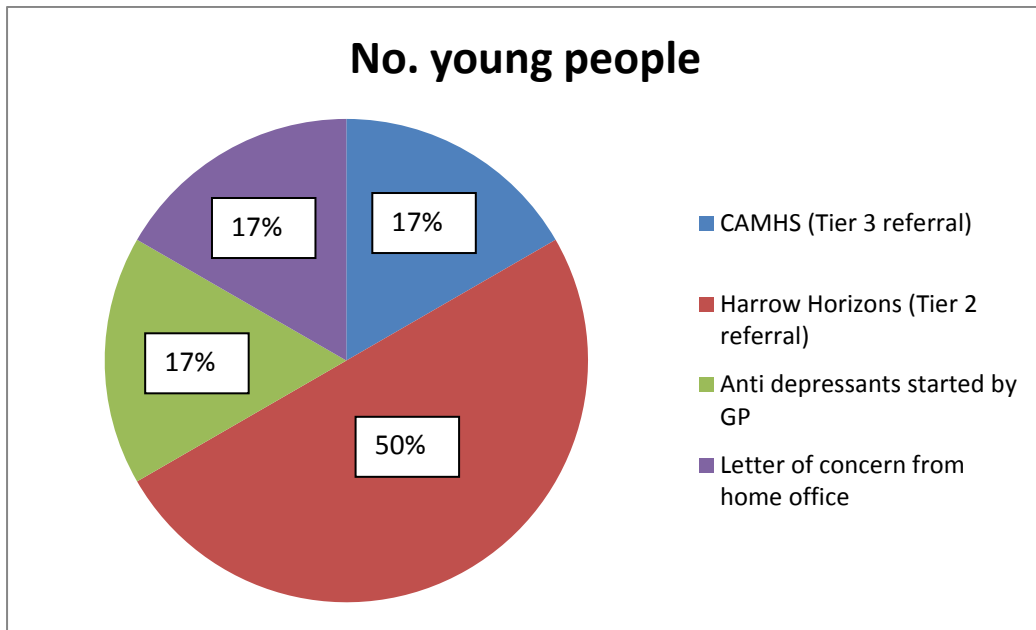
Graph 10: a chart to show the languages spoken



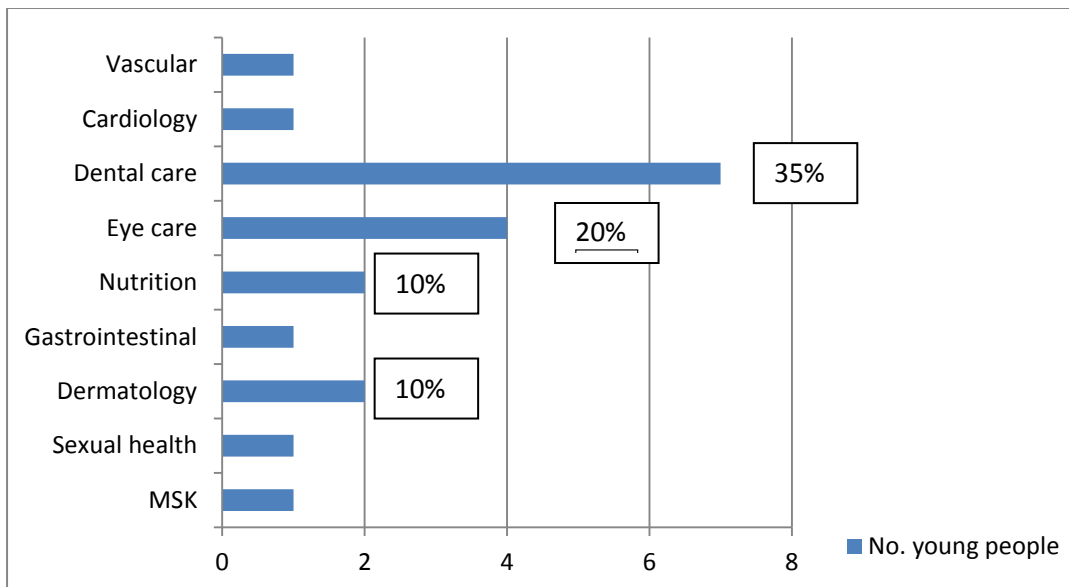
Graph 11: a chart to show the religions of UASC



Graph 12: The emotional health needs of 2017 UASC group



Graph 13: The physical health needs of 2017 UASC group



## Discussion

In the 2016 sample, only 14% YP (those placed in Harrow and OOB) were tested for TB; 2 were directly referred by CLA team as per a historical system and 1 child was found to be symptomatic and subsequently treated for TB. There was an almost four fold improvement in TB screening from 22% to 83% for YP placed in Harrow a year later, likely to be due to the reinstatement of direct referrals from CLA to the local infectious diseases clinic. The reason for any missed TB screening in 2017 was due to non attendance of a pre-planned appointment. The system prior required the YP to attend the GP for a blood test which created more barriers to having the test done. It also did not always include screening for blood borne viruses as it was felt to be outside the remit of a GP. Of note, there was also an increase of TB screening across YP placed out of borough in 2017.

In the 2016 sample, 22% of YP placed in Harrow had commenced their immunisation schedule. A total of 3 courses are required over a period of three months. This increased to 83% in 2017 and is likely to be attributed to more stringent monitoring and increased awareness across health professionals. There was also increased uptake noted across YP placed out of borough in 2017.

In the 2016 sample, 89% YP placed in Harrow were up to date with dental and eye checks compared to 83% and 66% respectively in 2017. The reason for not attending in 2017 was cancellation of a pre booked appointment rather than a lack of attempt altogether. In addition, changes were made to the key worker availability to support YP to attend for these checks which may have contributed to a slight decrease in 2017. Of note, one dental check was excluded for being just outside the 6 month outcome measure period.

In the 2016 sample, 35 % of YP had emotional health needs that required further support from primary or secondary care in the form of therapy or medication. In 2017, this proportion remained similar at 40%. Of note, it also included a letter from the Home Office outlining their concerns about the mental wellbeing if one young person.

The physical health needs of UASC in the 2017 sample demonstrated a range of problems. The largest groups were dental caries and the need for glasses which comprised 55% of the total. Other health issues included general conditions across Nutrition, Dermatology, Gastrointestinal and Musculoskeletal systems that would be appropriate for primary care. There was one referral to Cardiology for background heart condition and one young person who had been raped.

Results from a small sample size of social workers in the UASC team in Harrow revealed that they were generally confident in understanding the need for TB screening and found it relatively easy to support attendance of the YP for immunisations, dental and eye checks. Interpreters are booked for these interactions. Difficulties related to registration delays with the home office and enrolling in education in order to access free health services. In addition, removal of 'clinic in a box' sexual health services in the care home have reduced access to sexual health services for these YP.

The YP themselves rated dental health, eye care, depression and immunisations highly with more than half scoring 9 or 10 out of 10. Areas such as TB/blood tests and sexual health were rated slightly less important with more scores of 6 and 8 out of 10. Alcohol and smoking scored in the majority as zero as it was felt that they were not good for health.

## Conclusion

There was an overall improvement in TB screening and immunisations. Attendance for dental and eye checks was slightly lower but remained at a high standard, with reasons including cancellation of a pre-booked appointment.

Social workers feel confident managing the health requirements for UASC and the YP themselves have a good understanding of their own health needs.

Further service provision needs to be put in place for key workers to take YP to appointments, including the STI clinics where appropriate. Social workers will be supported and reminded about the importance of health outcomes as part of a young person's general wellbeing. Continued support to Primary care is needed to ensure good immunisation rates and secondary care referral to TB clinic will also continue.

## References

[www.kpho.org.uk](http://www.kpho.org.uk)

Harrow CLA Annual report 2016/17

[www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)

[www.londoncouncils.gov.uk](http://www.londoncouncils.gov.uk)

## Appendix

### 1. Physical health needs of UASC sample 2017:

MSK – knee pain

Sexual health – rape

Dermatology – fungal scalp infection, dry skin

Gastrointestinal – abdominal pain

Nutrition – Vitamin D deficiency (2)

Eye care – glasses (4)

Dental – extensive treatment, filling (3), mouth ulcer, tooth extraction, gum disease requiring antibiotics

Cardiology - follow up due to history heart surgery

Vascular – cold hands and feet

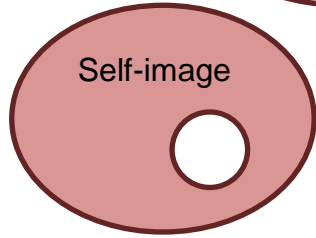
2. Emotional health: Referral to CAMHS (1) and tier 2 mental health services (3). Started anti depressant medication by GP (1) Letter of concern about mental health from Home office (1).




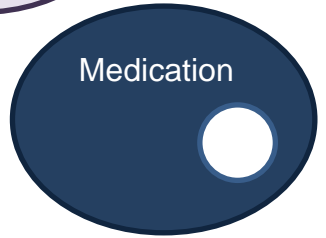


### Health Needs Identification Tool

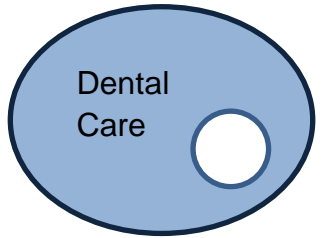
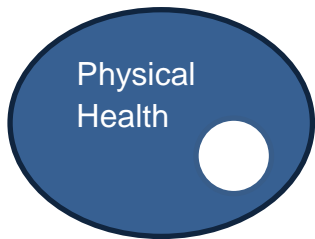
#### What shall we talk about?



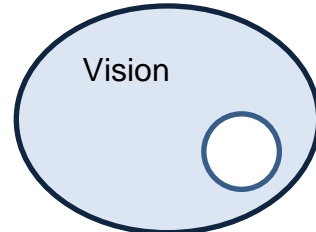
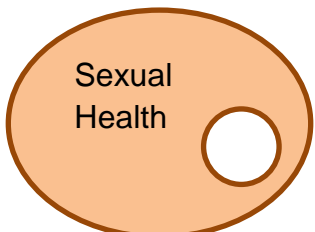
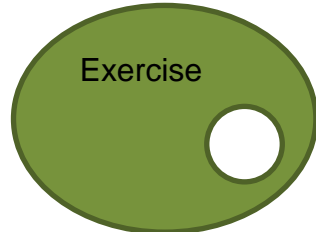
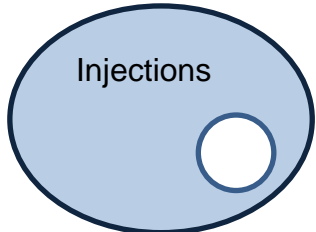
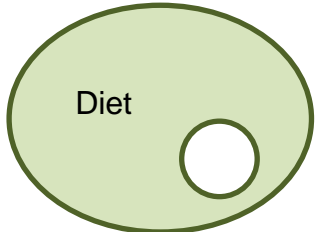
 How important are these things to you? Please mark each section on a scale of 1-10?  
Not Important = 1, Very Important = 10



What do you want to change?



Name:.....  
Date: .....



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