

<b>5 August 2022</b>		<b>ITEM: 6</b>
<b>Health and Wellbeing Board</b>		
<b>The Health and Wellbeing of Children Looked After – A Health Needs Assessment for Thurrock</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> None	
<b>Report of:</b> Elozona Umeh, Senior Public Health Programme Manager		
<b>Accountable Assistant Director:</b> Andrea Clement, Assistant Director of Public Health.		
<b>Accountable Director:</b> Jo Broadbent, Director of Public Health		
<b>This report is</b>		

## **Executive Summary**

Children and young people looked after (CLA) and care leavers are a particularly vulnerable group with greater health and social needs than their peers. Looked-after children and young people in the UK are children and young people in the care of the local authority, either voluntarily or subject to a care order made by court to grant shared parental responsibility with a local authority ('in care').

The 2017 annual report of the Director of Public Health on the [Sustainability of Children's Social Care](#) considered the pressures on the social care system, how the number of children in the social care system can be reduced, and presented the financial opportunities available to reduce the number of children within the system. Following this, it was imperative to systematically review the health and wellbeing needs of CLA. The report sought to further our understanding of the health and wellbeing needs of CLA, engage with CLA to capture their lived experiences, including experiences of foster carers and professionals working with CLA.

Findings from this work informed recommendations using knowledge gathered through data analysis of CLA and care leavers' demographic profile, service description and examination of the published evidence base, and a commissioned piece of engagement to explore the lived experience of Thurrock CLA.

### **1. Recommendation(s)**

#### **1.1 The Board consider, comment and endorse the Children Looked After Needs Assessment for Thurrock.**

**1.2 That the Board approve publication of this needs assessment in line with other Joint Strategic Needs Assessments for Thurrock**

**1.3 The Board support the delivery of its recommendations through the Thurrock robust areas of work for CLA.**

## **2. Introduction and Background**

2.1 The CLA cohort includes children with special educational needs and disability (SEND) and Unaccompanied Asylum Seeking Children (UASC). For the purposes of this needs assessment we have referred to children and young people as the population of Thurrock aged 0 -19 or up to 25 years if they have SEND or are receiving an aftercare service

2.2 The objectives of the Needs Assessment are to:

- Capture the lived experiences of CLA, foster carers and professionals caring for CLA.
- To systematically understand the health and wellbeing needs of children and young people looked after and care leavers.
- Understand what the published evidence base tells us works to support CLA and care leavers.

2.3 The report provides an overall summary of the local and national context for CLA as well as the risks and protective factors that predispose or prevent children from being taken into care or help stabilise children while in care. Intelligence has been drawn to understand the health and wellbeing needs of CLA and care leavers and the impact of the COVID-19 pandemic on access to services and outcomes. Recommended actions have equally been captured.

2.4 There were 301 CLA as of 31 March 2021. This is equivalent to a rate of 66 CLA per 10,000 children under the age of 18 which is similar to England and our Statistical Neighbours (SN) but higher than the regional average. As at March 2022, unpublished data shows the number of CLA were 295 equating to a rate of 65 per 10,000 population. The rate of children in care in Thurrock declined between 2016 and 2019, from 81 CLA per 10,000 children under the age of 18 in 2016 to 67 CLA per 10,000 in 2020 and has remained stable since. At the end of March 2021, 286 Care Leavers (compared to 254 in March 2020), including those 16-18 being supported, were receiving an Aftercare Service. This is a slight increase from March 2019 but this is largely dependent on the age of children in care.

2.5 In December 2020, **281 Care Leavers** were being supported and were receiving an aftercare service, an increase from the previous year. This increase may be attributed to legislation that came into place in 2017 which enable care leavers to request support services up to the age of 25. CLA and care leavers have varying needs depending on their characteristics including gender, age and ethnicity.

## 2.6 In Thurrock:

- Well over half of children in care are male; 62% compared to 38% female.
- A larger proportion of children looked after are between the ages of 12 and 16 (44%) with the second largest group being the 5–11-year-olds (24%).
- There is a strong positive association between ward level deprivation and the rate of CLA in each ward in Thurrock with children living in the most deprived area of Thurrock being 4.3 times more likely to be taken into care than those living in the least deprived area of the borough.
- The difference in the percentage of pupils achieving a 9-4 pass in Maths and English at KS4 between CLA and the general pupil population in Thurrock was nearly three-fold, where CLA averaged 23.3% and the general population averaged 61%. However, performance against national CLA cohorts is positive for Thurrock.
- It is good practice to ensure that children remain within their communities. The percentage of CLA children placed within 20 miles of their home address increased by one percentage point, up to 71% between March 2020 and March 2021. This was slightly lower than both SNs (73%) and England (74%) during the same period.
- The fostering recruitment campaign seeks to increase local placements. However, Thurrock along with other authorities across the country are finding the recruitment of local foster carers a challenge. Local placements are scarce, both from Independent Fostering Agencies (IFA) and Residential care homes. The local authority continues to seek Ofsted registered provision and sometimes this is outside of the Thurrock and Essex area.
- According to the Stability Index, over a 24-month period ending in 2017/18 (the most recent data at the time of writing), 49% of CLA in Thurrock had experienced at least one placement change, 3% had experienced at least one school move and 77% had experienced at least one change in social worker. Based on these three stability domains, schools appear to be a more stable environment for CLA.
- The majority of Thurrock Care Leavers are in suitable accommodation. In 2020/21, 86% of care leavers who were in suitable accommodation, 19% were not in touch with the local authority and 9% were recorded as living in unsuitable accommodation. Most care leavers who were not in suitable accommodation were either in custody or missing UASC (**see section 5.4.1 of the extended CLA HNA for further details**).
- The Social Survey Division of the Office for National Statistics estimated that 45% of CLA aged 5-17 years would normally have a diagnosable mental health disorder (Healthy London Partnership, 2020). This equates to approximately **134 (out of 298)** CLA aged 5-17 with a diagnosable mental health disorder in

Thurrock in 2021. Although there is no estimated prevalence for Care Leavers, a similar prevalence rate would lead to a figure of **126 (out of 281)** Care Leavers who may have a diagnosable mental health disorder in Thurrock. Similarly, within the general child population, 16% (one in six) children and young people (aged 5-16 years) were identified as having a probable mental disorder increasing from one in nine (10.8%) in 2019 (NHS Digital, 2020). There is a need to ensure that mental health information is used for service and transition planning, in order to improve services offered by adjust them to children’s mental health needs

- Children looked after accounted for 20% of statutory outcomes in 2020-21. This has slightly reduced to 18% for 2021-22. However, the cohort numbers fewer than 10 in the latest data and more than half of these children are looked after because of Youth Detention Accommodation/remand. This means that CLA status became active as a direct result of their offending.
- Thurrock Youth Offending Team, Essex Police and Thurrock Social Care continue to work together to divert young people away from the criminal justice system via its Out of Court Disposal Panel. It is expected that this will reduce the number of CLA After receiving statutory outcomes as it provides voluntary interventions and support for children committing low level offences.

2.7 The infographic below provides a summary of the engagement responses received (appendix 1).

2.8 **Recommendations**

A series of recommendations are made within the needs assessment report based on this findings to be delivered through an action plan within existing CLA governance structures.

Key Finding	Recommendation
<b><u>A.- Risks associated with CLA</u></b>	
Positive association between deprivation and the chances of going into care.	<ul style="list-style-type: none"> <li>• The LA should evaluate the Signs of Safety and research in practice approaches in achieving secure attachment, in line with NICE Guidance in order to ensure exposure to risk is adequately identified</li> </ul>
Risk of placement under household with exposure to, or experiences of ACEs and/or Toxic Trio*	<ul style="list-style-type: none"> <li>• Develop a strategy to apply evidence-based interventions which reduce ACEs (see further recommendation below)</li> <li>• Interventions should be offered at universal, selected, and targeted levels as a way to address personal, familial, and environmental risk factors and the wider determinants of health.</li> </ul>

Key Finding	Recommendation
<p>To improve the understanding and identification of vulnerability risk factors experienced by parents and households</p>	<ul style="list-style-type: none"> <li>• Children’s and adult mental health services should foster more collaboration between teams</li> <li>• Refining and strengthening the pathway for identification of ACES and/or Toxic Trio* through the Multiagency Safeguarding Hub (MASH) and Adult Mental Health pathways.</li> </ul>
<p><b><u>B.- Engagement with CLA, Foster Carers and Professionals</u></b></p>	
<p><b>CLA</b> reported experiencing three or more social worker changes in a year, contributing to the negative experiences they had whilst in care and reflected within the stability index estimates of social worker changes.</p>	<ul style="list-style-type: none"> <li>• Social care turnover in Thurrock should be reviewed to identify opportunities to reduce turnover and improve care experiences and stability. Children’s Social care should continue to initiate steps towards achieving this outcome by conducting benchmarking and a deep dive to understand reasons/local picture and to identify mitigation options.</li> <li>•</li> <li>• A system-wide deep dive could take into consideration examples of good practice from other Local Authorities . Responsibility for this could reside with the CLA Steering Group.</li> </ul>
<p><b>CLA</b> are entitled to an advocate who will assist in conveying their wishes to professionals. Thurrock CLA who participated in the engagement process lacked awareness of advocacy services available to them.</p>	<ul style="list-style-type: none"> <li>• Develop a plan to increase understanding, access to and use of advocacy services in order to shape and align the advocacy service into an offer that serves CLA needs</li> </ul>
<p>Majority of <b>Foster Carers</b> reported needing help with their health and wellbeing (especially MH) and support in preparing CLA for adulthood or leaving care</p>	<ul style="list-style-type: none"> <li>• Engage with foster carers on their health and wellbeing through their supervisory social worker – targeted awareness on available wellbeing offer as well as during induction activities.</li> <li>• Engage both in-house and private foster carers in the planning transition to adulthood – a quick win will be to incorporate this within foster carers training/induction</li> </ul>
<p><b>Professionals</b> reported that access to mental health</p>	<ul style="list-style-type: none"> <li>• Provide the support from clinical supervisor to the foster care community and ensure there is</li> </ul>

<p>services is an area that needs more focus</p>	<p>provision through Southend, Essex and Thurrock CAMHS to support care of CLA. This may require further exploration of need and how this can be met.</p> <ul style="list-style-type: none"> <li>Engage CLA and care leavers in participation programmes to improve their emotional and mental wellbeing - For example, the survey conducted by the Healthy London Partnership of mental health services for CLA and Care Leavers .</li> </ul>
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<p><b>Key Finding</b></p>	<p><b>Recommendation</b></p>
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**C.- Health and Wellbeing**

The Initial Health Assessment (IHA) is a key opportunity to identify the health needs of any child or young person in care, in order to achieve and protect their wellbeing. IHAs have a statutory timeframe of 20 working days. However, in Thurrock and between 01 April 2020 and 31 March 2021 just **57% IHAs had been performed in time.**

<p>Access to the EWMHS service is prioritised for CLA through a triage process however, there is insufficient data on categories of concerns recorded for CLA</p>	<p>Engage CLA and care leavers in participation programmes to improve their emotional and mental wellbeing. <i>An option for consideration could potentially be the survey conducted by the <a href="#">Healthy London Partnership</a> of mental health services for CLA and Care leavers.</i></p>
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<p>There is a gap in our knowledge of the extent of sexual health need in CLA and Care leavers.</p>	<ul style="list-style-type: none"> <li>The Sexual Health Service - commissioners and provider should work to enhance local data recording &amp; collecting procedures to inform understanding regarding the uptake and usage of the Sexual Health service by CLA and Care Leavers. This should highlight gaps in provision and relevant adaptations.</li> <li>The sexual health service should work in a way that ensures age-appropriate information is available to young people in care either through the local offer website or the NHS App.</li> <li>This should be considered within the next re-procurement of the Sexual Health Service.</li> </ul>
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<p>Further improvements are needed to increase the proportion of CLA having dental checks each year to 90% (from 82% in 2020) and their outcomes. (Department of Education, 2021)</p>	<ul style="list-style-type: none"> <li>Devise a training package of early intervention in collaboration with OHID for foster carers and other main caregivers of CLA to promote good oral health based on consistent evidence.</li> <li>There is also an opportunity to co-produce questions for assessing effective ways to support CLA, foster carers to better access</li> </ul>
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	<p>dental health checks during the proposed annual or bi-annual CLA engagement activity</p>
<p>CLA uptake of childhood immunisations does not meet the recommended national immunisation coverage. Although data on up-to-date immunisation status for CLA are now in line with England average this is still not comparable with the general population.</p>	<ul style="list-style-type: none"> <li>Local and regional strategic plans for increasing immunisation uptake should include CLA as a vulnerable group of interest. An audit of the immunisation status of all CLA and care leavers in Thurrock should be conducted to confirm uptake is up-to-date. Capture data collected through the Healthy Families commissioned services on immunisation uptake for CLA</li> </ul>
<p>Exploring categories of offences CLA groups engage in, collating appropriate information enable tailored interventions.</p>	<ul style="list-style-type: none"> <li>Children's Services should continue to review and undertake benchmarking analysis of this data to further understand the type of criminal offences young people in care have been involved in, and with partners identify opportunities for preventative action in line with the Annual Public Health Report 2019.</li> </ul>
<p>The Virtual School provides support to CLA to ensure there is a focus on closing the gap between the percentage of general pupils and CLA achieving a 9-4 pass in Maths and English at KS4. However, performance against national CLA cohorts is positive for Thurrock</p>	<ul style="list-style-type: none"> <li>Key professionals, including the virtual school service, should continue to conduct a detailed analysis of CLA's educational experiences and form an action plan to close the gap in educational outcomes between CLA and the general school pupil population in Thurrock.</li> <li>This analysis could be achieved through the proposed annual engagement programme with Children Looked After in conjunction with the Corporate Parenting Committee.</li> </ul>

### **3. Issues, Options and Analysis of Options**

3.1 These are set out in detail in the needs assessment report included as an appendix.

### **4. Reasons for Recommendation**

4.1 The needs of Children Looked After have been identified in a robust way within;

- a descriptive analysis of the demography and the service offer in Thurrock,
- a commissioned piece of engagement process, consulting with Thurrock Children Looked After, Foster carers and professionals to provide in depth understanding to their lived experiences of being in care and working within areas supporting CLA
- a review of the published evidence base and comparison of good practice in other areas,

4.2 Growing up in adverse socioeconomic conditions can have a significant impact on children's lives and is a risk factor that has been associated with child abuse and neglect. Poverty, unemployment and parental financial stress are recognised as contributory causal factors for children being taken into care.

4.3 By identifying the lived experiences of CLA and reviewing their outcomes, this needs assessment proposes a series of actions to address the issues and challenges experienced by CLA and care leavers. Recommendations made within this needs assessment are aligned to local place transformation.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 A variety of stakeholders contributed to this needs assessment including professionals directly involved in the care of children looked after. The detailed report has been presented and approved at Public Health Leadership Team (September, 2021) and is on the forward plan to be presented at the Brighter Futures Child Health Group.

5.2 Consultation with CLA, foster carers and professionals has taken place through the engagement exercise commissioned from Health Watch that formed part of the needs assessment process (see section 9 of the detailed report). A summary of the responses is also included in the needs assessment document in appendix 2 submitted as appendix 1 to this report.

5.3 The engagement exercise focussed on the lived experiences of CLA, foster carers and professionals in Thurrock, using surveys and taking a thematic analysis approach to collating the responses. The recommendations are incorporated in section 9 of the needs assessment report.

### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The report contributes towards the 'People' priority – *a borough where people of all ages are proud to work and play, live and stay*, as the recommendations support improvement in the health and wellbeing of CLA.
- building on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing; and
  - communities being empowered to make choices and be safer and stronger together.
- 6.2 The recommendations also contribute towards the [Thurrock Health and Wellbeing Strategy 2022-26 Domain 1 and 4](#): Staying Healthier for Longer and Opportunity for All
- 6.3 The recommendations also contribute towards the Brighter Futures Strategy priorities:
- i) **Strategic Priority 1:** All children are able to achieve their potential, focusing on education and skills
  - ii) **Strategic Priority 2:** Children are able to access the services they need to stay healthy
  - iii) **Strategic Priority 4:** Children and their families experience good emotional health and wellbeing

## 7. Implications

### 7.1 Financial

Implications verified by: **Michelle Hall**  
**Senior Management Accountant**

Any specific investment decisions arising from the recommendations in this report would be subject to the approval of a detailed business case to the appropriate senior leadership team. This will be reviewed in line with the financial allocation process within the council and partner agencies.

### 7.2 Legal

Implications verified by: **Petrena Sharpe**  
**Safeguarding Lawyer -Team Leader**

Under Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care act 2012) the Local Authority and CCG must prepare a Joint Strategic Needs Assessment. The government produced statutory guidance in 2013 on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

The Joint Strategic Needs Assessment can be undertaken in a manner appropriate to local circumstances and can be informed by more detailed needs assessments such as those which relate to specific parts of the community.

Where a Joint Strategic Needs Assessment has been prepared the Local Authority and CCG must prepare a strategy or plan of action to meet those needs under Section 116A of the 2007 Act.

### 7.3 **Diversity and Equality**

Implications verified by: **Rebecca Lee**  
**Team Manager – Community Development and Equalities**

Growing up in adverse socioeconomic conditions can have a significant impact on children's lives and is a risk factor that has been associated with child abuse and neglect. Poverty, unemployment and parental financial stress are recognised as contributory causal factors for children being taken into care.

A diversity of socio economic status exists in Thurrock with varying rates of child poverty observed. The report also highlights evidence that children living in the most deprived areas of the borough are more likely to become looked after.

Any potential increase in the rates of children looked after in Thurrock alongside other poor outcomes they experience has the potential to widen the gap in health inequalities and life expectancy.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

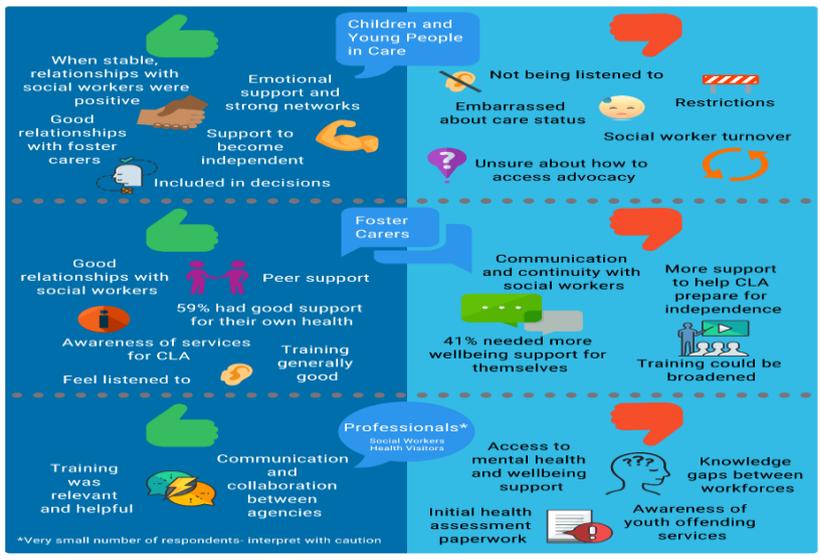
Recommendations within the needs assessment report should contribute to improving the health and wellbeing of Children Looked After, care leavers in Thurrock and reduce the inequalities they may face.

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Detailed references are given in the main Needs Assessment available on request. This summary report details a concise version of the main report.

### 9. **Appendices to the report**

- Children Looked After Needs Assessment for Thurrock, October 2021
- CLA Engagement Infographics



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