

# Looked after Children Annual Report for the Kent and Medway Clinical Commissioning Group

April 2019 – March 2020

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## 1. Introduction

The purpose of this report is to provide the Kent and Medway Clinical Commissioning Group (CCG) an overview of the progress and challenges in supporting and improving the health of looked after children. The team's responsibility includes those who are in the care of Kent County Council, Medway Local Authority and those who have been placed into Kent and Medway by other local authorities. The report is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and well-being of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' (2015)<sup>1</sup>.

Looked after Children; Knowledge, skills and competencies of health care staff (Intercollegiate Roll Framework, 2015<sup>2</sup>), which supports the statutory guidance, clearly articulates the requirement for Governing Bodies of CCGs to receive training on the specific vulnerabilities and needs of looked after children. By gaining this knowledge the Board develops a greater understanding of their statutory duty and, by default, their ability to fulfil their role and responsibilities. The statutory framework, legislation and guidance are contained in appendix 1 of this report.

Kent and Medway CCG are responsible for one of the largest populations of looked after children in the country, including a significant number of unaccompanied asylum seeking children. The national profile and local profiles, including unaccompanied asylum seeking children are set out in appendices 2-5 of this report.

As a CCG, it is essential to understand the health need of this very vulnerable cohort of children and young people to ensure appropriate commissioning arrangements are put in place, that will improve their health outcomes and future life chances.

## 2. The team

The Designated Doctor and Nurse roles are strategic and take a professional lead across the health economy on all aspects of looked after children. They provide expert clinical advice to the CCG and partner agencies on the specific health needs of looked after children. The statutory responsibility for CCGs to have these roles in place is clearly articulated in 'Promoting the Health and well-being of looked after children (2015)'.

Kent and Medway CCGs structure has one full time Designated Consultant Nurse, three full time Deputy Designated Nurses. One Designated Doctor 20 hours a week, three Deputy Designated Doctors 24 hours a week (3x8 hours). This structure was

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<sup>1</sup> Promoting the health and well-being of looked-after children:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

<sup>2</sup> Looked after children: Knowledge, skills and competences of health care staff:  
[https://www.rcpch.ac.uk/sites/default/files/Looked\\_after\\_children\\_Knowledge\\_skills\\_and\\_competence\\_of\\_healthcare\\_staff.pdf](https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf)

signed off by the Kent CCGs following on-going challenges in recruiting to designated posts resulting in prolonged and significant gaps in resource.

The team also has a project lead that supports the team in areas of work to improve outcomes for our children, young people and their carers. The team is also supported by a full time project support officer.

### **3. Achievements**

#### **Develop a Looked after Children & Specials Educational Needs & Disabilities (SEND) Team in Kent and Medway**

Following a robust recruitment process within the SEND part of the team, the team is now firmly established as a Kent and Medway Looked after Children and Special Educational Needs & Disabilities team.

#### **Providers**

In June 2019 the team expanded to cover Medway and now works with the three provider organisations the CCG commission looked after children's services from.

Supporting our providers is one of our main priorities. The CCG team has established strong working relationships with the three providers through collaboration and regular networking opportunities. Through partnership working there has been the successful implementation of the new Adoption Health Pathway, the 7-minute briefings and frequent training opportunities for our designated and named doctors. More details are provided in this report regarding these accomplishments.

#### **Mental health foster carer training**

Funding was earmarked within the Kent Local Transformation Plan (LTP) for looked after children following the recognition by the team that foster carers were not routinely provided with mandatory training around the effects of trauma on mental health and emotional wellbeing.

A one-day training has been commissioned by the CCG team to increase foster carers' understanding of the impact of trauma on behaviour, which has the potential of reducing the risk of escalating difficulties and at time leading to placement breakdown. This will be particularly of benefit to foster carers and adopters of children who do not currently meet the clinical threshold for referral to mental health services, enabling them to feel confident and comfortable in holding these children in placement. Full detail of the course content can be found in appendix 6. This training has been added to the list of mandatory training for all Kent County Council foster carers (one carer from each household must attend) and children's social care staff. The training is also being offered to prospective adopters, foster to adopt carers and looked after children's nurses.

In addition to this, we are training a team of local professionals (social work staff and looked after children's nurses) to deliver a 12 week evidence based programme called 'Understanding Your Foster Child' to those fostering and adoption families who require additional support.

### **Strengths and Difficulties Questionnaire**

Since April 2008 all local authorities in England have been required to provide information on the psychological and emotional health of children in care, and specifically emotional and behavioural difficulties.

This information is collected using a Strengths and Difficulties Questionnaire (SDQ). This is a widely used tool for assessing a child's emotional well-being, looking at the likelihood of problems being already present or of developing in the future.

In Kent and Medway the collection of SDQs has been patchy with a relatively low rate of returns and no clear pathway in place with health to refer for consultation and further assessment to access appropriate mental health and emotional well-being services.

### **SDQ Questionnaires, implementation, collection, scoring and distribution of results**

In Kent, the CCG Team have worked in partnership with Virtual School Kent (VSK), Kent County Council (KCC) Fostering Team, Kent Community Health Foundation Trust (KCHFT) Looked after Children's Nursing Team and North East London Foundation Trust (NELFT) provider for Children and Young People's Mental Health Service Kent (CYPHS)/Medway Young People's Wellbeing Service (MYPWS) and have developed an SDQ Pathway. The local authority has full responsibility for the administering and completion of the SDQ's and the results will be shared with looked after children's nurses. The new pathway will ensure that all children will have an SDQ within the first 3 months of entering care and the results available for child in care reviews and Review Health Assessments (RHAs).

The SDQ pathway was completed in March 2020 and was due to commence in May 2020 but due to the COVID-19 pandemic the timeframe for implementation has had to change. A new timeframe for implementation has been agreed and will start in September 2020.

### **SDQ threshold pathway**

In conjunction with Kent Child and Young People's Mental Health Service (CYPMHS) and Medway Young People's Wellbeing Service (MYWPS), the team has developed a Kent and Medway wide threshold pathway. The aim of this is to provide advice depending on the scores collated from the SDQ questionnaires, as previously SDQs were being completed but there was a lack of consistency in what actions should be taken following this.

The Kent and Medway wide thresholds pathway was completed in February 2020, however due to the Covid-19 pandemic the timeframe for implementation was

postponed until September 2020. The threshold pathway is included within appendix 7.

### **Level 4 Training: Unaccompanied Asylum-Seeking Children & Young People – 15<sup>th</sup> October 2019**

The CCG team facilitated training relating to unaccompanied minors. The delegates were from health, local authority and the voluntary sector. The idea was to bring this cohort together to discuss issues they face and to provide an understanding of the challenges.

The day comprised of a talk by the social work team regarding new arrivals of children and young people. The voluntary sector discussed building links with other professionals. The delegates looked at best practice for health assessments and conducting them through an interpreter.

The highlight was a talk by the young people themselves, where they provided an insight into what they feel is important. The overall response to the event was the delegates found the day very useful and requested further training days.

A further training event was planned for 24<sup>th</sup> March 2020; however it had to be postponed due to the Covid-19 pandemic. A virtual meeting is now being planned for January 2021.

### **Seven minute briefings**

Seven minute briefings are widely used as evidence suggests that seven minutes is the ideal amount of time for someone to concentrate and learn. They are designed to provide clear and concise information that should hold a reader's attention.

A range of topics have been identified by the CCGs Safeguarding and Looked after Children teams as being appropriate for the seven minute briefings. The briefings are completed once a month and distributed widely across primary care practices. The Looked after Children's team have contributed to two briefings; one providing the overarching principles for looked after children and the second was focussing on unaccompanied asylum-seeking children. Both can be found in appendix 8 and 9.

### **Adoption health pathway**

In 2018 the Royal College of Paediatrics and Child Health (RCPCH) undertook an invited service review of Looked after Children's services, including adoption health, and further audit of the adoption medical service was undertaken. This work had identified unwarranted variation in the Medical Adviser service across Kent. It is widely recognised that the health input to adoption needs to be consistent with parity of service to all children being placed for adoption in Kent.

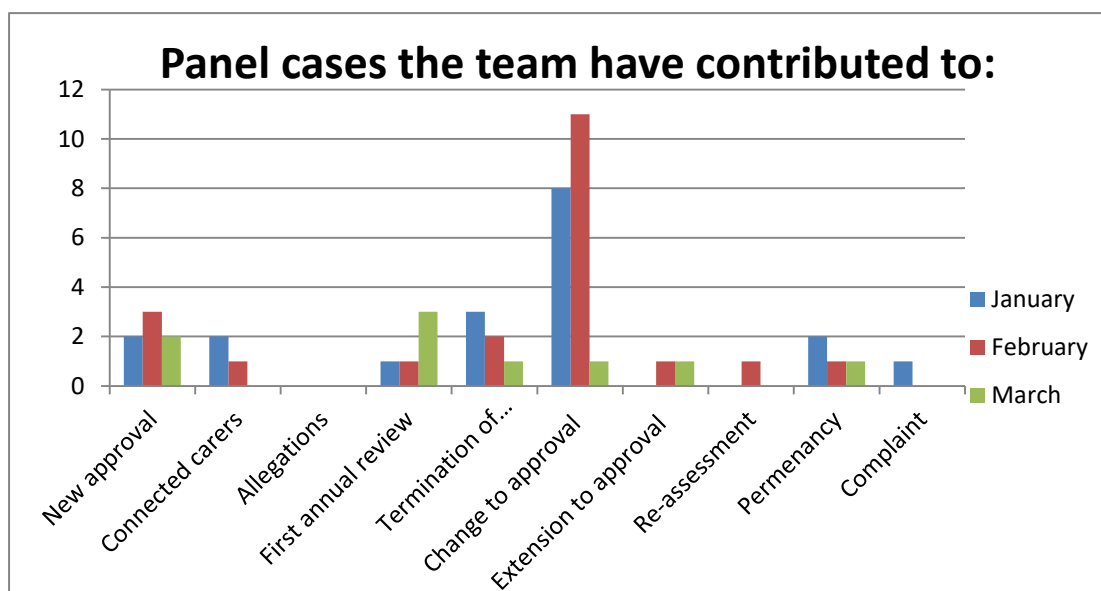
A service redesign was launched in April 2018 with consultation and then regular meetings with all those involved in the pathway both from health and social services. The new pathway was launched in September 2019, which has successfully been embedded in practice.

## Fostering panel

Fostering panels are multi-disciplinary bodies that act with independence from a fostering agency, however in Kent and Medway there had been no regular representation from a health professional.

Following the successful recruitment of two of the three Deputy Designated Nurse for Looked after Children posts, the additional capacity enabled the team to provide input to two of the four Kent fostering panels.

The representation has helped to provide a collaborative interagency approach to ensure that the foster carer's health and wellbeing is robustly considered, as this ultimately impacts the children and young people in their care. Since joining the panel at the beginning of 2020, the team has contributed to 49 panel cases and further breakdown of the type of cases can be seen below:



## 4. Corporate Parenting

Corporate parenting is the term used to describe the responsibility of the local authority and partner agencies towards looked after children and young people. Accountability and scrutiny for the services provided to looked after children from multi-agency partners is directed through the Corporate Parenting Board. The Designated Consultant Nurse for Looked after Children and the Director of Nursing and Quality represent the CCG at the Kent and Medway Corporate Parenting Boards.

## 5. Initial Health Assessments (IHA) performance data

The statutory timeframe to complete IHA's for children and young people who are looked after is 20 working days of them entering care<sup>3</sup>.

Initial health assessments are part of an on-going process of care planning which provides a view of a children's health on becoming looked after. A report and health care plan that becomes integral to managing each child's health is completed to address existing and previously undiagnosed health concerns. The inability or delays in completing IHAs result in failure to adequately meet the health needs of these children.

Kent and Medway CCG commissions three organisations to undertake statutory initial health assessments; KCHFT and East Kent Hospitals University Foundation Trust (EKHUFT) to cover Kent and MCH to cover Medway. The key performance indicator (KPI) for the completion of initial health assessments within the statutory timeframe is 85%. The table below details the performance of the three Trusts over the year covered by this report.

Compliance against the KPI was not met in any of the four quarters covered by this report; however the table demonstrates the improvement of 30% between quarter one and quarter four. Nevertheless, this improvement was not enough to ensure the year-end performance met the KPI. The year-end performance (average of four quarters) was 53%, failing to meet the KPI by 32%.

The health assessment pathway is a jointly owned by Kent County Council/ Medway Local Authority and health. Of the 20 working days given to complete the assessment, the first five days are used by the local authority to request the assessment from health, this gives health 15 working days to appoint, carry out the assessment and return the completed assessment to the requesting social worker. The table on the next page demonstrates the fluctuation in compliance quarter on quarter, the numbers and accountability of both agencies for the breaches to the timeframe.

Examples of reasons for assessments not being completed within the statutory time frame are:

- late requests from the local authority
- lack of clinical capacity
- cancellation of appointment by either the foster carer or young person
- delayed completion of report
- incomplete request/ lack of appropriate consent for assessment

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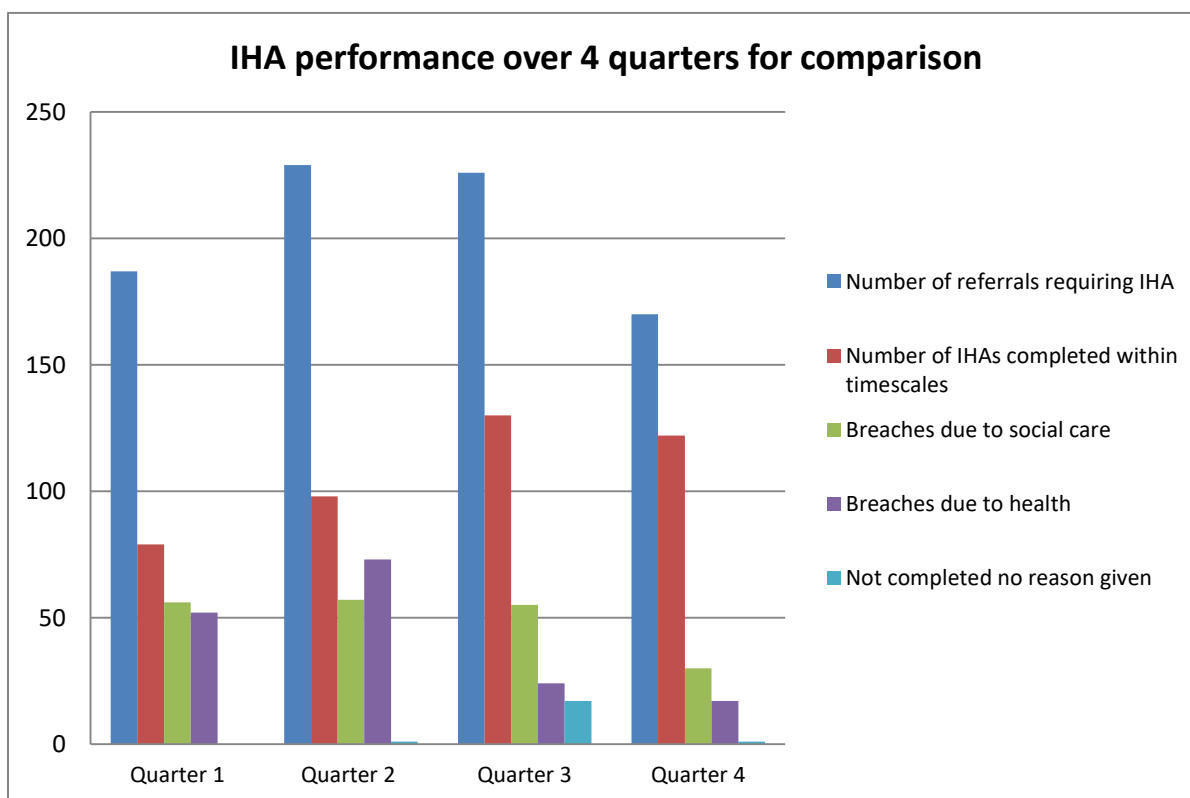
<sup>3</sup> Promoting the health and well-being of looked-after children (2015):  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)



## Initial Health Assessment Performance April 2019-March 2020

	Number of referrals requiring IHA	Number of IHAs completed within timescales	KPI compliance	Breaches due to social care	Breaches due health	Not completed - no reason given
Quarter 1	187	79	42%	56	52	0
Quarter 2	229	98	43%	57	73	1
Quarter 3	226	130	58%	55	24	17
Quarter 4	170	122	72%	30	17	1
<b>Whole year</b>	<b>812</b>	<b>429</b>	<b>53%</b>	<b>198</b>	<b>166</b>	<b>19</b>

Table 1: IHA performance over 4 quarters for comparison



## 6. Review Health Assessments (RHA) performance data

A statutory Review Health Assessment is required every year for children and young people over the age of 5 years who are looked after and every six months for children under the age of 5 years<sup>4</sup>.

Review health assessments provide an opportunity to reassess a looked after child's health, address any health needs identified and check that the previous action plan has been completed. It also provides an opportunity for the child/young person and/or carer to discuss health concerns; physical, sexual or emotional.

Kent and Medway CCG commission a looked after children's specialist nursing team who undertake statutory RHAs and other work as detailed in the statutory guidance. In Kent, this is undertaken by Kent Community Health Foundation Trust and in Medway, Medway Community Healthcare. The key performance indicator (KPI) for the completion of review health assessments within the statutory timeframe is 95%.

### Children under five years old:

As the table below indicates; the KPI was not met in any of the quarters of this reporting year, with overall compliance of 92%, below the KPI by 3%.

### Children over five years old:

The table below indicates; the KPI was exceeded in two out of the four quarters, met it in one quarter and not met by 3% in the last quarter. Overall compliance for the four quarters met the KPI of 95%.

The health assessment pathway is a jointly owned by Kent County Council/ Medway Local Authority and health, therefore some breaches are attributed to the local authority and out of the teams control.

Examples of reasons for assessments not being completed within the statutory time frame are:

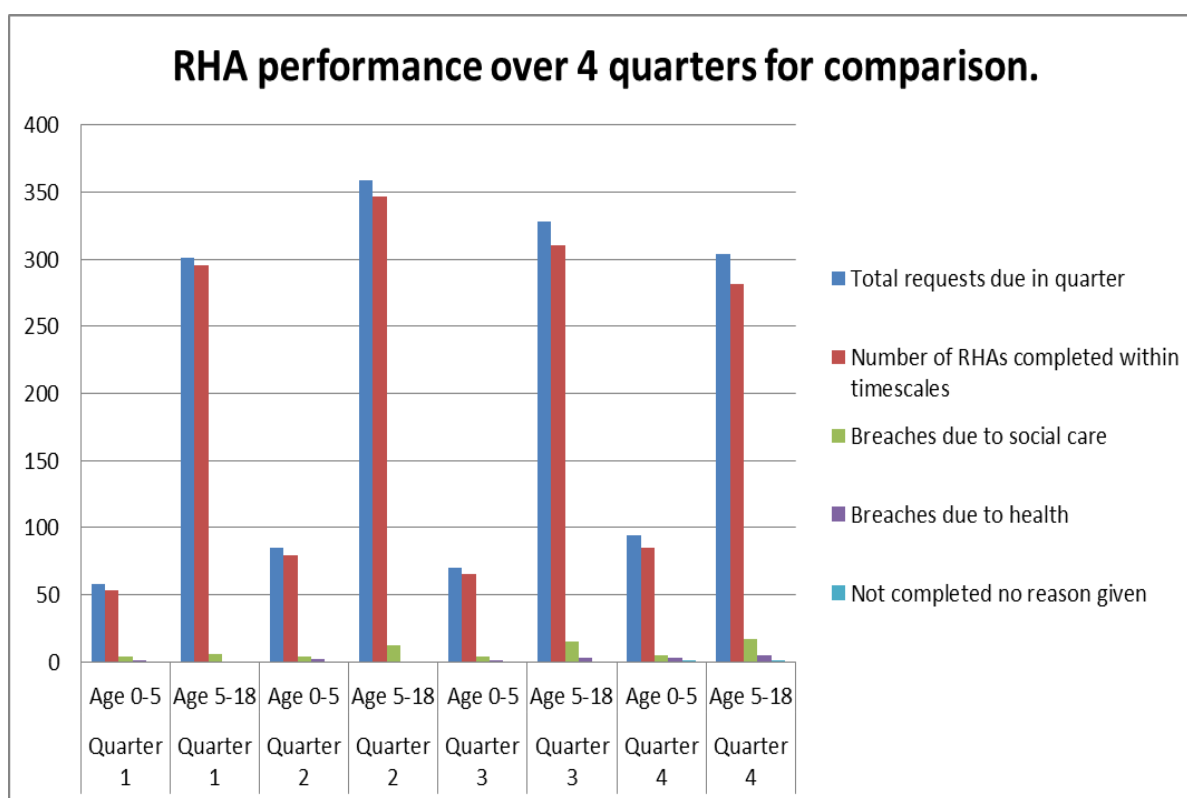
- late requests from the local authority
- Was Not Brought / Did Not Attend
- cancellation of appointment by either the foster carer or young person
- placement move

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<sup>4</sup> Promoting the health and well-being of looked-after children (2015):  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

## Review Health Assessment Performance data April 2019-March 2020

Time period	Age group	Total requests due in quarter	Number of RHAs completed within timescales	KPI compliance	Breaches due to social care	Breaches due to health	Not completed no reason given
Quarter 1	Age 0-5	58	53	91%	4	1	0
Quarter 1	Age 5-18	301	295	98%	6	0	0
Quarter 2	Age 0-5	85	79	93%	4	2	0
Quarter 2	Age 5-18	359	347	97%	12	0	0
Quarter 3	Age 0-5	70	65	93%	4	1	0
Quarter 3	Age 5-18	328	310	95%	15	3	0
Quarter 4	Age 0-5	94	85	90%	5	3	1
Quarter 4	Age 5-18	304	281	92%	17	5	1
Whole year	RHA 0-5	307	282	92%	17	7	1
Whole year	RHA 5-18	1292	1233	95%	50	8	1



## 7. Mental Health & Emotional Well-being

### Mental Health of Looked after Children

63% of looked after children are in care due to abuse or neglect, which can have lasting effects on their mental health and emotional wellbeing<sup>5</sup>.

Currently almost half (45%) of all children in care meet the criteria for a possible mental health disorder, compared to one in ten outside of the care system<sup>6</sup>. The high rate of behavioural disorders among looked after children is striking, with two out of every five children having some kind of diagnosed behavioural disorder. This is a cause of concern as research suggests that children with disruptive and hyperactive behaviours are at particularly high risk of placement breakdown<sup>7</sup>.

If mental health issues are not addressed effectively for these children, this significantly reduces their life chances and increases their need for long term support from health and social care systems.

Looked after children should be viewed as a priority for access to mental health assessment and never refused care based on their placement or the severity of their condition.

### Kent and Medway services

Within the specialist mental health provider mental health services are provided by the North East London Foundation Trust (NELFT) under two contracts, one covering Medway and the other one Kent. The organisation also provides a Single Point of Access (SPA) for the majority of other mental health and emotional wellbeing services.

NELFT provide data to the CCG to support their understanding of the demand and capacity of the services. The data sets for the two contracts are different reflecting the position of the CCG landscape at the time of commissioning. From the data reported, and the population need articulated in published research (see above), it would appear that mental health issues/need is not being identified within Kent and Medway's looked after child/young person population.

The current data set requirement does not differentiate between Kent County Council and Medway Local Authority children/young people and those placed into the county from other local authorities; therefore the CCG is unable to ascertain the level of local need against that which is bought into the county by other local authorities placing into the area. Nor does the data set identify looked after children/young people who are receiving therapy on each of the treatment pathways

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<sup>5</sup> Children looked after in England, year ending 31<sup>st</sup> March 2019

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/850306/Children\\_looked\\_after\\_in\\_England\\_2019\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf)

<sup>6</sup> Mental health and well-being of looked after children report

<https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf>

<sup>7</sup> Achieving emotional wellbeing for looked after children – A whole systems approach NSPCC

<https://learning.nspcc.org.uk/media/1122/achieving-emotional-wellbeing-for-looked-after-children.pdf>

within the specialist mental health provider service. Thus, preventing a clear understanding of the prevalence of different mental health conditions within this vulnerable group of children and young people.

In addition, other commissioned emotional well-being and mental health services, which provide services at a lower level of need do not, at this time, provide data. This results in limited understanding of the numbers of looked after children/young people who are accessing earlier intervention to support their emotional well-being.

The CCG Looked after Children Team has submitted a proposal for a new Kent and Medway wide data set for 2020/21 for consideration. The proposed data set would address the issues of incomplete and undifferentiated data, bring continuity and provide the details needed for the CCG to be assured it is meeting its statutory responsibility in the provision of a service to meet the mental health needs of all looked after children and young people living in Kent and Medway.

### **A&E crisis presentations**

In Kent looked after children are over represented in the numbers for crisis A&E presentations. In east Kent looked after children represent 12% of presentations. This may be in part explained by the high numbers of other local authority looked after children placed in to the area, currently the information available does not detail those children who are Kent County Council responsibility and those from other local authorities. The CCG team has proposed an audit is undertaken to gain a better understanding of the issues and to look at what could be done to prevent escalation to crisis.

## **8. Unaccompanied Asylum-Seeking Children (UASC)**

The Home Office guidance, 'Processing an Asylum Application from a child (2013)<sup>8</sup>', states an unaccompanied asylum-seeking child (UASC) is 'a person under the age of 18 years of age who is applying for asylum in their own right; and is separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so'. They further advise that 'where the person's age is in doubt, he/she should be treated as a child unless and until a full age assessment shows him/her to be an adult'.

If on arrival and following the initial assessment by the authorities, the young person seeking asylum is under 18 years and without an adult to care of them they are considered an UASC. The local authority then has a duty under section 20 of the Children Act 1989 to accommodate UASC, they become a looked after child and are entitled to all the statutory service afforded to other looked after children.

The national and local profile for UASC can be found in appendix 5.

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<sup>8</sup>Processing an Asylum Application from a child (2013): <https://www.gov.uk/government/publications/processing-an-asylum-application-from-a-child-instruction>

## **Kent and Medway: Health Needs of Unaccompanied Asylum Seeking Children and Young People**

Initial and review health assessments are undertaken by our specialist Looked after Children's teams. The health needs of this group are unknown and potentially significant on arrival. It is vital that a comprehensive initial health assessment is undertaken to assess health and to devise a health plan to meet the health needs identified. The health assessment template used for UASC has been updated by the CCG team to support an increase concern around the screening needs of this group.

Modelling undertaken by Kent Public health indicated that there will be a significant need in relation to blood born infection screening and TB screening.

A recent review of 146 completed health assessments found that TB screening results were recorded in only 27.5%. For those with completed results, 33 of the 40 were recorded as 'complete and clear'. Of the remaining seven, six young people were treated for Latent TB and one for active disease. For the 106 remaining young people where no result of screening was recorded it may be surmise that 18-19 young people among this cohort would require some form of treatment or further investigation. Additional difficulties which would have impacted on the lack of outcome being recorded, such as non-attendance at TB clinic for screening, no referral made at the health assessment and different electronic health record systems need to be considered. Further work is underway on a new pathway for TB screening to improve the uptake of screening and the recording of results (see under Priorities).

In addition to the above all new arrivals are started on the full UK vaccination schedule.

## **9. Care Leavers**

Generally the health and well-being of young people leaving care has consistently been found to be poorer than that of young people who have never been in care. Care leavers are likely to have additional mental and physical health needs and the impact of their social circumstances may exacerbate these health issues<sup>9</sup>. Care leavers have higher levels of teenage pregnancy, drug and alcohol abuse as well as being at risk of exploitation and poorer financial circumstances.

Young people leaving the care system in Kent and Medway are provided with a personal health history, an important record of the young person's health from birth to their 18th birthday. In addition information and advice on how to access universal health services and other services to improve outcomes is provided alongside the personalised health history.

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<sup>9</sup> Caring for better health: <https://www.careleavers.com/wp-content/uploads/2017/12/Caring-for-Better-Health-Final-Report.pdf>

## **Kent**

Kent Community Health Foundation Trust is commissioned to provide health histories. During 2019-2020, the organisation provided all our young people leaving care with a personalised health history, meeting their key performance indicator of 100%.

## **Medway**

In July 2019, Medway's children's social care service was inspected by Ofsted, who deemed the care leaving service 'requires improvement to be good'. Several recommendations were made which included improved access to mental health services as well as a better relationship with health to support the health needs of this cohort of young people.

Medway Community Healthcare (MCH) are commissioned to provide a health service for looked after children from 0-19 years of age, including health histories for those aged 18. During this period, MCH provided all our young people leaving care with a personalised health history, meeting their key performance indicator of 100%. The service for those aged 18-19 years is currently being developed.

The CCG team, together with MCH, joint partnership commissioners and Medway Council Leaving Care team and a group of care leavers are reviewing the current health offer and devising a new offer that will provide the help and support identified by the young people as lacking in the current offer.

In addition to the 18-19 year service provided by MCH, NELFT, who provide the mental health services in Medway, have been commissioned to provide a service for young people leaving care between the ages of 18-25 who require a mental health service. The service is provided to young people for first time contact up to the age of 19 years old, and to their 25th birthday for continued support, if deemed clinically appropriate.

## **10. Children Placed Out of Area- CCG responsibilities**

Kent and Medway CCG is the responsible commissioner of health services for children who are placed into care by Kent County Council and Medway Council and they also have a responsibility for children placed into the county<sup>10</sup>.

### **The responsible commissioner**

When looked after children are placed out of area it is the responsibility of the originating local authority to advise the CCG of their movement. This will ensure that children continue to access relevant health services. The originating local authority has a shared responsibility with the originating CCG to ensure that a full health assessment is undertaken and that a health plan is drawn up. It remains the

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<sup>10</sup> Who Pays? Determining responsibility for payments to providers (2013): <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

responsibility of the originating CCG to commission the statutory health assessments; however, the receiving CCG has a duty to ensure there is local provision of such specialist service.

### **Kent County Council and Medway Local Authority Children Placed in Other Local Authorities**

There are a variety of reasons why looked after children would be placed outside of the county and, at the time of writing this report, there were 466 of our looked after children placed out of the CCG boundaries.

The provider organisations are responsible for coordinating the completion of health assessments for those children and young people placed out of area. The provider organisation refers to the receiving provider organisation to request the completion of a health assessment. Quality assurance of the initial health assessment, completed out of area is undertaken by the Designated Doctor. Quality assurance for review health assessments is addressed via a quality assurance tool by the Named Nurse in the requesting provider. There is an escalation process in place to the CCG Designated Professionals for Looked after Children should there be any challenges, who will liaise with their counterparts in other CCGs, if necessary.

### **Children Placed in Kent and Medway by other local authorities**

At the time of writing this report there are currently 1772 looked after children placed within the CCG boundaries from other local authorities. This number is potentially higher as the originating local authorities have a responsibility to inform the receiving CCG of any new placement to ensure that the health needs are met; however, this continues to be an ongoing challenge as there is significant variation in the notification process from other local authorities, including between the two local authorities covered by the CCG.

The originating CCG and provider organisation have a responsibility to coordinate and request the completion of the statutory health assessment. Requests are sent directly to the provider organisation to complete. Both our provider organisations have employed additional nursing capacity to undertake these review health assessments and funding for this is provided via the national tariff system.

## **11. Adoption medical services in Kent and Medway**

The role of the Adoption medical adviser is set out in the Adoption Regulations: AAR 8 and described in the Department of Education 'Statutory Guidance regarding Adoption (2013)'<sup>11</sup>. AAR 8 stipulates that the medical adviser is to be a registered medical practitioner – usually a senior paediatrician – and is to be involved in the

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<sup>11</sup>Statutory Guidance regarding Adoption (2013) <https://www.gov.uk/government/publications/adoption-statutory-guidance-2013>



arrangements for a child on the adoption journey. The adoption medical adviser can also be consulted at reviews of the child's case (AAR 36).<sup>12</sup>

Adoption medical services in Kent and Medway continue to be provided by three different Trusts: KCHFT, EKHUFT supported by the KCHFT Looked after Children's Health Admin Hub in addition to local Trust arrangements and MCH. The medical adviser role<sup>13</sup> is undertaken in Kent and Medway by experienced community paediatricians who have a broader remit in developmental paediatrics and in safeguarding thereby bringing a holistic approach and the necessary competencies<sup>14</sup> to this sphere of their activity. The medical advisers all have good working relationships with the KCC Adoption team and Medway Council Adoption team respectively.

The Kent medical advisers have formed a small training team. The team now provides training to prospective adopters on one morning a month. The training package has been updated and a medical adviser is available for questions at the end of each session.

Kent and Medway medical advisers are commissioned to meet with all prospective adopters who are matched with a child to inform them of health risks and answer any queries and then attend the Adoption Panel to provide health oversight and serving as a panel member providing quality assurance and recommendation regarding a matching approval as well as approval of prospective adopters.

<b>2019/2020 Adoption Figures – Children on the Adoption pathway</b>		
	<b>Kent</b>	<b>Medway</b>
No. of children waiting for adoption order at 31 March 2020	34 children placed for adoption not adopted 22 children with placement order not yet placed 26 children with agreed plan for adoption no placement order	23
No. of adoption matches between 1 April 2019 – 31 March 2020	60	23
No. of training sessions for prospective adopters	12	0
No. of adoption medicals per year (children)	259	56
No. of meetings with prospective adopters	51	18
No. of adoption panels attended	37	12

<sup>12</sup> Statutory Guidance on Adoption. For local authorities, voluntary adoption agencies, adoption support agencies. July 2013. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/270100/adoption\\_statutory\\_guidance\\_2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270100/adoption_statutory_guidance_2013.pdf)

<sup>13</sup> Adoption- the role of the medical advisor (2017): [https://www.paediatricsandchildhealthjournal.co.uk/article/S1751-7222\(17\)30174-9/fulltext](https://www.paediatricsandchildhealthjournal.co.uk/article/S1751-7222(17)30174-9/fulltext)

<sup>14</sup> Medical advisers in adoption and fostering: <https://www.bacch.org.uk/publications/documents/MedicalAdvisersinAdoptionandFostering.pdf>

## **Regional Adoption Agency (RAA)**

The government introduced Regional Adoption Agencies (RAAs) as a manifesto commitment in 2015 'where services are delivered on a greater scale, and with more innovative approaches to practice'. These are recognised as having real potential to improve outcomes for children. Legislation is now in place that would allow local authorities (LAs) to be directed into an RAA (through the Education and Adoption Act 2016<sup>15</sup>).

London Borough of Bexley, Kent County Council and Medway Council adoption services will be brought together to form a larger agency in a partnership arrangement set to commence through a phased approach. At the time of writing this report, the launch is set for autumn 2020. The three areas have had consortia working arrangements for some time so that the new model that is being developed will build on these arrangements. Kent County Council will be the host authority for the RAA.

There is no anticipated change to arrangements regarding the assessment of children on the adoption pathway, fostering recruitment or Fostering Panels. There is a commitment to pan-regional approaches to formulate and embed best possible practice across the core functions relating to adoption.

The Designated Doctor for Kent and Medway has liaised with the Designated Doctor in Bexley and has contributed to the Panel and Health work streams for the RAA development. Regional monthly medical advisers meetings are being held to facilitate good communication and good collaborative working and to facilitate development of trust across the region. The work undertaken in Kent to redesign the Adoption Health Pathway has provided a useful starting point to developing a regionalised approach.

A quality assurance framework and guidelines for adult reports is being developed by the Designated Doctors in collaboration with the region's eight Medical Advisers and informed by a Kent and Medway wide audit of adult health reports.

## **12. Adult health reports**

The CCG has a statutory duty to support the local authority in its provision of foster carers and prospective adopters available to care for our children within the borders of the County.

Kent and Medway CCG commissions medical advisers (as part of the Looked after children's specialist services) to provide advice to the adoption and fostering teams of Kent County Council and Medway Council. This includes advice on the health of

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<sup>15</sup> Education and Adoption Act 2016 <https://www.legislation.gov.uk/ukpga/2016/6/contents/enacted>

prospective carers. The requirement to collect health information on prospective carers is laid down in the relevant adoption and fostering Regulations for England, Northern Ireland, Scotland and Wales. The Adoption Agencies Regulations 2005 No. 389<sup>16</sup> set out in Schedule 4 Part 2 what health information should be collated, considered and inform the medical advice given to the Adoption team and Panel. The Fostering Regulations 2011 state that health information supported by a medical report is required in the assessment of the foster carer.

Prospective carers increasingly include those who are older and those who have complex medical histories or multiple risk factors. It is therefore important that the health of prospective carers is carefully considered in a robust and timely manner to ensure safe placements are made for vulnerable children and delays minimised.

GPs, as per local arrangements, assess prospective carers through a holistic assessment including physical examination and complete a Coram BAAF Adult health form. The medical adviser then gives an independent opinion through a written report on whether any identified health or lifestyle issues may have an impact of a child or need further exploration by the assessing social worker prior to consideration of approval at Panel. Medical advisers attend all Adoption Panels.

<b>2019/2020 Adoption Figures – Adult Health</b>		
	<b>Kent</b>	<b>Medway</b>
No. of adoption panels attended	37	12
No. of adult health assessment reports (incl. prospective adopters and foster carers)	192	58

There may not be any health representation at the Fostering Panel reiterating importance of all relevant health information being available to inform a robust medical report.

The Designate team responds to concerns regarding accessibility of GP assessments and additionally requests assurance of the quality and timeliness of medical advice given by the medical advisers through audit and training.

### **13. Adult health report Audit November 2019 – March 2020**

An audit was conducted due to planned regionalisation of assessment of prospective adopters, identified variation in medical advice given and concerns regarding the higher rate of health issues among substitute carers linked with older age and wider acceptance criteria driven by foster carer and adopter shortage.

Adult reports written by each Medical Adviser in Kent and Medway were audited by the Designated Doctor including consultation with the wider Designate team. A total of 120 randomly selected medical advisers' reports together with associated Coram BAAF Adult Health forms were scrutinised. Detailed findings have been shared with

<sup>16</sup>The Adoption Agencies Regulations (2005): <https://www.legislation.gov.uk/uksi/2005/389/schedule/4/made>

all Medical Advisers in Kent and Medway. An event was postponed due to the Covid-19 pandemic to address identified training requirements and will be re-arranged in due course.

## 14. Priorities

### **Governing Body Training**

Training to be arranged for the CCG Governing Bodies of CCG on the specific vulnerabilities and needs of looked after children.

### **Children's home audit**

During 2019-2020, the CCG team commenced a project to audit the children's home provision across Kent. The aim of the audit process is to be supportive and, as such, the team co-operate with the homes in order to overcome any challenges that they may have, leading to actions both for the CCG team as well as the children's homes. Our records show that there are 77 children's homes in Kent spread across 30 different provider organisations. The team has visited 14 of the homes to date; however due to the impact of the COVID-19 lockdown, the audit was put on hold awaiting completion. When the current restrictions are lifted it is hoped to re-launch the audit and complete within the year 2020-2021.

### **Fostering panel**

Currently the CCG team do not have a representative on the Medway fostering panel; however it is hoped that the team will have capacity to do this during 2020-2021. This will help to ensure that there is a consistent approach across Kent and Medway CCG as well as provide an equitable service for our two local authorities.

### **Mental health foster carer training- Medway**

A proposal paper has been drafted and sent to Medway Council, to replicate the Mental Health Foster Carer training being delivered in Kent for Medway foster carers. Medway Council have so far expressed an interest and it is hoped to progress this further within the current year.

### **Improving Primary Care's understanding of looked after children**

The team will complete the comprehensive Best Practice Guidance for general practitioners regarding the statutory obligations for looked after children, issues to consider and key contacts. We aim to set up a regular networking meeting with the Named GPs for Safeguarding and to collaborate in arranging relevant training for general practitioners across Kent and Medway.

### **RAA health pathways and quality assurance**

Development of a quality assurance framework and guidelines for completion of medical reports regarding prospective carers. The guidelines will be developed by the Designated Doctors in collaboration with the region's eight Medical Advisers and informed by the 2019/20 Kent and Medway wide audit of adult health reports. With

the launch of the RAA in Autumn 2020, it will be a priority that the Designated Doctor of Kent and Medway and the Designated Doctor of Bexley continue to work closely together to gain assurance of quality of medical advice regarding both prospective carers and children on the adoption pathway and of the medical contribution at Adoption Panels across the region.

### **Adoption health pathway - Medway**

Following on from the successful introduction of the redesigned Adoption health pathway across providers in Kent, a priority for the next year is to collaborate with the Medway Medical Adviser and the Medway Council Adoption team in order to introduce a similar redesign in Medway. It is anticipated that this would improve effectiveness and efficiency.

### **Adult health model**

The completion of adult health assessments for prospective adopters and fosters is currently not within the GP contract and work is undertaken privately and at each individual surgery's discretion. This can lead to delays to the progression of a prospective adopter or foster carer through the assessment pathway.

A new model for the completion of adult medicals is being devised. This will reduce the unwarranted variation and ensure a smooth progress through the health section of the adoption or fostering assessment.

### **Strengths and Difficulties Questionnaires (SDQ) pathway – Medway**

Following the successful re-design of the SDQ Pathway in Kent it has been agreed that further work will take place in Medway to develop a multi-agency SDQ pathway.

### **Screening pathway for Unaccompanied Asylum Seeking Children (UASC)**

Working in partnership with our specialist health teams and TB services, work will be undertaken to design a new TB screening and referral pathway.

### **Unaccompanied Asylum Seeking Children (UASC) Health needs audit**

The completion of the health needs audit is a priority for this coming year. Data has been collated regarding health and lifestyle issues identified at initial statutory health assessment and then at annual review health assessment. The data set requires further analysis and the key findings presented. Together with providers and general practitioners learning points need to be identified and addressed to improve the health outcomes of this vulnerable cohort of young people.

## **15. Useful contacts**

NHS Kent and Medway CCG Looked after Children Team can be contacted on the following email address: [kmccg.lac@nhs.net](mailto:kmccg.lac@nhs.net)

Additional information, advice, processes and templates. Including a significant amount of translated information to support professionals working with our

unaccompanied asylum seeking children and young people can be found on the UASC health website:

**uasc**  **health**

[www.uaschealth.org](http://www.uaschealth.org)

**End of Report**

## 16. Appendix 1- Statutory Framework, Legislation and Guidance

There are a number of pieces of legislation and guidance which inform the responsibilities and requirements with regard to working with looked after children, the key documents are summarised below:

- **Promoting the Health and well-being of looked after children (Department of Education and Department of Health, 2015)<sup>17</sup>** stipulates that all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of looked after children. CCGs must be able to access the expertise of a designated doctor and nurse for looked after children; the CCG retains responsibility for looked after children who are placed out of area and ensure that their care continues uninterrupted and they must ensure that arrangements are in place for smooth transitions into adult care.
- **Children Act 1989<sup>18</sup>** is the primary legislation setting out local authority responsibility to children 'in need', including looked after children. Section 22 imposes a duty on local authorities to safeguard and promote the welfare of each child they look after.
- **Children Act 2004<sup>19</sup>** requires local authorities; CCGs and NHS England to cooperate to promote the health and welfare of looked after children (section 10).
- **Looked After Children: Knowledge, skills and competence of healthcare staff (Intercollegiate Role Framework, 2015)<sup>20</sup>** sets out the specific knowledge, skills and competencies which health staff require in order to work with looked after children.
- **NICE Guidance PH28: Looked After Children and young people (2010 updated 2015)<sup>21</sup>** aims to enable children's health and social care services to meet their obligations to improve the health and well-being of looked after children. The recommendations cover local commissioning, multiagency working, care planning, placements and timely access to appropriate health and mental health services.
- **Who Pays? Determining Responsibility for payments to providers (NHS England, 2013)<sup>22</sup>** provides guidance on how to determine who pays for health services for looked after children who are placed out of area.
- **NICE Quality Standard QS31: Looked After Children & Young People (2013)<sup>23</sup>** gives specific measurable statements around the health and well-

<sup>17</sup>Promoting the health and well-being of looked after children 2015: <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

<sup>18</sup> Children Act 1989: <https://www.legislation.gov.uk/ukpga/1989/41/contents>

<sup>19</sup>Children Act 2004 <https://www.legislation.gov.uk/ukpga/2004/23/contents>

<sup>20</sup> Looked after children: knowledge, skills and competence of health care staff 2015: [Intercollegiate Looked after children Knowledge skills and competence o...pdf](#)

<sup>21</sup> NICE: Looked after Children and Young people 2015 <https://www.nice.org.uk/guidance/ph28>

<sup>22</sup>Who Pays? Determining the responsibility for payments to providers 2013: <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

being of looked after children, young people and care leavers for all services.

- **The Care Planning, Placement and Case Review (England) Regulations (2010)**<sup>24</sup> set out the functions and responsibilities of local authorities and partner agencies under Part 3 of the Children Act 1989 ('the 1989 Act'), which concerns the provision of local authority support for children and families. In particular it describes how local authorities should carry out their responsibilities in relation to care planning, placement and case review for looked after children.
- **Improving mental health support for our children and young people (Social Care Institute for Excellence, 2017)**<sup>25</sup> sets out findings from the evidence of the Expert Working Group, views of children and young people. It makes recommendations to address the findings which will improve the mental health and well-being of looked after children. It established 11 key findings that will be the drivers for change and developed 7 quality statements that define the outcomes that the recommendations are intended to achieve.
- **Children and Social Work Act (2017)**<sup>26</sup> requires local authorities to publish their local offer for care leavers, provide personal advisors to care leavers up to the age of 25 and extra support to promote educational achievement in relation to looked after children and those previously looked after. The Act also places an emphasis on outcomes for children going through the court process, in particular timescales surrounding permanence and adoption pathways. The CCG remains an accountable corporate parent of looked after children and has representation on the corporate parenting board. The expectations of what a 'good' corporate parent is described in the Act and this directly influences the offer to looked after children and care leavers from the CCG and other partners.

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<sup>23</sup>Nice Looked after children and young people 2013: <https://www.nice.org.uk/guidance/qs31>

<sup>24</sup> The care planning, placement and care review 2010: <https://www.legislation.gov.uk/uksi/2010/959/contents/made>

<sup>25</sup> Improving mental health support for our children and young people 2017: <https://www.scie.org.uk/almost-there>

<sup>26</sup> Children and Social work act 2017: <https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

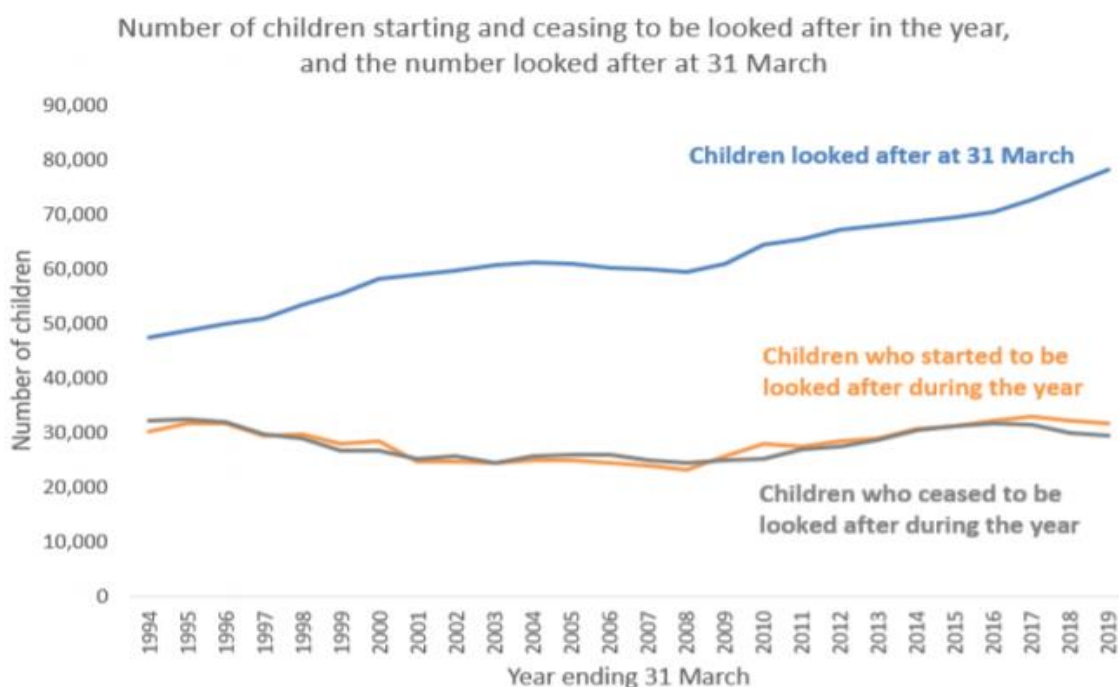


## 17. Appendix 2- National Profile

As of the 31st March 2019, the numbers of children looked after by local authorities in England increased, up 4% to 78,150 from 75,420 in 2018, continuing increases seen in recent years. This is equivalent to a rate of 65 per 10,000 in 2019, which is up from 64 per 10,000 in 2018 and 62 per 10,000 in 2017

The number of children starting to be looked after has fallen slightly at end of 2019, by 2%. 31,680 children started to be looked after in the year ending 31st March 2019, down from 32,050 in 2018.

The number of children ceasing to be looked after has fallen again by 2% to 29,460, from a high of 31,850 in 2016. After falls in the last three years, the average duration of the latest period of care rose slightly this year to 808, up from 772 days in 2018 and 772 days in 2017.



Note: National data is published in September for the previous year. Therefore the most up to date national data available for this report is March 2019:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/850306/Children\\_looked\\_after\\_in\\_England\\_2019\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf)

## 18. Appendix 3- Kent Profile (Information provided by Kent Public Health)

### Kent Looked After Children\*

2020, 1520 CYP *Increased over the past year*  
 2019, 1358 CYP



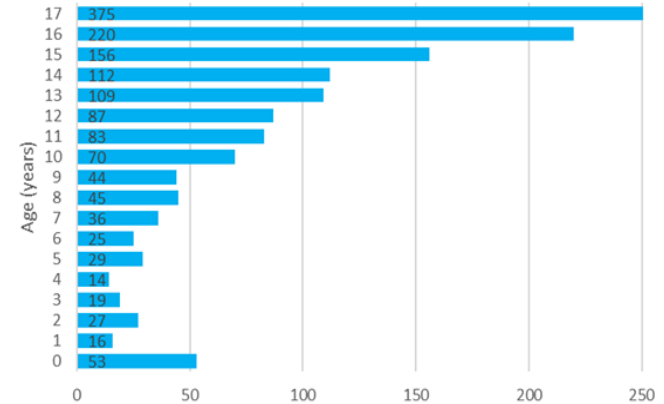
2020, 370 UASC  
 2019, 210 UASC  
 2018, 160 UASC  
*Increase in past three years*

### Placement Type

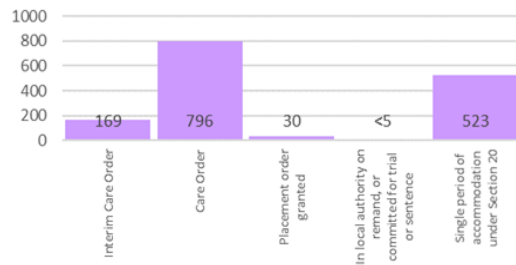


Semi-independent living accommodation not subject to Children's Homes Regulations	147
Children's Homes	77
Placed with own parents	20
Independent living	190
Residential care home or NHS / Health trust	7
All Residential schools	11
Foster placement with relative or friend- long term	25
Foster placement with relative or friend- not long term or FFA	17
Placement with other foster carer- long term fostering or approved adopter - FFA	222
Placement with other foster carer - not long term or FFA	804

### Age of CYP (on 31<sup>st</sup> March 2020)



### Legal status of CYP



89 CYP under disability teams (80 in 2019)



*Slight increase in the past year*

\*excluding those living at a confidential address



2019

537 girls (39.5%)  
 821 boys (60.5%)



2020

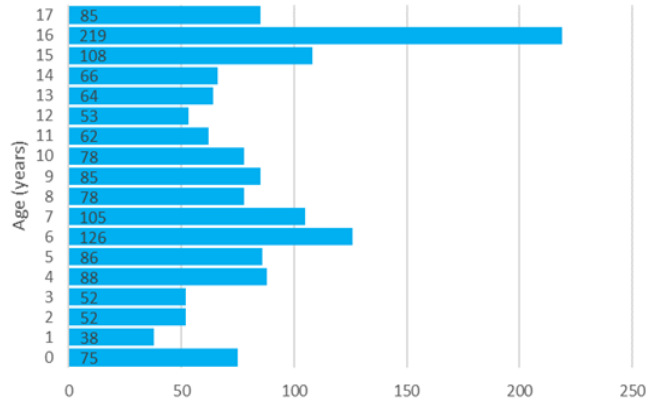
543 girls (35.7%)  
 977 boys (64.2%)



*Slight increase in the proportion of boys over the past year*

## Kent Looked After Children\*

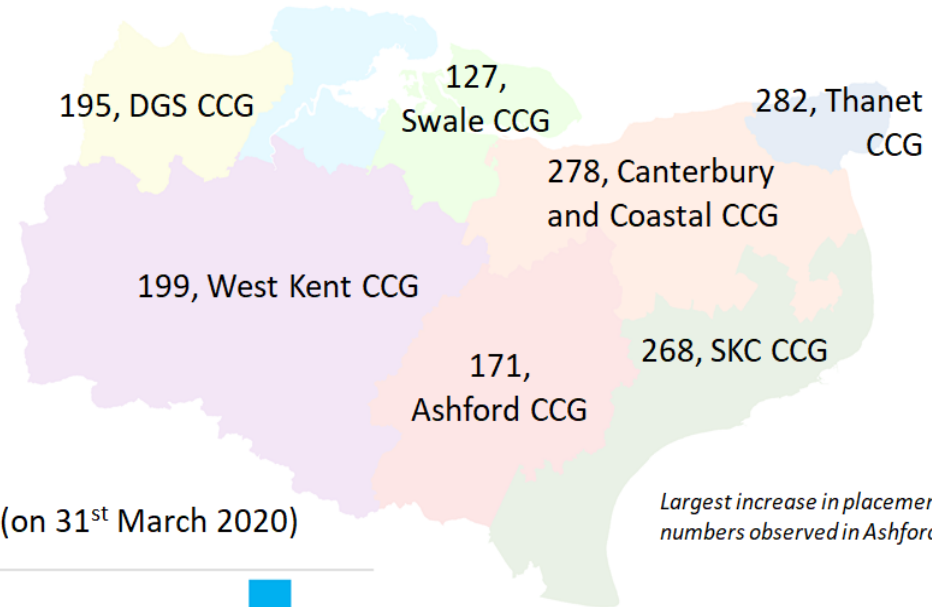
Age at entry into care



Placement distance from originating area

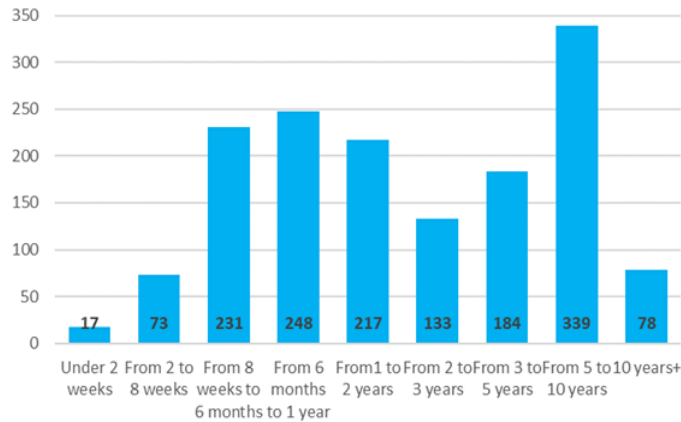
< 20 miles, 928 CYP  
 20 to 40 miles, 179 CYP  
 40 to 60 miles, 29 CYP  
 60 miles plus, 4  
 Unknown, 10

Placement CCG



*Largest increase in placement numbers observed in Ashford CCG*

Duration in care (on 31<sup>st</sup> March 2020)



389 placed with at least one sibling



69 placed in a group of 3 siblings or more

\*excluding those living at a confidential address

Other Local Authority Looked After Children placed in Kent\*

2019, 1363 CYP

2020, 1268 CYP



Decrease in past year

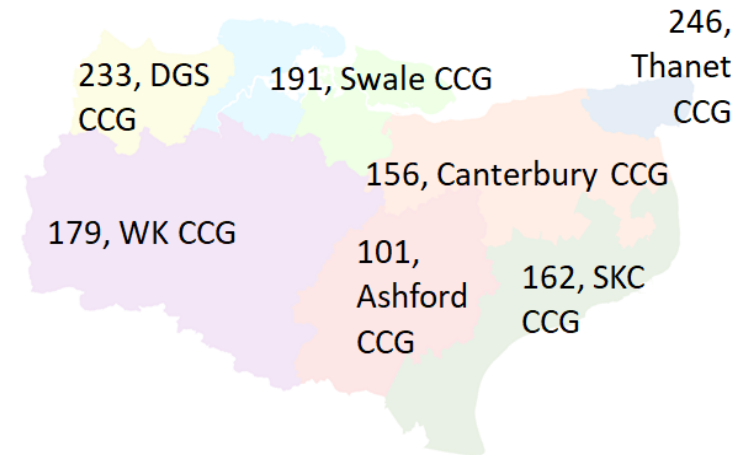


523 girls (41.2%)  
745 boys (58.8%)

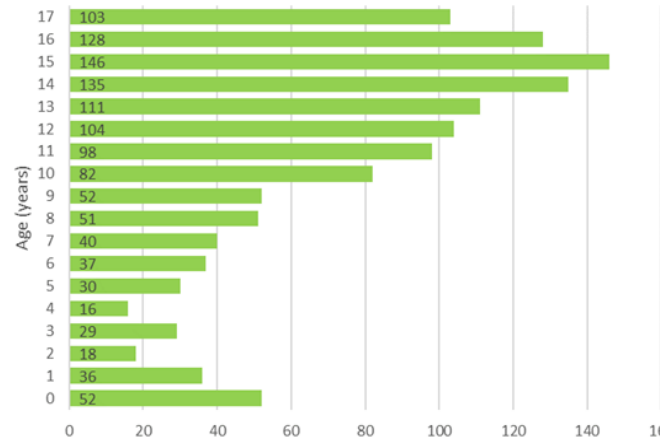
Placing Authority geographic area (on 31/03/2020)

Local Authority grouping	Total
England - South East	424
England - Outer London	397
England - Inner London	187
England - East of England	139
England - South West	29
England - West Midlands	27
England - East Midlands	20
England - North West	18
England - Yorkshire and The Humber	9
Channel Islands	8
Wales	5
Other	5

Placement area (by CCG)




Age of CYP (on 31<sup>st</sup> March 2020)



"\*The accuracy of the information cannot be assured due to the reliance on other local authorities to notify Kent County Council of new placements, changes in placements and the end of placements. Some local authorities also fail to respond to requests from Kent County Council to validate the information held regarding OLA Placements in Kent. Therefore, the figures provided are reflective of the information currently held by Kent County Council at this time. If further information is required with regard to the accuracy of specific figures then please contact MIU."

**Kent Looked After Children placed in other Local Authorities\***

2019, 205 CYP ↑ *Increase in past year*   
 2020, 256 CYP

 87 girls (34.0%)  
 169 boys (66.0%)

**Originating CCG\* (on 31/03/2020)**

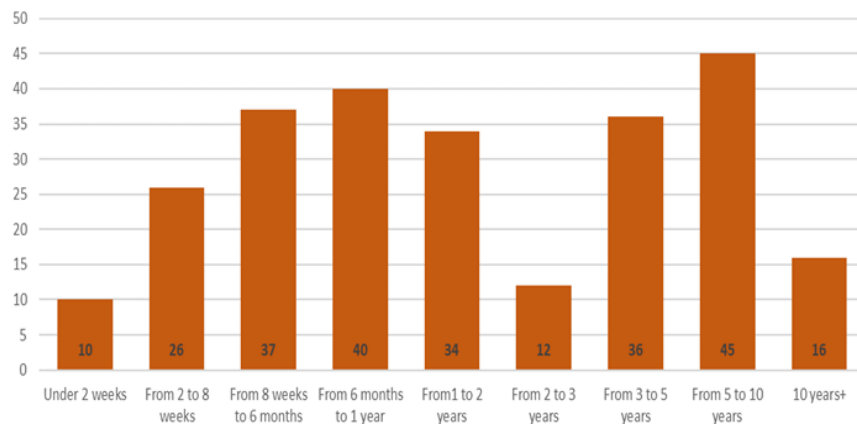
NHS Ashford	16
NHS Canterbury and Coastal	16
NHS Dartford, Gravesham and Swanley	45
NHS South Kent Coast	24
NHS Swale	12
NHS Thanet	23
NHS West Kent	64

\*excludes UASC



2020, 53 UASC ↑  
 2019, 44 UASC  
 2018, 73 UASC  
*Increase in past year*

**Duration in care (on 31<sup>st</sup> March 2020)**



\*excludes CYP placed at confidential addresses



**Kent Looked After Children placed in other Local Authorities\***

**Age of CYP (on 31<sup>st</sup> March 2020)**



0-4 years, 27 CYP



5-9 years, 11 CYP



10-15 years, 99 CYP

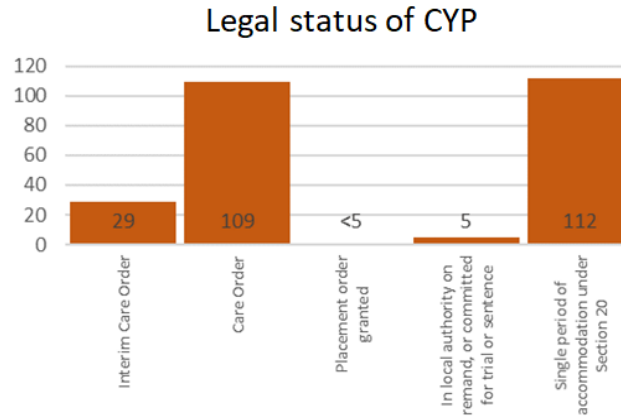


16+ years, 119 CYP



26 CYP under disability teams (25 in 2020)

*Relatively stable over the past year*



**Placement Type**

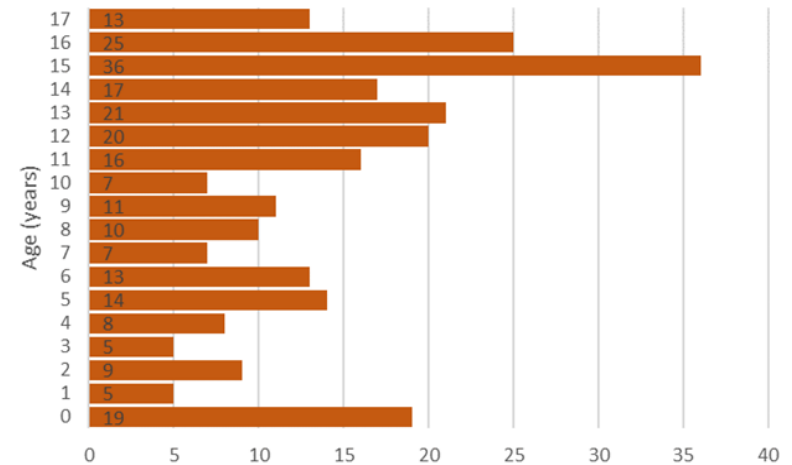
Placement with other foster carer - not long term or FFA	105
Childrens Homes	56
Semi-independent living accommodation not subject to Children's Homes Regulations	37
Placement with other foster carer- long term fostering	17
Foster placement with relative or friend- long term	12
Independent living	10
Young Offender Institution or prison	5
Other	14

**Geographic area of placement\* (on 31/03/2020)**

England - South East	152
England - Outer London	35
England - East of England	22
England - East Midlands	12
England - Inner London	12
England - West Midlands	6
Other	17

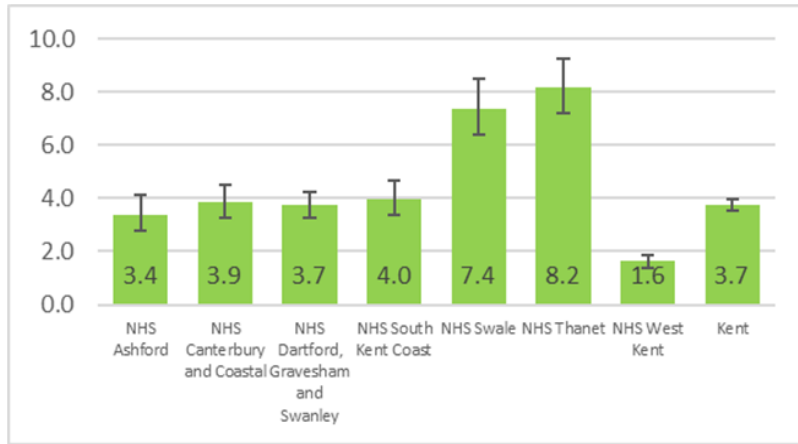
\*other includes areas with <5 placements

**Age at entry into care**

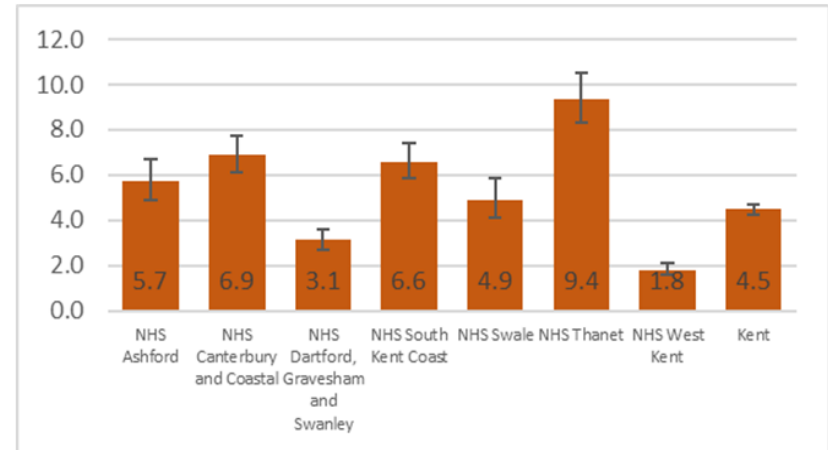


\*excludes CYP placed at confidential addresses

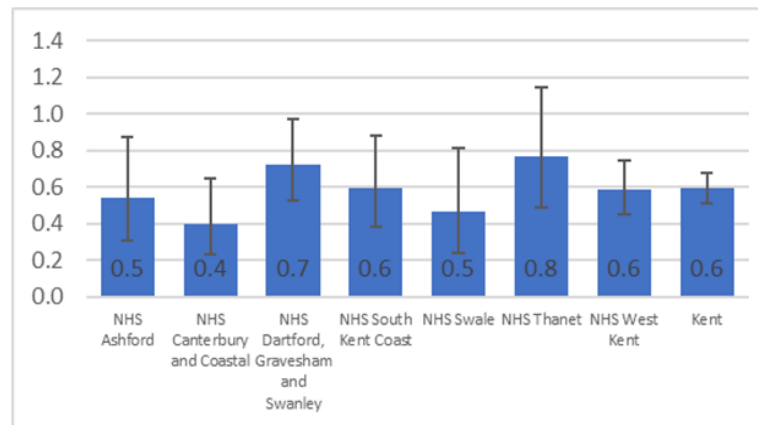
OLA LAC placed in each CCG, rate per 1,000 population aged under 18



Kent LAC by CCG of placement, rate per 1,000 population aged under 18



Kent LAC placed in other local authorities by CCG of origin, rate per 1,000 population aged under 18



95% confidence intervals

## 19. Appendix 4- Medway Profile (Information provided by Medway LA)

### Medway Looked After Children\*

2020, 426 CYP

*Relatively stable over the past year*



2019, 424 CYP

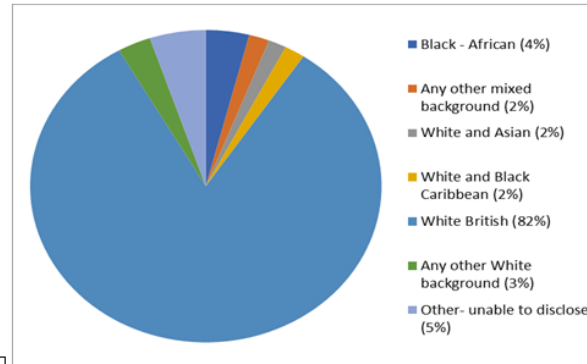
### Placement Type



Placed for adoption with placement order- not with current foster carer	13
Foster placement with relative(s) or friend(s) – long term fostering	15
Fostering placement with relative(s) or friend(s) who is/are not long-term or fostering for adoption /concurrent planning	15
Childrens home	20
Foster placement with other foster carer(s) – long term fostering	109
Foster placement with other foster carer(s) – not long term or fostering for adoption /concurrent planning	217
Semi-independent living accommodation	17
Other- unable to disclose	20

\*excluding those living at a confidential address

### Ethnicity



41 CYP with a disability (48 in 2019)



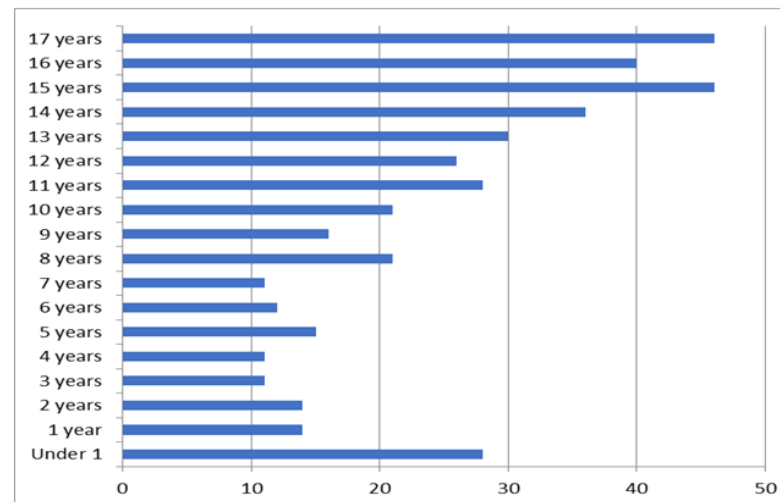
*Slight decrease in the past year*



7 Unaccompanied Asylum Seeking Children (UASC)

*Slight decrease in the past year (from 11 in 2019)*

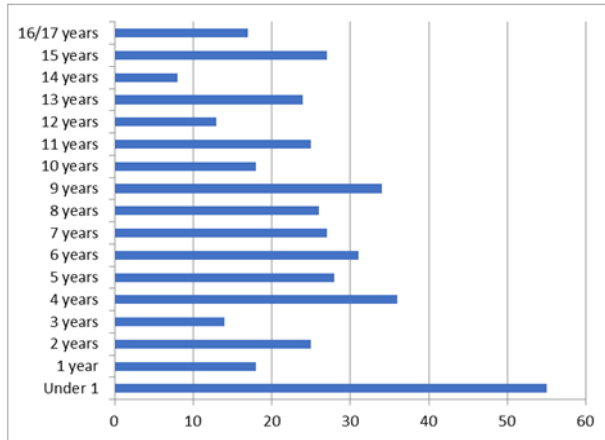
### Age at 31<sup>st</sup> March 2020



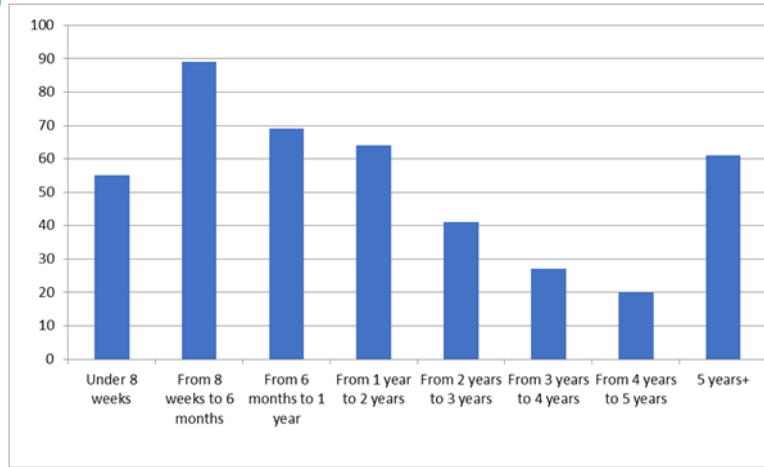


Medway Looked After Children\*

Age at entry into care



Duration in care



152 placed with at least one sibling



50 placed in a group of 3 siblings or more

Gender

Slight increase in the proportion of girls over the past year

2020

191 girls (45%)  
235 boys (55%)



2019

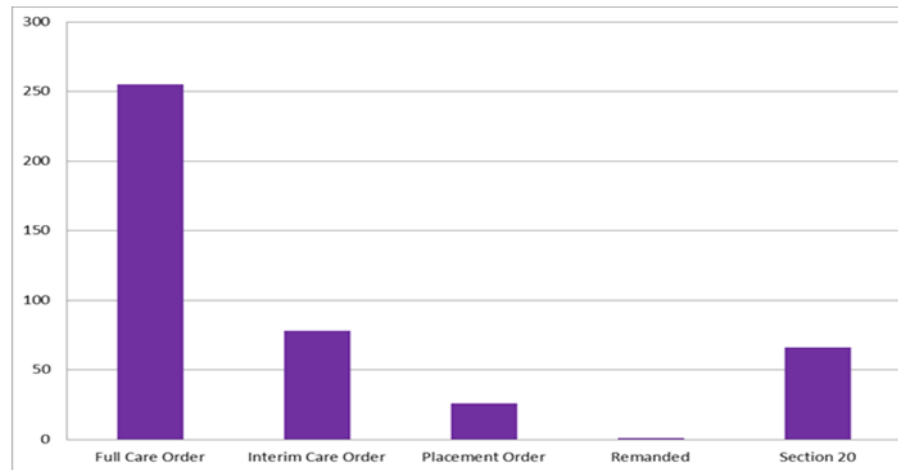
187 girls (44%)  
237 boys (56%)



Placement distance from originating area

- < 20 miles: 315
- 20 to 40 miles: 63
- 40 to 60 miles: 9
- 60 miles plus: 17
- Unknown: 22

Legal Status



\*excluding those living at a confidential address

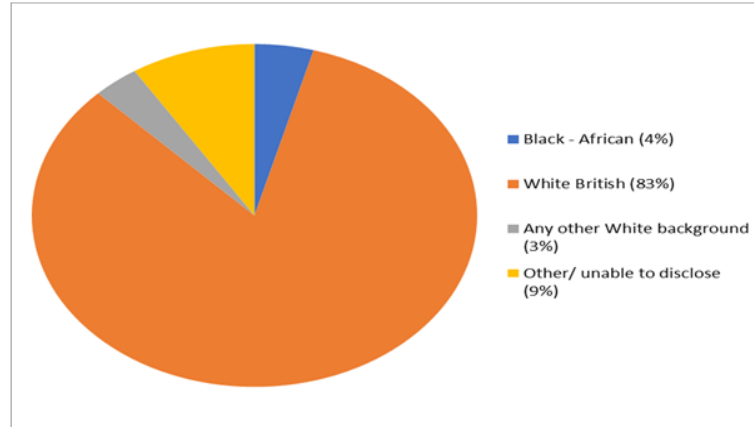
**Medway Looked After Children placed in other Local Authorities\***

2020: 210 CYP

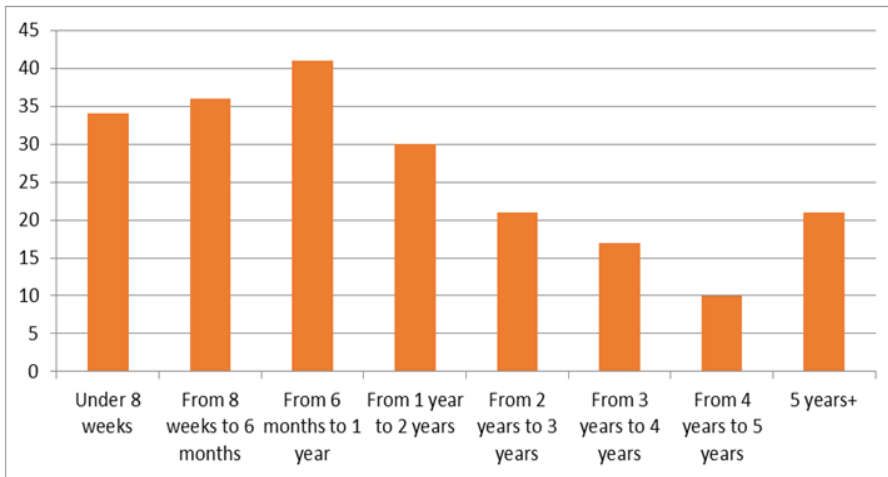
2019: 190 CYP



**Ethnicity**



**Duration in care**

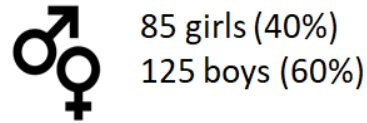


\*excluding those living at a confidential address

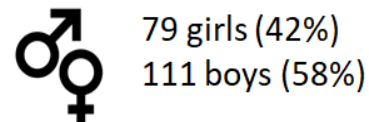
**Gender**

*Decrease in the proportion of girls over the past year*

**2020**



**2019**



22 CYP under disability teams (23 in 2019)

*Slight decrease in the past year*

Medway Looked After Children placed in other Local Authorities\*

Age at 31<sup>st</sup> March 2020



0-4 years: 28



5-9 years: 37



10-15 years: 107



16+ years: 38

Placement Type



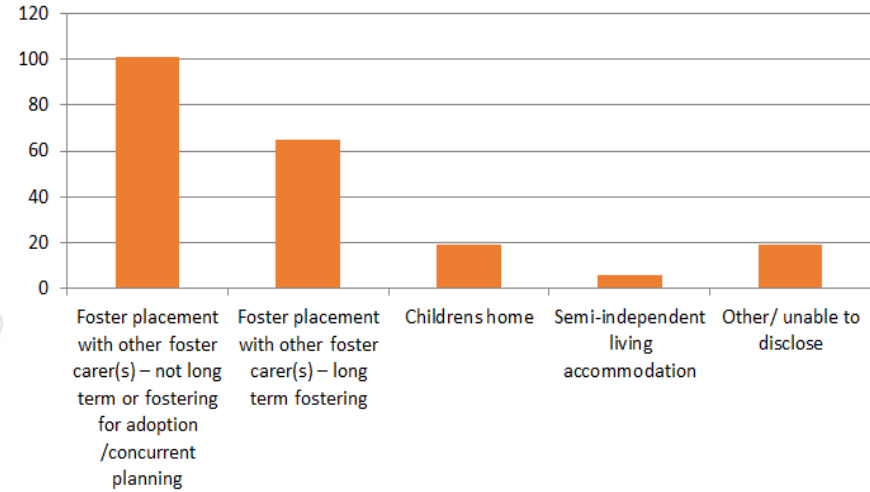
Full Care Order	145
Interim Care Order	32
Placement Order	6
Section 20	20
Other/ unable to disclose	1

\*excluding those living at a confidential address

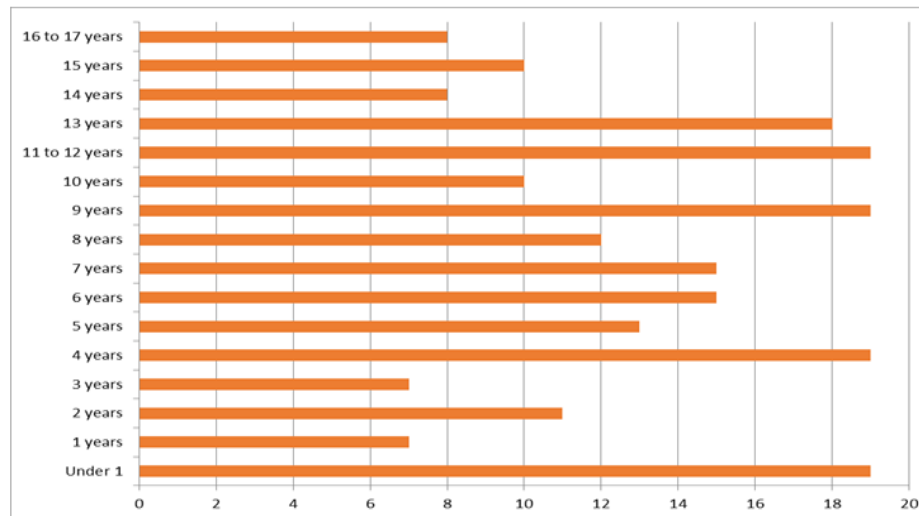
Geographic area of placement

Local authority	Number
Kent	165
Greater London	13
Other/ unable to disclose	32

Legal status



Age at entry into care



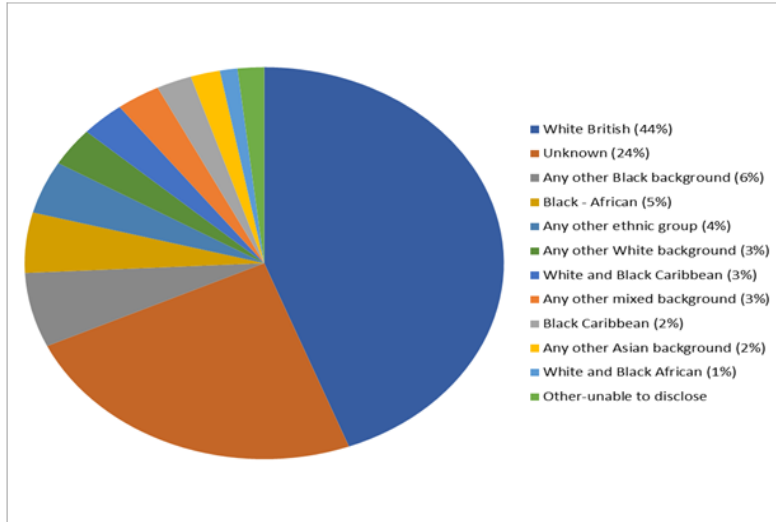
**Other Local Authority Looked After Children placed in Medway\***

2020: 504 CYP  
2019: 477 CYP



*Increase in the past year*

**Ethnicity**



**Gender**

*Decrease in the proportion of girls over the past year*

**2020**



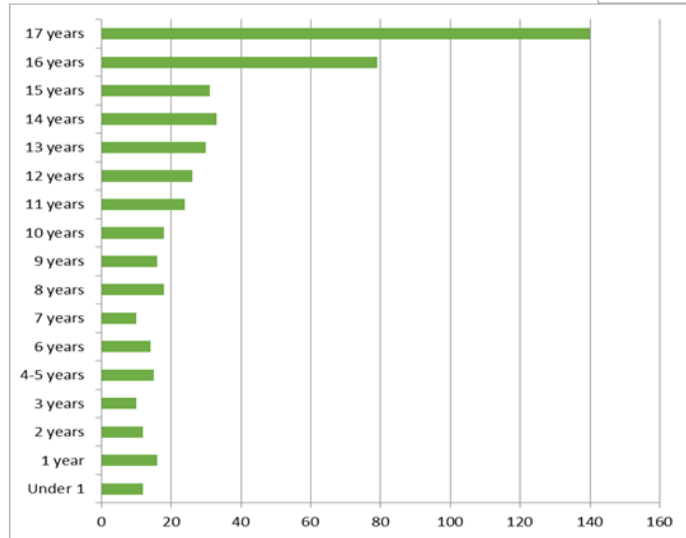
168 girls (33%)  
323 boys (64%)  
13 unknown (3%)

**2019**



180 girls (42%)  
273 boys (53%)  
24 unknown (5%)

**Age at 31<sup>st</sup> March 2020**



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

*Slight increase in the past year (from 24 in 2019)*

\*excluding those living at a confidential address

*\*\*The accuracy of the information cannot be assured due to the reliance on other local authorities to notify Medway Council of new placements, changes in placements and the end of placements. Some local authorities also fail to respond to requests from Medway Council to validate the information held regarding OLA Placements in Medway. Therefore, the figures provided are reflective of the information currently held by Medway Council at this time.*

**Placing Authority**

Local authority	Number
Hertfordshire County Council	6
Kent	164
London	240
Southend-on-Sea Council	9
England - Surrey	11
Unknown/ unable to disclose	74

## 20. Appendix 5- Unaccompanied Asylum-Seeking Children profile

### National Profile

Applications by UASC during 2019/20 were 3,463 which is an increase of 116 on the previous year's numbers.

	2017/18	2018/19	2019/20
<b>Asylum applications by Unaccompanied Children seeking Asylum (excluding dependants)</b> <sup>27</sup>	2,521	3,347	3,463

2019/20 saw a significant increase in the number of applications from Iran, Iraq, Vietnam and Afghanistan. As in past years, for 2019/20 89% of applicants were male, with the majority of new applications being for young people aged over 16 years.

The health needs of this vulnerable group are significant in both physical and mental health; this is due in part to poor access to basic healthcare in their home country and the trauma experienced on their journey to the UK. Physical health needs include communicable diseases, dental health, anaemia and skin problems.

The mental health needs among these children and young people is also substantial, with symptoms being reported in up to 48% of UASC. A recent report, 'Distress Signals – Unaccompanied Young People's Struggle for Mental Health Support (The Children's Society, 2018)<sup>28</sup>' highlighted the need to improve the provision of services for this group, stating it can be up to one year after arrival before a young person feels able to talk about the trauma.

### Kent and Medway profile of Unaccompanied Asylum-Seeking Children

#### Kent

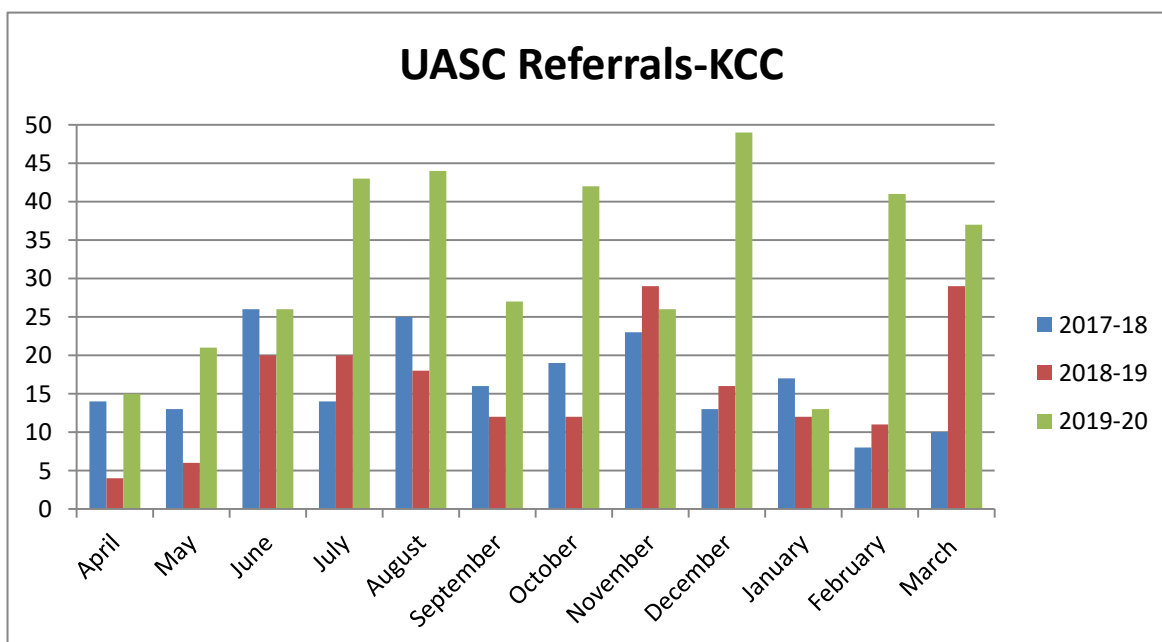
Kent has always received unaccompanied asylum seeking children and young people due to its close proximity to Europe and the Port of Dover and channel tunnel. However, in 2015-16 Kent saw a significant number of UASC entering the county, the number of new arrivals was unprecedented and placed increased burden on already overstretched services.

The following two years saw a reduction in numbers of new arrivals, as demonstrated in the tables below. This trend has not continued, 2019-20 witnessed a 100% increase in numbers of new arrivals, ending the year at 384. In 10 out of the 12 months the numbers of new arrivals exceeded that of the past two years, as demonstrated in the table below:

<sup>27</sup> [https://refugeecouncil.org.uk/wp-content/uploads/2019/03/Asylum\\_Statistics\\_Mar\\_20](https://refugeecouncil.org.uk/wp-content/uploads/2019/03/Asylum_Statistics_Mar_20)

<sup>28</sup> <https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/distress-signals>

UASC Referrals – KCC			
Month	2017-18	2018-19	2019-20
April	14	4	15
May	13	6	21
June	26	20	26
July	14	20	43
August	25	18	44
September	16	12	27
October	19	12	42
November	23	29	26
December	13	16	49
January	17	12	13
February	8	11	41
March	10	29	37
<b>Total</b>	<b>198</b>	<b>189</b>	<b>384</b>



The countries of origin of the 384 new arrivals during this reporting year, is detailed in the table below. The local profile mirrors that of the national one, in that the largest numbers of new arrivals are from Iran and male, 16-18 years old.

Nationality	Number	Nationality	Number
Afghanistani	62	Libyan	1
Albanian	10	Mali	2
Chad	5	Moroccan	1
Eritrean	33	Nigerian	2
Ethiopian	4	Pakistani	1
Guinean	4	Sudanese	28
Iranian	107	Syrian	11
Iraqi	73	Turkish	5
Ivorian	2	Vietnamese	32
Kuwaiti	1	<b>Total</b>	<b>384</b>

Of the 1362 unaccompanied asylum seeking children and young people that Kent County Council have responsibility for; 429 are under the age of 18 and 933 are 18 years and over and form part of the care leaver's population. The majority of the under 18's are placed in the county, with 53 placed in neighbouring areas, of which 29 are placed in Medway.

### Medway

During the period covered by this report Medway Local Authority was responsible for 16 unaccompanied young people. Of these 11 are male and five female, which supports the national picture. Six were placed in Medway and ten out of area, with 4 of these placed into Kent.

Nationality	14 years	16 years	17 years	18 years	Total
Afghanistani	1				1
Eritrean		1		3	4
Ethiopian				2	2
Iranian			1	1	2
Sudanese			1		1
Syrian			1	1	2
Vietnamese	1	1	2		3
<b>Total</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>16</b>

## 21. Appendix 6- Mental health foster carer training- detail of courses

### One day trauma awareness course

In recognition of the Adverse Childhood Experiences (ACES) and trauma experienced by this cohort of children and young people, the aims of this course (delivered by the Solihull Approach) are:

- To understand more about the effects of trauma on children and adults
- To understand how trauma can affect brain development
- To recognise the effects of trauma on children and adults
- To understand how to support traumatised children, adults and communities
- To show how the Solihull Approach model underpins all of the above

### Parenting Groups

This 12-week evidence based group intervention called 'Understanding Your Foster Child' is delivered by the Solihull Approach and is aimed at those fostering and adoption families who require that additional support. The aims of the group are:

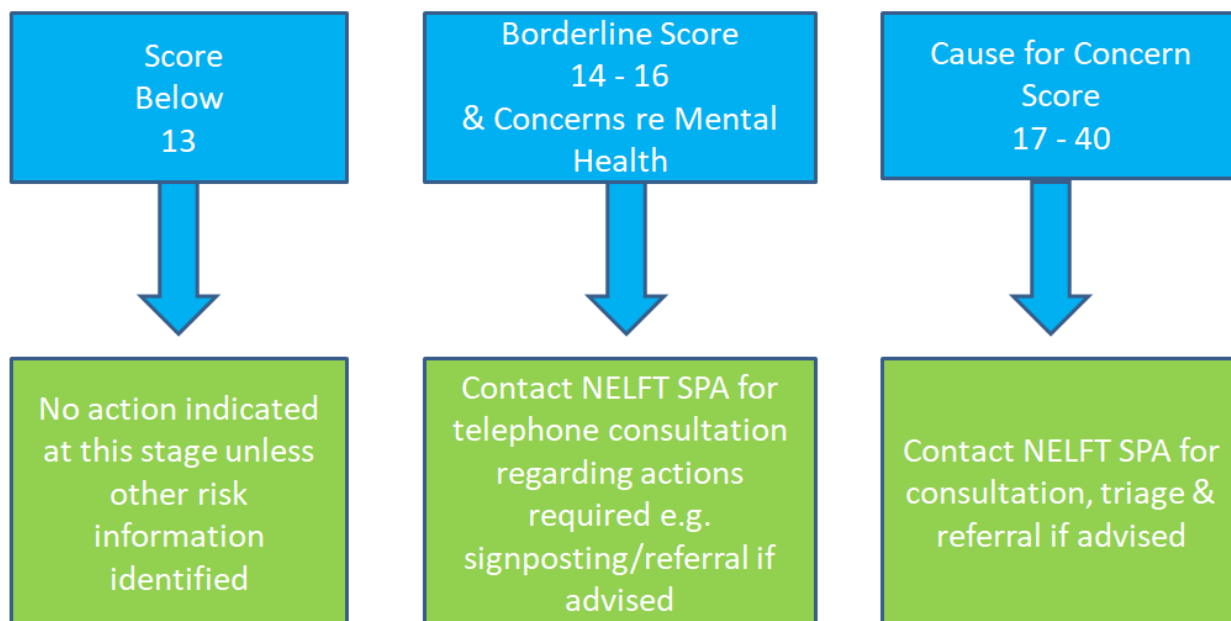
- To develop understanding of children in care, their behaviour, their experiences and developmental issues
- To increase confidence in observing and understanding the child's communication, relationships and behaviour
- To promote reflective, sensitive and effective caring
- To promote awareness of the importance of reciprocity in relationships
- To help understand the importance of rupture and repair to enhance skills and promote the resilience of children/ young people
- To promote understanding of the impact of early experience on how the child/ young person relates
- To develop a framework of thinking to enable problem solving
- To promote the development of reciprocity within the fostering/ adoption relationship
- To promote effective use of behaviour management



## 22. Appendix 7- Kent and Medway SDQ Thresholds Pathway

### SDQ Threshold Process for NELFT SPA for Looked after Children

Actions to be taken in relation to SDQ scoring bands where there are concerns re a looked after child's mental health



## 23. Appendix 8- 7 minute briefing 'Looked after children'

### 7 MINUTE BRIEFING



Kent & Medway Clinical Commissioning Groups  
Looked After Children

#### Issue 4:

### Looked After Children



## 24. Appendix 9- 7 minute briefing 'Unaccompanied Asylum-Seeking Children



### 7 MINUTE BRIEFING

#### Unaccompanied Asylum Seeking Children (UASC)

Kent & Medway Clinical Commissioning Groups  
Looked After Children



Kent and Medway CCGs Looked after Children's Team: [TCCG.CCGLACenquiries@nhs.net](mailto:TCCG.CCGLACenquiries@nhs.net)

