ANNUAL REPORT FOR DERBY CITY LOOKED AFTER CHILDREN PROVISION

Year 2020-2021

Contributors:

Kelly Thompson (Named Nurse for Children in Care – DHcFT)

Dr Corina Teh (Designated Doctor for Looked after Children – DHcFT)

Dr A Marudkar (Medical Advisor for Children in Care – DHcFT)

Dr V Kapoor (Medical Advisor for Children in Care – DHcFT)

Emma Fennell (Specialist Nurse for Children in Care – DHcFT)

Nicola Robbins (Specialist Nurse for Children in Care – DHcFT)

Satvieer Dutton (Specialist Nurse for Children in Care – DHcFT)

Kirsty Annable (Administrator Coordinator – DHcFT)

Section 1: Introduction and context

1.1. The purpose of this report is to provide Derbyshire Healthcare NHS Foundation Trust (DHcFT) an overview of the progress, challenges, opportunities and future plans to support and improve the health and wellbeing of looked after children in Derby City. This includes all cohorts of looked after children that Derby City Local Authority are responsible for, no matter where they live (see section 10 for explanation of the differing cohorts).

1.2. The report will outline how Commissioners, Designated Professionals, Local Authority and Health Providers have worked together in partnership to meet the health needs of children in care in Derby City; in line with the statutory guidance 'Promoting the health and wellbeing of looked after children' (DH, 2015).

It will summarise key improvements, service performance; along with setting out the objectives and priorities for the next financial year (2021/22) for looked after children in Derby City.

1.3. This report has been compiled in partnership with the Named Nurse for Children in Care; Designated Doctor for Looked after Children, the Medical Advisors and Specialist Children in Care Nurses and admin.

1.4. Within all national and local policies and guidance the service is known as Looked after Children, however within Derbyshire Healthcare NHS Foundation Trust the service is known as Children in Care.

Context

1.5. **Definition of a looked after child/ child in care**

A child that is being looked after by the Local Authority; they might be living with:

- foster parents
- at home with their parents under the supervision of Children's Social Care
- in Local Authority or private residential children's homes
- other residential settings such as schools or secure units.

They might have been placed in care voluntarily by parents struggling to cope, or Children's Social Care may have intervened because a child was at significant risk of harm.

Health and wellbeing of looked after children

1.6. It is well recognised that children's early experiences have a significant impact on their development and future life chances. As a result of their experiences and blended effects of poverty, poor parenting, chaotic lifestyles, abuse and neglect, looked after children often are at greater risk and have poorer health than their peers (DfE, DH, 2015).

Ref: Promoting the health and well-being of looked-after children, March 2015, Department for Education and Department of Health

1.7. The Royal College of Paediatrics and Child Health (2020) states that looked after children and young people have greater mental health problems, along with developmental and physical health concerns such as speech and language problems, bedwetting, coordination difficulties and sight problems. Furthermore, the Department for Education and Department of Health (2015) argue that almost half of children in care have a diagnosable mental health disorder and two thirds have special educational needs. When there are delays in identifying or meeting the emotional and mental health needs this can have a detrimental effect on all aspects of their lives leading to unhappy unhealthy lives as adults.

Ref: Promoting the health and well-being of looked-after children, March 2015, Department for Education and Department of Health

Ref: Looked after children: Knowledge, skills and competencies of health care staff, Intercollegiate Role Framework, December 2020, Royal College of Paediatrics and Child Health

Section 2: Statutory Framework, Legislation and Guidance

The statutory guidance focused around Looked after Children is in abundance; the key documents and legislation are outlined as follows:

2.1 Children Act (1989)

Under this Act a child is defined as being 'looked after' by the local authority if the child or young person is in their care for a continuous period of more than 24 hours by the authority.

There are four main groups:

- **Section 20** children who are accommodated under a voluntary agreement with their parents
- **Section 31 and 38** children who are subject to an interim care order or care order
- **Section 44 and 46** children are subject to emergency orders
- **Section 21** children who are compulsory accommodated including children remanded to the care of the local authority or subject to criminal justice supervision with a residence requirement.

2.2 Adoption and Children Act (2002)

This Act modernised the law regarding adoptive parenting in the UK and international adoption. It also enabled more people to be considered by the adoption agency as prospective adoptive parents. This Act also places the needs of the child being adopted above all else.

2.3 Children and Young People's Act (2008)

The purpose of the Act is to extend the statutory framework for children in care in England and Wales and to ensure that such young people receive high quality care and services which are focused on and tailored to their needs

2.4 Children and Families Act (2014)

This Act strengthens the timeliness of processes in place to ensure children are adopted sooner. Due regard is given to the greater protection of vulnerable children including those with additional needs

2.5 Promoting the health and wellbeing of looked after children (March 2015)

This guidance was issued by the Department of health and Education. It is published for Local Authorities, Clinical Commissioning Groups, Service Providers and NHS England.

2.6 Looked after children: Knowledge, skills and competences of health care staff intercollegiate role framework (December 2020)

This document sets out specific knowledge skills and competencies for professionals working in dedicated roles for looked after children

2.7 The Children and Social Work Act (2017)

Improves decision making and support for looked after and previously looked after children in England and Wales

- Improve joint work at local level to safeguard children and enabling enhanced learning to improve practice in child protection
- Enabling the establishment of new regulatory regime for the social work profession
- Improve the provision of relationship and sex education in schools

Section 3: Looked after children data and profile

National and local data

3.1 The number of looked after children has increased steadily over the past eight years. There were 80,080 looked after children on 31 March 2020, an increase of 2%, compared to 31 March 2019. (Department for Education DfE, Department of Health DH, 2020).

3.2 Number of children looked after in England at 31 March 2015 to 2020

2015	**69,540**
2016	**70,440**
2017	**72,670**
2018	**75,420**
2019	**78,150**
2020	**80,080**

Ref: Data made available from Derby City Local Authority Informatics Department

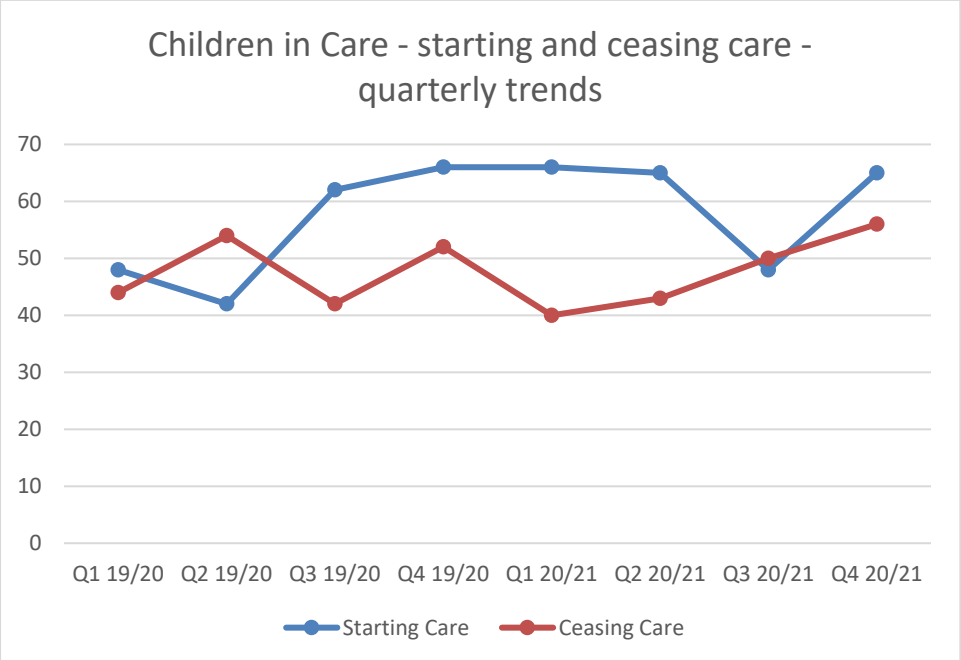
3.3 Number of children looked after in Derby at 31 March 2015 to 31 March 2021

2015	**470**	**5% increase from 2014**
2016	452	4% decrease from 2015
2017	448	0.8% decrease from 2016
2018	491	8% increase from 2017
2019	562	12% increase from 2018
2020	588	4.6% increase from 2019
2021	643 (provisional)	9.4% increase from 2020

Ref: Data made available from Derby City Local Authority Informatics Department

3.4 Children in Care - starting and ceasing care - quarterly trends

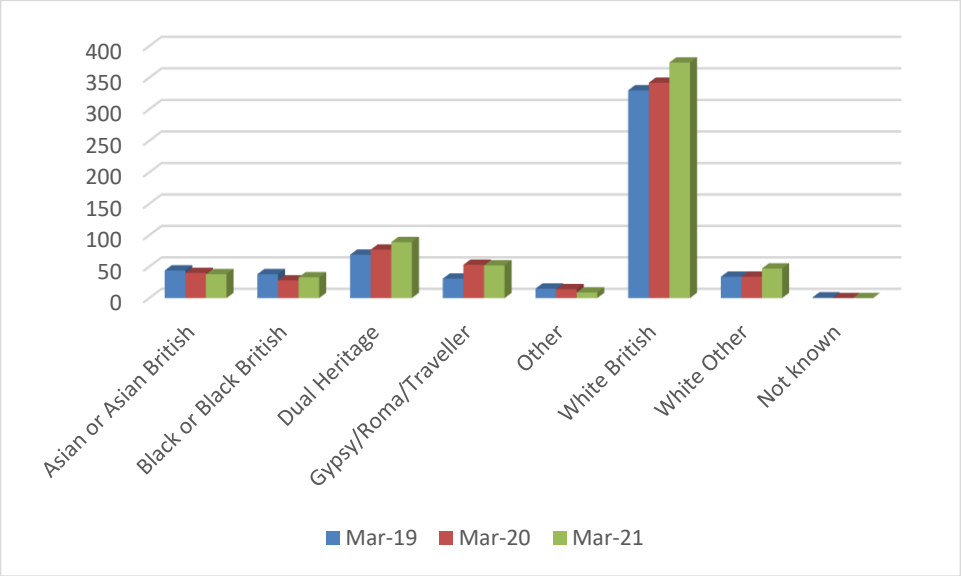
The number of Children in Care increased by 8 cases during Q4 to 643. This is an increase of 55 cases compared to twelve months ago (31 March 2020) where we had 588 cases. This equates to an increase of 9.4%.



We had 48 new entrants into care during Q3 2020-21. On average we have around 62 new entrants per quarter so this is lower than the current quarterly average. Quarter 3 saw an increase in the number of exits compared to the previous quarter. During Q4 2020-21 56 children ceased care compared to 50 in the previous quarter. The quarterly average for children exiting care during 2019-20 was 48 per quarter so we're over the average with 56.

Profile of looked after children in Derby City

3.5 Ethnicity comparisons over the last three years:



Ref: Data made available from Derby City Local Authority Informatics Department

The Children in Care team acknowledge adapt and respond to the change in demographics that children from different ethnicities is changing. The Children in Care team are not able to impact upon this finding; however, we must ensure that the care offered is culturally adapted and offer a culturally competent service

The placement team try to match ethnicity/culture where they can, however this is not always possible due to the balancing of availability and timings. Culture and identity are always discussed at Looked after Children reviews and plans are put in place to ensure the child's needs are being met.

The Designated Nurse for Looked after Children developed some Unaccompanied Asylum-Seeking Children (UASC) leaflets (gender specific and general health) which is available in different languages.

Derby City Local Authority are linked to the East Midlands Migration group and the team manager attends the meetings. Any relevant information is distributed to the Designated Nurse for Looked after Children and shared with the Children in Care Team.

The Local Authority have employed a specific UASC team, in order to support the continuity and cultural compatibility.

The Children in Care team will use the Kent UASC Health website when required for UASC.

The Review Health Assessment pre-checklist has a section to prompt the nurses to confirm the ethnicity and to consider if care offered is culturally adapted and offers a culturally competent service

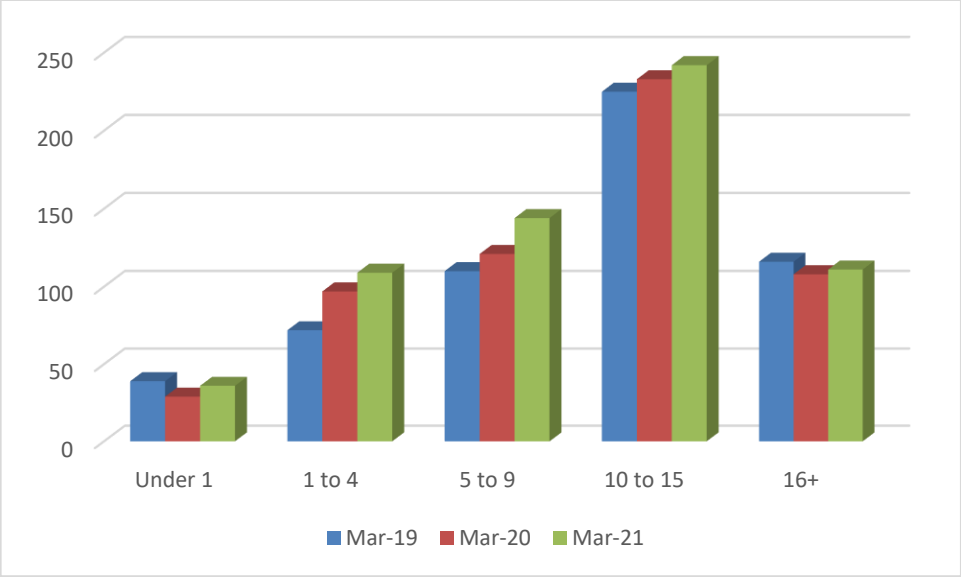
3.6 Gender of looked after children in March 2021

Gender	
Male	53%
Female	47%

Ref: Data made available from Derby City Local Authority Informatics Department

This data indicates that the gender split has narrowed compared to a year ago when we had 54% male and 46% female.

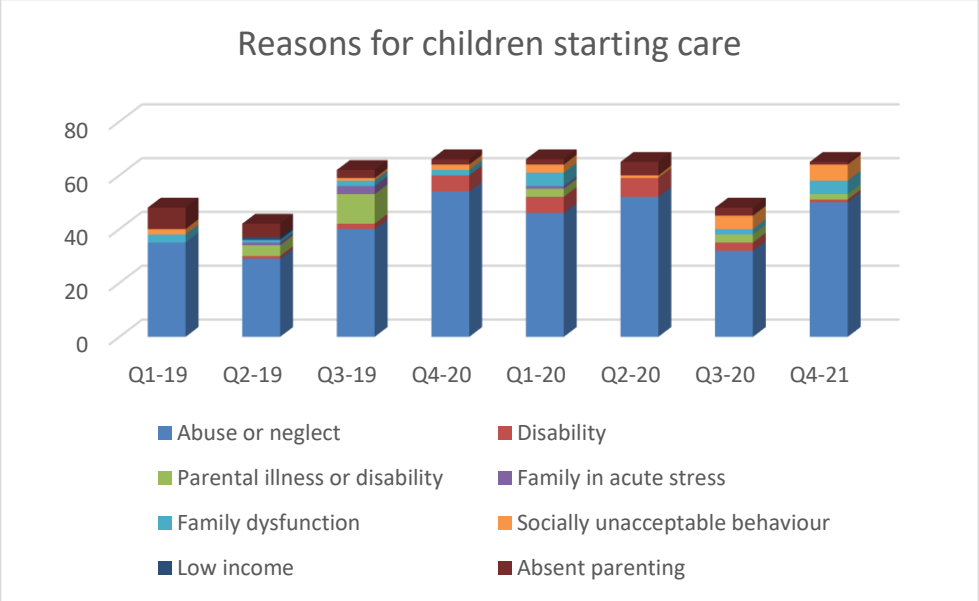
3.7 Age comparisons over the last three years:



Ref: Data made available from Derby City Local Authority Informatics Department

In comparing the data for the past three years, the 10 to 15-year-old age group consistently remain the highest number of children/young people coming into care. It is difficult to determine the definitive reasons for this but it may be linked to the increase in socially unacceptable behaviour, abuse/neglect, acute stress within the family home vocalised by children/young people and family dysfunction identified as a reason for coming into care. There is a slight decrease in the number of 16+ age group, this may be due to the decrease in Unaccompanied Asylum-Seeking Children (UASC) over the past two years. There is an increase in all other age groups which reflects the increase in numbers of children entering care during 2020/21.

3.8 Reasons for children coming into care – comparison per quarter over the last two years:

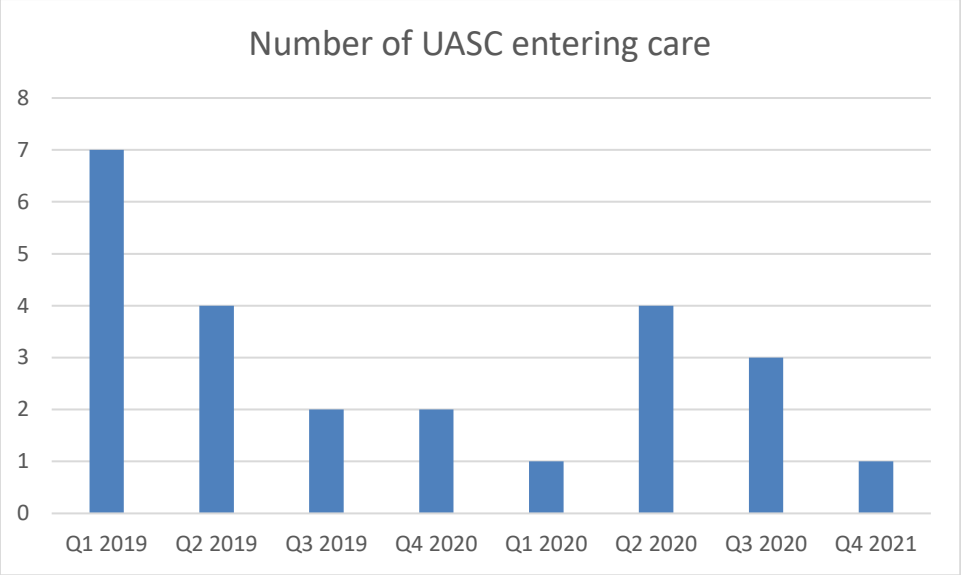


Ref: Data made available from Derby City Local Authority Informatics Department

Abuse or neglect remains the most dominant reason for children/young people coming into care, with the percentages remaining relatively stable in reason categories reflected in the above data. At the start of 2020 there was an increase in children coming into care due to Child Disability, this decreased towards the end of 2020/21. There has been an increase in children entering care due to Socially Unacceptable Behaviour. On average we have two new entrants into care, per quarter, due to Socially Unacceptable Behaviour. Some of the reasons are due to Anti-Social Behaviour / Offending, Disorderly / Risk Taking Behaviour and Violence by child towards parent/carer.

3.9 Unaccompanied Asylum Seeker Children 2020/21

Derby City Local Authority have developed a new team to support Unaccompanied Asylum-Seeking Children. When the local dispersal centre opened in 2018 there was an increase of Unaccompanied Asylum-Seeking Children coming into care, however the numbers slowed down during the latter part of 2019/20 and have continued to stay low during 2020/21 as shown in the table below.



Ref: Data made available from Derby City Local Authority Informatics Department

Section 4: DHcFT service provision for Looked after Children

4.1 The DHcFT Children in Care health team have core competencies, specialist skills, knowledge and attitudes to act as advocates, undertake health assessments, identify and manage health needs and provide support/training to Foster Carers and Children's homes (in line with the Intercollegiate Role Framework, RCN, RCGP, 2020). The team also contribute to health care plans for all looked after children including children with special educational needs and/or disabilities.

4.2 The team continue to improve their offer for Children in Care by including; the delivery of health promotion to children and young people, support for care leavers, development of a robust system to collate health histories for care leavers, improved identification of risk of child exploitation (including boys/young men) and provision for children who have special needs and/or disability.

4.3 The staffing levels for the health team at the end of the financial year (March 2020) were as follows:

Designation	Hours	WTE
Designated Doctor	4 hours (1 session)	
Designated Nurse (SDCCG)	37.5 hours	1 (From May 2017)
Named Nurse	30 hours	0.8
Specialist Nurse	14 hours	0.37

Specialist Nurse	22.5 hours	0.6
Specialist Nurse	32 hours	0.85
Specialist Nurse	26 hours	0.7

Section 5: Children in Care and Adoption Administrators

5.1 The Children in Care administrative team consists of an Administrator Coordinator (Band 4) and two Administrators (two at Band 3). During August 2020 to March 2021 one of the Children in Care Administrator roles was a vacancy due to the previous Administrator leaving the service. A successful candidate was appointed in March 2021.

5.2 The purpose of all three roles is to provide a comprehensive administrative support service to the Children in Care Health team, ensuring that all administration needs are fully met and that the administrative processes and procedures run smoothly. Responding and making decisions where necessary and follow up any actions from health professionals from local and external areas with confidentiality, discretion and diplomacy due to the sensitive information being shared regarding these vulnerable children.

5.3 During the Covid pandemic the administration team have continued to work incredibly hard whilst still trying to make improvements to the way they work and ensure robust administration systems and processors are in place. The Admin Co-ordinator has worked hard to maintain an oversight of compliance and has highlighted any issues or challenges to both the Operational Lead and Clinical Lead. The Admin Co-ordinator, Named Nurse and Operational Lead have weekly compliance meetings to discuss any concerns (Consent issues, Initial health assessment compliance, Review health assessments, Local authority responses). We have improved the initial health assessment consent form allowing for verbal consent to be obtained by the social worker. This has helped to support the timeliness for consent ensuring compliance is met. The Admin Co-ordinator has created a new process whereby the Administrators are allocated work on a weekly basis, this allows the Co-Ordinator to have an improved overview on workload/compliance within the team, and report on this. The Team Administrators have dedicated time to ensure 'Groups and Relationships' within the patients electronic record are kept up to date.

Section 6: Covid 19 Pandemic

6.1 During the period of 2020/21 there was a pandemic which resulted in several lockdowns. The Covid 19 Pandemic resulted in changes to the way we delivered the statutory service, ensuring service users and practitioners were kept safe. At the start of the first lockdown in March 2020 the Designated Nurse LAC and the Designated Doctor LAC developed flowcharts for undertaking Initial Health Assessments and Review Health Assessments to ensure the service continued to be delivered to a high standard and to maintain compliance with statutory requirements.


Covid Medical Advisor IHA.rtf


Covid flow chart nurse.rtf

6.2 During Quarter 2 the team started to undertake some face to face initial health assessments, in a Covid secure health centre, using PPE as per Trust guidance, as part of the step-up plan. As shown in the table below throughout the remainder of 2020-21 the doctors continued to offer a variety of face to face and virtual appointments

	Quarter 1 – Apr 20 - Jun 20	Quarter 2 – Jul 20 - Sept 20	Quarter 3 – Oct 20 - Dec 20	Quarter 4 – Jan 21 – Mar 21
Total	60	78	50	46
Face to Face (including OOA)	0	24	20	35
Telephone (including OOA)	60	54	30	11

6.3 During Quarter 4 the team started to undertake some face to face review health assessments, in a Covid secure health centre, using PPE as per Trust guidance, as part of the step-up plan. A benchmark was agreed between the Named Nurse, Operational Lead and Designated Nurse for LAC as a guide for the Children in Care Nurses to follow when looking at offering a face to face appointment. Restoration is underway and flexed to the needs of the child/young person, depending on individual choice and to capture those out of area when waiting lists are long or the out of area provider is able to complete the Review Health Assessment within a timely manner.

6.4 Foster carer sessions were on hold and resumed in April 2021. The Designated Nurse LAC and the Named Nurse CiC held a virtual session for foster carers in April 2021 on mindfulness. This session received positive feedback from the foster carers. It was felt that the session was supportive and was welcomed by the foster carers following on from the COVID-19 pandemic.

6.5 The health history booklet and process has been improved in partnership with the Provider, Local Authority, leaving care teams (recommended in Ofsted inspection). The Designated Nurse for Looked after Children secured funding in 2018/19 to purchase Health History folders which will follow the child/young person through their time whilst in care. Throughout 2019/20 the Designated Nurse Looked after Children has worked closely with publishers to develop the Health History folders and with the Named Nurse for Children in Care in planning to roll these out in 2020/21. Due to the Covid 19 Pandemic the roll out of the Health Passports was delayed until June 2021.

Section 7: Health Data and Performance for Year 2020/21

7.1 Health data and Local Authority performance is a mandated submission to the Department for Education on a yearly basis and the table below summarises the performance over the last three years:

*please note all health data for 2020/21 is provisional until submitted to the Department for Education in July 2021

Health Data Indicator	Year 2018/19	Year 2019/20	Year 2020/21
Annual health assessments	96.1%	93.5%	93.8%
Dental checks	91.4%	92.3%	29.2%
Immunisations up to date	92.8%	92.1%	93.1%
Development checks (two RHAs in the 12 months for under 5 years old)	91.9%	90.2%	96.6%

NB: the data is only mandatory for those children/young people in care for a period of 12 months or more

7.2 **Annual Health Assessments** – Derby's completion rate of annual health assessments has increased from 93.5% in 2019-20 to 93.8% in 2020-21, an increase of 0.3 percentage points. The 2020-21 percentage is the second highest percentage that has been achieved in Derby over the past seven years. The 2020-21 percentage is higher than the 2019-20 national, comparator authority average and the East Midlands average.

Dental Checks - Derby's completion rate of dental checks has decreased significantly during 2020-21. This is due to most dental practices being closed for routine check-ups during the COVID-19 pandemic. 29.2% of children in care had a routine dental check during 2020-21. This is a decrease from 92.3% in 2019-20. It is worth noting that children were able to access dental care for emergency care eg: pain, severe issues, broken teeth etc throughout the COVID-19 pandemic. Routine dental care is now in a restoration phase and children are now able to access routine care.

Immunisations - Derby's completion rate of immunisations has increased from 92.1% in 2019-20 to 93.1% in 2020-21, an increase of 1.0 percentage points. Derby's 2020-21 performance remains higher than the 2019-20 national comparator and East Midlands averages for the seventh year running.

Development Checks - Derby's completion rate of development assessments has increased to its highest performance seen in Derby over the past seven years. 96.6% of children in care had up to date Health Development Checks in 2020-21. This is an increase from 90.2% seen in 2019-20. Derby is above the 2019-20 national and comparator authority average. The Children in Care Nurses worked exceptionally hard to capture some of the development assessments for children placed out of area at a distance during the Covid Pandemic due to out of area providers struggling to undertake these within timescales.

7.3 Since the Children in Care team have access and the mechanism to update Liquid Logic (Local Authority IT system), the accuracy of heath data has significantly improved. The Named Nurse for Children in care and the Designated Nurse for Looked after Children meet on a quarterly basis to ensure all the correct information is recorded and any outstanding information is passed onto the Children in Care Nurses and admin to chase.

Section 8: Summary of achievements in year 2020/21

8.1 During the period of 2020/21 the Children in Care health team have continued to experience some changes and it has been acknowledged despite this the Specialist Nurses, Medical Advisors and Administration Team have shown innovation and marked improvements within their service delivery.

The following are an indication of the progress made and not an exhaustive list of achievements:

8.2 During quarter 3 and 4 the Administrative Coordinator and Named Nurse have worked internally with the provider to continue working with the Initial Health Assessment Pathway. These changes have resulted in more efficient working, improved compliance with initial health assessment statutory timescales and improved service delivery across administration and clinical areas.

8.3 Completion of the CCG 'Markers of Good Practice' assurance framework in quarter 4 (detailed in section 9, page 15).

8.4 The end of year Health Performance Data was positive as shown in section 7 considering the challenging year due to the pandemic.

8.5 The Named Nurse for Children in Care and the Service Lead for Children in Care Derbyshire have worked closely during 2020/21 to improve and standardise pathways and processes to work towards Joined up Care Derbyshire.

8.6 Action learning sets facilitated have continued within the service. Due to the pandemic these have been delivered virtually. Sessions have focussed on the strategy meetings process and completion of the health exchange form and the missing from known address process.

8.8 The Designated Nurse, Designated Doctor, Named Nurse and the Administrator Coordinator have continued to strengthen existing relationships and networks with key professionals, local partners and agencies locally and regionally, which has facilitated information sharing, health outcomes and the voice of the child (including those out of area).

8.9 Health access to Liquid Logic Child Social Care system has been established, which has been proven to improve information sharing between agencies (in the best interest of looked after children) and had a positive impact on the accuracy and validity of health data reportable to Department for Education. At the end of each quarter health information is uploaded onto Liquid Logic and any missing information is followed up by the Children in Care Team.

8.10 Reporting and assurance into the DDCCG Quality and Performance Committee have been strengthened via quarterly reporting of performance and quality of the Children in Care service. This has allowed the Named Nurse for Children in Care the opportunity to access and interrogate health data more robustly internally within the Trust, using relevant and useful reporting systems. This in-depth provision of evidence has enabled a more robust way of working at both team and service level and influenced improvements.

8.11 Health performance although provisional until submitted in July 2020 continues to remain high despite the Covid-19 Pandemic. Due to dental practices being closed and not offering routine appointments there was a huge impact on the dental data for 2020/21.

8.12 Review of the service specification took place and agreed between provider and commissioner.

Section 9: Markers of Good Practice (MOGP)

9.1 In February 2021 the Children in Care team submitted the Markers of Good Practice action plan for 2020-2021 instead of the full self-assessment tool for Children in Care within Derby City, this was a joint agreement due to the Covid 19 Pandemic. The Markers of Practice Action Plan, which is 'RAG' rated, provides the Children in Care Team with a productive opportunity to showcase their service to the Clinical Commissioning Group and Designated Professionals.

9.2 With the submission of evidence and 'RAG' rating, the action plan supports the Children in Care team to highlight progress, any gaps or improvements that are required to assure the commissioners our service is working towards a 'gold standard' delivery and that the needs of the Children in Care are being met and identified in line with the statutory guidance.

9.3 Following the MOGP action plan submission, representatives from the Clinical Commissioning Group and Designated Professionals completed the feedback in written format due to the Covid-19 pandemic. A discussion was held between the commissioners from DDCCG. Each standard was discussed, and it was confirmed whether or not the 'RAG' rating provided by the Provider was in line with that of the commissioners' assessment.

9.4 Strengths and challenges were identified, agreed by both parties and an action plan developed for the provider to work through within the year 2021-2022 to achieve compliance in the areas that were not yet rated as green. The Markers of Good Practice action plan will be fed back to the Safeguarding Children's Committee by the Head of Safeguarding Children's Service and at the Safeguarding Operational Leads meeting held by the organisation by the Named Nurse Children in Care. The action plan will continually be discussed at the Safeguarding Operational Leads Meeting and with the Designated Nurse for Looked after Children.

9.5 The Clinical Commissioning Group have been assured that the Children in Care service provision is overall at a good standard and the Health Provider is working in partnership in all areas that have been identified as requiring further progression or improvement.

Section 10: Provider and Partnership Working

10.1 The Children in Care Team acknowledge the need to 'work together' with the Local Children Commissioners, Local Authority and CCG to fulfil the statutory requirements for Looked after Children.

10.2 The Children in Care Team cover the following cohorts:

BORN IN, LIVES IN – Looked after Children born in Derby City and reside within the City.

BORN IN, LIVES OUT (placed near home) – Looked after Children that were born in Derby City but reside within approximately 20 miles away from Derby City in another Local Authority area.

BORN IN, LIVES OUT (at a distance) – Looked after Children that were born in Derby City but reside in another Local Authority area over 20 miles away from Derby City.

BORN OUT, LIVES IN – Looked after Children that were born in another area outside of Derby City but reside in Derby City.

10.3 The Children in Care Team attend and contribute to the multi-agency enhanced case management meetings which take place every six weeks. These are professional meetings held to discuss young people placed in residential children's homes. The purpose of these meetings is to share relevant and proportionate information, to identify any risks, look at what is working well, things professionals are concerned about and any relevant actions.

10.4 The Named Nurse and Head of Direct Services and Children's Residential Care have worked together to set up health meetings between the residential children's homes managers and the link nurses for each home to discuss health for young people residing at Local Authority Residential Children's Homes.

Section 11: Quality Assurance Processes

11.1 For quality assurance of the statutory Initial Health Assessments for Looked after Children, a monthly timeliness of Initial Health Assessment audit is completed by the DDCCG Designated Nurse LAC, with the intent of contemporaneous feedback to social care and the health team as to where in the process has had either a positive or negative impact on timeliness. Obtaining timely consent from parents by social care is being noted to be a key factor that does impact on subsequent timeliness for completion of the Initial Health Assessment as an appointment can only be undertaken when the consent for the statutory Initial Health Assessment is in place. Since November 2020 the Designated Nurse LAC has been undertaking a weekly report sent to the Local Authority and Children in Care to identify any issues with consent and any actions are highlighted.

11.2 In tandem with the monthly timeliness audit, the Designated Doctor LAC completes an annual audit of a random sample in Quarter 2/3 of 10 Looked after Children using the Initial Health Assessment quality checklist tool. Once key factors are identified within the audit that has had either a positive or negative impact, internal action plans are put into place for forward planning for the next financial year to ensure we able producing Initial Health Assessments of a good enough standard that reflects the needs of the individual Looked after Child.

Section 12: Analysis of Adoption and Medical Adviser Activity

This section is compiled by Derby City medical adviser's Dr A. Marudkar and Dr P Vundela , Children in Care and Adoption Team, Derby City

This section of the report has been prepared based upon the information available from DHCFT data and data provided by the Local Authority regarding adoption related work

ADOPTION ACTIVITY

There have been some changes to the adoption activity during the Pandemic period from April 2020. These reflect the changes made nationally to the Adoption regulations by the Department of Health in liaison with Coram BAAF, to accommodate the unprecedented major changes in working patterns and the restricted capacity of the available medical workforce during the Pandemic, while still satisfying the requirements of Adoption regulations.

12.1 There are two medical advisers contributing to the Adoption work for Derby city. This includes attending the Adoption panels and preparing the reports for the children coming up for adoption panel. The Adult Health Reports are prepared separately by a GP specialist. One adoption panel per month is attended by either medical adviser in role of panel member, on an alternate monthly basis.

There have been some temporary changes to this practice as agreed by Adoption East midlands due to the limitations of physically attending the adoption panels as panel members. The medical reports for the children to be matched are still provided in the usual manner and panel advice is still given, based upon the paperwork provided by AEM. There are stricter timescales to this new process due to the inherent issues of remote working and technology.

12.2 The Regionalised Adoption service (Adoption East Midlands) continues to work incorporating four neighbouring regions of Derby City, Derbyshire, Nottingham City and Nottinghamshire. The cases for matching the Derby City children continue to be heard at any of the panels within the region, attended by different medical advisers. An efficient and timely liaison between different medical advisers is needed to explore and clarify any issues in advance of panel, which may get affected by the capacity issues, requiring Medical advisers to be available all the time as queries may arise from any panel.

12.3 The following adoption activity data is provided by Adoption East Midlands (From 1st April 2020 to 31st March 2021)

- Number of Adoption panels having medical advice provided by Derby City Medical advisers- 11 (12 in 2019-20)
- Number of matching reports provided to AEM – 52 (27 in 2019-20)
- Number of Adult health reports completed by the GP Specialist–93 (98 in 2019-20)

There has been a very significant increase in the numbers of matching reports provided for the year 2020/21 as compared to last year for Derby city, the number has almost doubled. This has made a significant impact on the medical adviser's capacity to provide these reports in a timely manner, further affected by unprecedented periods of absences during the pandemic and appointment of the new Medical Adviser during this period.

The number of adult health reports has further reduced slightly (by 5%), these figures have remained more or less stable over the last 2 years, indicating ongoing recruitment of adopters during the Pandemic.

There were no prospective adopter consultations undertaken formally (by face to face or telephone) during this period, as the agreed regional process continued for prospective adopter consultations providing the preadoption advice in a targeted and formal way in writing.

We continue to invite questions in writing from adopters via the social worker, which are responded to in writing, included on the report if possible, or separately if received later, also the report format is very comprehensive and includes any history and implications in detail. A telephonic consultation is only provided in selected cases to answer any specific queries which remain. This process commenced at the start of AEM in April 2019 and a significant reduction in this activity was already been noted in last year's annual report.

12.4 The training sessions by medical advisers for prospective adopters, foster carers and social workers were suspended during this period due to the pandemic pressures and restrictions, but they are being resumed with the training provided virtually. These training sessions are aimed to be delivered 3 times a year, incorporating training on common clinical issues in adoption scenario, i.e. Impact of maternal smoking, alcohol and drug misuse in pregnancy and Blood borne infection screening in vulnerable and high-risk children.

12.5 Both the medical advisers attend regular quarterly AEM meetings with other medical advisers and panel advisors (plus commissioners if appropriate). They also attend panel training days twice a year, although these were suspended during COVID-19 Pandemic period.

12.6 The Named Doctor for Children in Care and the Named Nurse for Children in Care also deliver a training lecture on Children in Care and Adoption as part of the GP vocational training course in Derby.

Section 13: Voice of the child

13.1 The voice of the child/young person is embedded in all aspects of the Children in Care service development and delivery. It is essential that children and young people are listened to and their views responded to in order to promote and respect the rights of children.

13.2 The voice of the child is obtained through a variety of mechanisms (dependent on their age, capacity, levels of understanding, analysis of non-verbal cues and body language):

- The child/young person is offered the opportunity where age appropriate to be seen alone
- At each appointment confidentiality is explained to the child or young person
- Identification in collaboration with the child/young person of their own strengths, wishes, feelings and their needs
- Use of the evaluation form after health assessments or any individual contact with a child or young person
- Clear documentation of the child's voice by using direct speech quotes or agreed summary of conversations

13.3 As mentioned previously, due to the Covid 19 Pandemic the Children in Care Nurses have worked hard to capture the voice of the child through virtual methods if the review health assessment has not been undertaken face to face.

Section 14: Strength and Difficulties Questionnaire (SDQ)

14.1 This questionnaire was introduced by the Department of Education's data collection for Looked after Children after 31 March 2008. This tool is an outcome measure that is used for tracking the emotional and behavioural difficulties of Looked after Children and Young People at a national level and its completion is a statutory requirement. The SDQ is a clinically validated behavioural screening questionnaire for use with 4 to 16-year olds.

14.2 Social Care has a statutory responsibility to send the questionnaire to carers and should be completed in time to support inform emotional health assessment element of the review health assessment and health care plan. The SDQ assists to inform the health professional's decisions about possible referrals to specialist mental health and psychological services. It is recognised as best practice to have sight of the completed SDQ at the point of the review health assessment, as this can aid evaluation of the child's emotional health and well-being.

14.3 The Local Authority, Designated Nurse and Named Nurse have continued to work together to strengthen the Strengths and Difficulties Questionnaire (SDQ) pathway in order to ensure a more robust process and increase the completion rate of the questionnaire. This process ensures that the SDQ score provided by the Local Authority was in line with the Review Health Assessment and supported the Specialist Nurse identifying any emotional or behavioural difficulties of the child/young person and assessing the impact of support provided (or if required). The SDQs are being completed in good time to enable this information to feed into other work, such as the health assessment.

14.4 All data shown below for 2020/21 is provisional until submitted to Department for Education in July;

Year	Percentage of completion rate	Average score (higher the score = higher need)
2016-2017	79%	16.3
2017-2018	93.6%	16.2
2018-2019	92.7%	14.8
2019-2020	92.5%	14.7
2020-2021	91.8%	15.0

Ref: Data made available from Derby City Local Authority Informatics Department

From the table above the overall completion rate for 2020-21 was 91.8% this is slightly lower than 2019-20, however The Department for Education requires a minimum completion rate of 75%. Derby achieved 91.8% which is well above the 75% target. The average score for 2020-21 was 15.0, although a slight increase from 2019-20, is a significant drop from 2017-18. This potentially indicates improved emotional health and wellbeing of children and young people in care.

Section 15: Special Educational Needs / Disability

15.1 All children in care who have a Special Educational Need or Disability (SEND) have a flag on their electronic records. All children in care who have an Educational, Health and Care Plan (EHCP) have a patient status alert on their electronic records.

15.2 Universal services also have the patient status alert for Education, Health Care Plan (EHCP) and the flag for Special Educational Needs / Disability (SEND). For all children with an EHCP, the Trust has been informed via internal systems (in collaboration with Local Authority) and received a copy of the plan on the child's electronic records. Early identification of any learning concerns can be captured pre-school during Review Health Assessments for example; developmental delay, behavioural issues and school readiness. The graduated response is delivered where low-level intervention can be put in place with support before deciding to refer onto specialist services. The graduated response helps providers, specialist and mainstream provision to work together on achieving the best outcomes for children and young people. If the pre-school child does have a confirmed diagnosis, we have a team of specialist health visitors who will support the child and their family as appropriate.

15.3 If a child or young person is born in Derby City and placed in Derby City or is born out of Derby City and placed in Derby City the responsibility of the EHCP lies with Derby City Local Authority. For children and young people who are born in Derby City and placed outside of Derby City the responsibility of the EHCP lies with the Local Authority where the child or young person is placed (see extract from the Code of practice below).

15.4 'A significant proportion of looked after children live with foster carers or in a children's home and attend schools in a different local authority area to the local authority that looks after them. Local Authorities who place looked after children in another authority need to be aware of that authority's Local Offer if the children have SEN. Where an assessment for an EHC plan has been triggered, the authority that carries out the assessment is determined by Section 24 of the Children and Families Act 2014. This means that the assessment must be carried out by the authority where the child lives (i.e. is ordinarily resident), which may not be the same as the authority that looks after the child. If a disagreement arises, the authority that looks after the child, will act as the 'corporate parent' in any disagreement resolution.' (Special educational needs and disability code of practice: 0 to 25 years (2015).

15.5 The Designated Nurse for Looked after Children continues to work closely with Derby City Local Authority and other Local Authorities to get a copy of all final Education, Health and Care Plans to be attached to the electronic records of all children in care. This has improved over the past few years so that the children in care team have a copy of the final EHCP attached to the electronic records.

15.6 The Children in Care Nurses complete Review Health Assessments (RHA) on all children and young people who are placed in care (by the health team depending on where the child is living). The Review Health Assessment follows on from the Initial Health Assessment for all children under 5yrs they have their RHA every 6 months and for those over 5yrs every year. The nurse carries out a holistic assessment recognising any health needs, a health care plan is developed and referrals on to appropriate specialist services. The plan is to get appropriate services involved early, supporting the child or young person to prevent the

issue moving up to EHCP. This is known as the graduated response. The graduated response is monitored whilst the child or young person is in care through the Children in Care review meetings. This is a child focused meeting where the following topics are discussed;

- Care Plan
- Contact
- Placement
- Health
- Education

This is a multi-agency meeting where services in place are identified and achieved outcomes are discussed.

Section 16: Priorities for Year 2021/22

16.1 **DHcFT Provider key priorities for 2021/22:**

- To deliver health promotion within the Local Authority Residential Children's Homes focusing on Healthy Eating initially
- To continue to represent health at the Enhanced Case management Meetings and Health Meetings with the Local Authority Children's Residential Homes
- Continue with foster carer sessions
- To roll out and implement the use of the new health passports
- To continue to work closely with the County Children in Care Team working towards the Joined-up Care Derbyshire Approach
- To build relationships with the leaving care team to improve support around transition
- To continue to deliver quarterly action learning sets for all Children in Care Nurses in collaboration with the Designated Nurse for Looked after Children
- To build relationships with the Youth Offending Team
- To develop a training resource for foster carers and residential children care workers to use when supporting children and young people with sexual health.
- ICE system (Integrated Clinical Environment) – to allow access to the electronic pathology system to enable doctors to request Blood Born Virus tests and results electronically
- To submit the Markers of Good Practice Assurance Tool

16.2 These key priorities are an overview of some of the on-going work and strong commitment to improving the health and welfare of children in care. The vision continues to be that we ensure all children in care reach their natural potential through the interventions of competent, skilled, compassionate professionals and their drive to make a difference to this vulnerable group of children and young people.

Section 17: References

Keep on Caring: Supporting Young People from Care to Independence, June 2016, Department for Education

Promoting the health and well-being of looked-after children, March 2015, Department of Health and Department of Education

Looked after children: Knowledge, skills and competencies of health care staff, Intercollegiate Role Framework, December 2020, Royal College of Paediatrics and Child Health

Stats: looked after children, Department for Education, 2017

https://www.gov.uk/government/collections/statistics-looked-after-children

The Corporate Parenting Strategy 2019-2021, Derby City Council

Legislation:

- Children Act 1989
- Children and Social Work Act 2017
- Adoption and Children Act (2002), (2010), (2013)
- Children and Young People's Act (2008)
- Children and Families Act (2014)
- The Children and Social Work Act (2017)