

Report on the Health of Children in Care

1st April 2014 – 31st March 2015

Author

Marie Fairbrother

Named Nurse Halton Safeguarding Children

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	CONTENTS	PAGE
1	Introduction	3
2	Aims of the Service	4
3	Staffing Arrangements	4
4	Profile of Children in Care in Halton	4
5	Roles and Responsibilities of Health Practitioners	5
6	Community Paediatricians	6
7	Health Visitors and School Nurses	7
8	Immunisation	10
9	Dental	10
10	Sexual Health Services	11
11	Substance Misuse Services	11
12	Care Leavers	11
13	Children and Young People placed in Halton by other Authorities	11
14	Multi-Agency Meetings to Promote the Health & Wellbeing of CIC	12
15	Training	13
16	Achievements	13
17	Challenges	14
18	New Developments	14
19	References	15

1. INTRODUCTION

The purpose of this report is to provide the Trust with an annual review of the delivery of health care to Children and Young people in Care (CIC) during 2014 - 2015.

Bridgewater health care practitioners are required to deliver safe and effective care to CIC which is measured by key performance indicators. Performance is reported quarterly to Halton Clinical Commissioning group (CCG). Service delivery in Bridgewater is also monitored by the Care Quality Commission.

The service is underpinned by the recently updated Department of Health (2015) "Statutory Guidance on Promoting the Health and Well-being of Looked After Children". Also guidance produced by NICE (2010) "Promoting the Quality of Life of Looked after Children and Young People".

In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.

Looked after children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (section 20);
- Children who are the subject of a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for their protection (section 44 and 46);
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a Special Guardianship Order.

This report includes information regarding CIC placed by Halton Borough Council and also children and young people placed within the Halton boundary by other local authorities (CICOLA's).

Although Looked After Children is legal terminology, in Halton the local authority have adopted the term "Children in Care" (CIC) which will be used throughout this report.

2. AIMS OF THE SERVICE

- To provide a co-ordinated service that is child and young person focused centred upon their needs.
- To improve the health outcomes for children and young people in care.
- To provide advice and support to carers.
- To meet the requirements of the service specification for Children in Care as agreed with Children's Commissioner in Halton.
- As a “corporate parent” to work with partner agencies to ensure that children in care and care leavers have the same opportunities as their peers and are able to reach their full potential

The role of the Corporate parent is “to seek for children in public care the outcomes that every good parent would want for their children” (Frank Dobson, 1998).

3. STAFFING ARRANGEMENTS

The Children in Care Nurse and administrator transferred into the Safeguarding Nursing team in October 2013 and the service is provided by a Children in Care Nurse (1wte) and a Children in Care Administrator (.5 wte)

The Safeguarding/CIC team are based at Lister Road, Astmoor Industrial Estate, Runcorn.

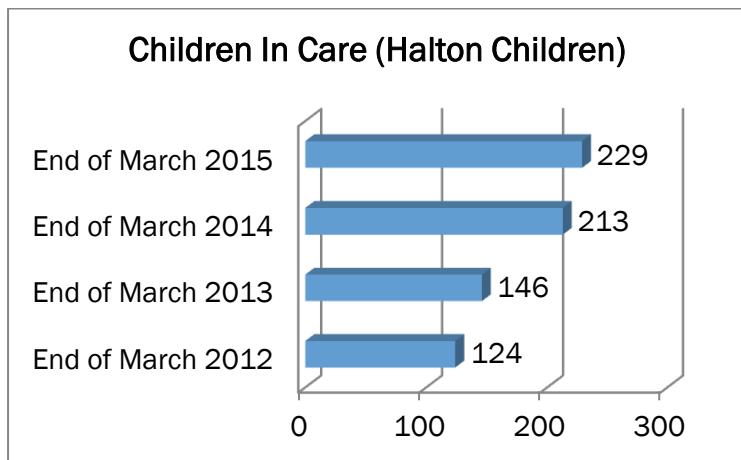
4. PROFILE OF CHILDREN IN CARE IN HALTON

Halton is the 27th most deprived local authority area in England out of 326 local authorities and 26% of Halton’s population live in areas that fall in the top 10% most deprived nationally (Halton Joint Strategic Needs Assessment 2014). The majority of children who become looked after do so because of abuse, neglect or family dysfunction.

The number of CIC in Halton has significantly increased over the past 3 years as outlined in graph below. Figures provided by the local authority indicate at end of March 2015 there were **229** Children in Care in Halton.

The numbers of children in care varies from day to day. As outlined in the graph below there has been a year on year increase in the number of children and young people in Halton coming into care.

At end of March 2015 there were also **169** children and young people placed in Halton from other local authorities.



5. ROLES AND RESPONSIBILITIES OF HEALTH PRACTITIONERS

The CIC Nurse ensures that Children in Care have their health needs identified through the assessment process. The CIC nurse is responsible for initiating the process once a child comes into care. This is achieved through a notification process to practitioners who deliver the care. The CIC nurse monitors the service delivery and has oversight of the health assessments and health plans and undertakes a quality assurance role in respect of service delivery.

The Named Nurse Safeguarding Children is the line manager for the CIC Nurse and safeguarding supervision on a day to day basis is provided to the CIC nurse by the Nurse Specialists Safeguarding Children. The CIC Nurse has a significant caseload of over 50 CIC including Care Leavers, young people over 16 years, children in alternative education provision and Children in Care from other local authorities (CICOLA's) who do not receive a service from a Health Visitor or School Nurse.

The CIC Nurse acts as a health advisor to CIC, social workers, foster carers and other health professionals. The CIC Nurse undertakes a facilitative role between Health services and Children's Social Care and frequently with other organisations throughout the country. The CIC nurse also delivers training to health practitioners, social workers and foster carers.

The CIC nurse attends the regional North West Health Care Partnership meetings, the function of which is to share and disseminate good practice in relation to CIC.

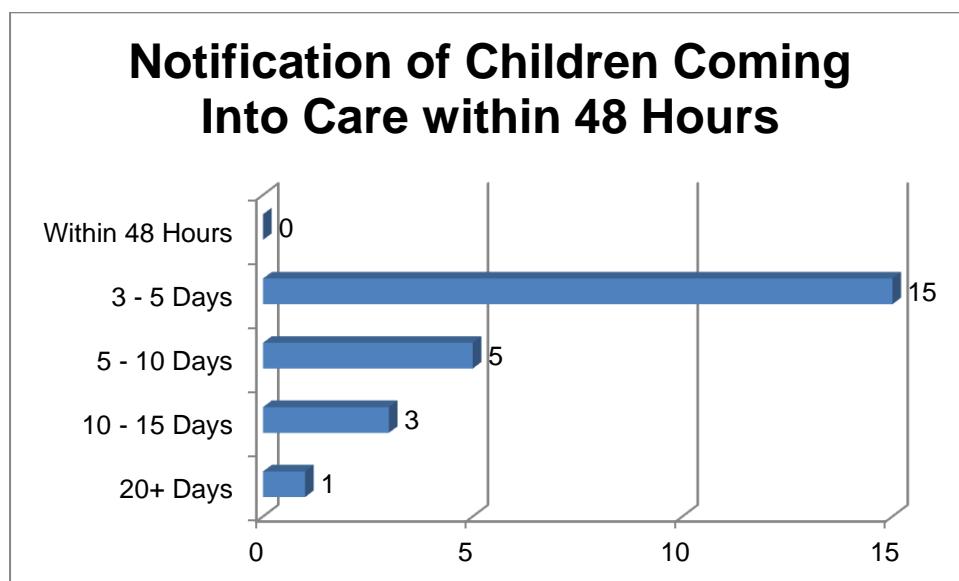
The Named Nurse has management oversight of service delivery and undertakes a quality assurance role on behalf of the organisation to ensure that CIC receive a quality health service from Bridgewater practitioners. The Children in Care Nurse, Named Nurse and administrator support the organisation with data collection processes in relation to CIC health assessment activity. This information is required by CCG commissioners as part of contract monitoring.

6. COMMUNITY PAEDIATRICIANS and INITIAL HEALTH ASSESSMENTS

In Halton, Initial Health Assessments (IHA's) are undertaken by the Community Paediatricians. At the IHA a health plan will be formulated and should include the voice of the child. IHA's should be undertaken within a statutory requirement of 20 working days of a child coming into care. The process is reliant on prompt notification to the CIC Nurse by the local authority within 48 hours of a child coming into care. This will ensure that Bridgewater practitioners can fulfil their statutory requirements within timeframe.

6a. Notifications of children coming into care

An audit of the notification process involving **24** children new into care at end of March 2015 identified that there were no notifications received in the 48 hour timeframe.



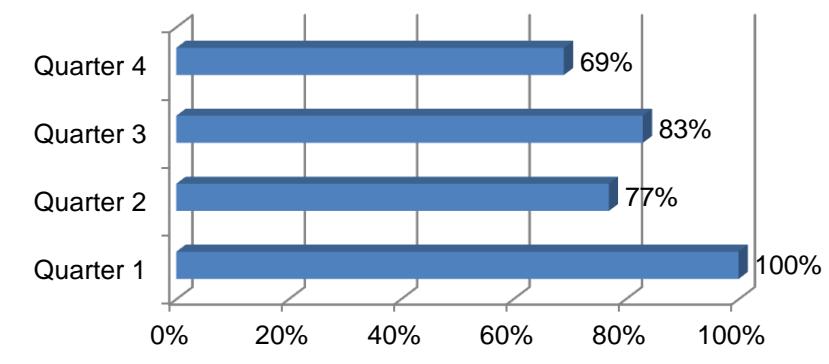
The notification process is monitored and escalation procedures invoked for breaches in timescale. However at the time of writing this report, information sharing has now noticeably improved in relation to the notification process. This is as a result of the CIC nursing team having access to Care First and they are able to view notifications as soon as they become available electronically.

6b. Initial Health Assessments

As stated previously an Initial health assessment should be undertaken within 20 days of a child coming into care. The table below shows the numbers of children seen as percentage within timescales from 1st April 2014 until end March 2015(Quarters 1 – 4).

In the first quarter **100%** of children were seen for their IHA within timescales. However in quarter 2 this fell to **77%** followed by a rise in quarter 3 to **83%** and in quarter 4 fell to **69%**.

IHA's Completed within Timescales



The fall in percentages was due in part to the delay in notifications from Children's Social Care. This has been addressed with the Divisional Manager for Child Protection and Children in Need. As stated previously the notification process has now improved due to the CIC Nursing team having access to Care First.

7. HEALTH VISITORS AND SCHOOL NURSES AND REVIEW HEALTH ASSESSMENTS

Review Health Assessments (RHA's) are undertaken pre-school by Health Visitors every 6 months. School age and over 5's are done by School Nurses annually. These assessments will be undertaken/reviewed more frequently if any health needs are identified. The voice of the child/young person is captured in the review health assessment.

Statutory health assessments are important as research suggests that they identify health need and health neglect that might have otherwise gone unrecognised (DOH 2009). In Halton the CIC team are seeking to improve health outcomes for CIC by close monitoring of health needs and a child's journey through the health system. This is achieved through scrutiny of health assessments which undergo a quality assurance process.

Health practitioners will be pro-active in ensuring that Children in Care from other local authorities placed in Halton (CICOLA's) receive their health assessment within time-frame.

Ofsted (2015) noted in their report that review health assessments in Halton were not sufficiently timely at 72%. However in 2014/15 RHA's in the main were done within time-scales. Although no data currently available for quarter 1 data below for quarters 2, 3 and 4.

Quarter 2 87.5%

Quarter 3 87%

Quarter 4 96%

Reasons for not achieving compliance with timescales included a small number of young people refusing to engage in the process, children unwell or carers on holiday. If appointments had been cancelled, a new appointment was always provided and the health assessment re-arranged as soon as possible after the due date.

The CIC health team request RHA's for children out of borough but rely on other organisations to ensure that they are undertaken within time-frames. It is essential that the CIC team are notified of placement moves to prevent any delay in requesting RHA's from other areas. Senior management within the local authority are informed of any delay in the process.

7a. Health Outcomes for Children in Care

In 2014 as part of Commissioning for Quality and Innovation (CQUIN) project the CIC Nursing team sought to capture data regarding health needs and health outcomes. In quarter 3 data was collected in relation to unmet health needs identified at the time of the IHA and RHA.

Quarter 3

Initial Health Assessments

Out of **26** IHA's **9** children had unmet health needs (**35%**) which include issues such as dental (7) continence problems (1), sexual health (1) outstanding immunisation (1) and vision problems (1). 2 children had more than 1 unmet need.

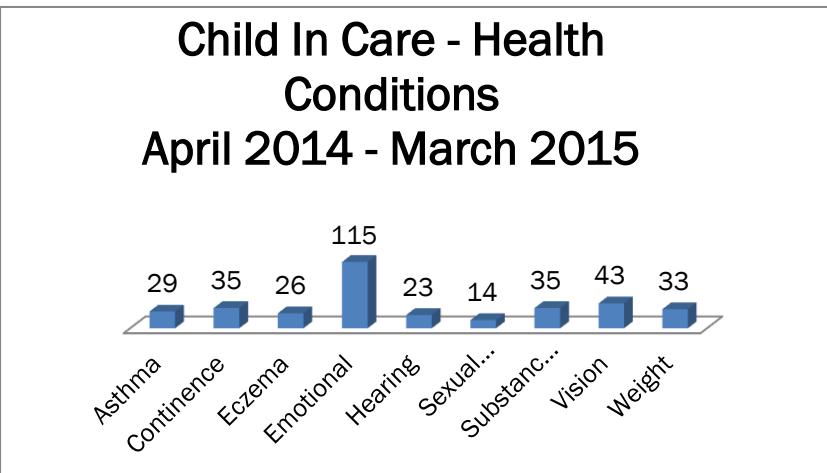
Review Health Assessments

Out of **53** RHA's **17** children had unmet health needs (**32%**) which included problems with dental (5), vision (3), behavioural (3) outstanding Strengths and difficulties questionnaires (2), sexual health (2) drugs (2) hearing (2) speech and language (1) asthma (1). 5 children had more than 1 unmet need. Data in relation to the severity of the condition is not captured at present.

Practitioners are required to monitor the progress of the child/young person's health plan, ensure they are receiving appropriate care and provide an progress report to the CIC nursing team.

A retrospective analysis of health conditions identified in Initial and Review Health assessments of 242 children April 2014 - end March 2015

The following conditions were identified through the health assessment process during an analysis of data in relation to **242** children in care at end March 2015. A particular child may have more than 1 health condition.



Research suggests that two thirds of looked after children have been found to have at least one physical health complaint, such as speech and language problems, bedwetting (continence) or vision problems.

In relation to emotional health and wellbeing, the data would appear to show out of **242** children and young people, **47% (115)** had problems with emotional health and wellbeing. 47% is lower than the national average as NICE guidance suggests that 60% of children in care have mental health problems.

The emotional health and wellbeing data would appear to reflect the findings reported in the Halton Joint Strategic Needs Assessment (2014) for Children in Care. The report states that children in care in Halton have lower emotional health and wellbeing needs compared to statistical neighbours, NW and England. The author has no additional data at present to conclude why this may be the case.

However Barnardo's Go4Ward Emotional Health and Wellbeing service who provide a tier 2 emotional health service for Children in Care in Halton (not CICOLA's) may have additional data as a result of referrals to their service.

Monitoring emotional health and well-being of Children and young people in Care using the Strengths and Difficulties Questionnaire (SDQ)

It is important to have a means of measuring on a regular basis the emotional and behavioural difficulties experienced by children in care. The Strengths and Difficulties Questionnaire (SDQ) is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds or 2-4 year olds. The tool is used to assess behaviour problems, emotional issues, peer problems and hyperactivity. Carers are required to complete the questionnaire and the results may be triangulated if the child/young person themselves complete the questionnaire and also their teacher if the child is of school age.

The SDQ provides a potential score of 40. Scores of over **13** or more may warrant an intervention and a further assessment. Local protocols are in place in Halton to discuss a child's emotional health and wellbeing need. The higher the score would indicate a greater need and risk. Social workers are responsible for ensuring a child's emotional and behavioural needs are being addressed.

The Department of Education request annual health data returns from local authorities (903/OC2). These include SDQ scores for children who have been in care for 12 months or longer. At end of March 2015 **133** children and young people in this cohort scored between **1** and **30**. The average score was **13** which is considered borderline and no change from 2013/14.

If a child has a score of over **13** the Children in Care Nurse/health practitioner will have a discussion with the child's social worker and if necessary the social worker will make a referral to the Barnardo's Go4Ward service.

Children assessed with mental health needs requiring CAMHS tier 3 or specialist CAMHS provision (tier 4) will be provided with those services by the Five Boroughs Partnership.

8. IMMUNISATION

Some children when they enter care are not always up to date with their immunisation. Carers are asked to ensure that children attend the GP or practice nurse to complete the course. Also the CIC Nurse and the School Health Nurse will also address outstanding immunisations and offer to visit the children at home to immunise. The immunisation rate for year ending March 2015 was **96%** for CIC. Out of a cohort of 147 children, 139 were fully vaccinated. 6 young people refused (5 refused their final booster), 2 young people were not fully immunised.

9. DENTAL CARE

All Children in Care are provided with dental care by registered dental practitioners or the Priority Dental Scheme at Widnes Healthcare Resource Centre and Hallwood Health Centre.

However under new commissioning arrangements in 2015 the priority dental scheme will only accept referrals for children in care if they meet the acceptance criteria for special care dentistry. After many years providing an outstanding service for children in care, due to new commissioning arrangements, the dental team will no longer be able to see all children in care for routine assessment and treatment.

Children will be expected to register with a General Dental Practitioner in the local community. In 2014/15 **96%** of all CIC in Halton had been seen by a dentist and 3 young people refused to attend.

10. SEXUAL HEALTH SERVICES

Health professionals will offer appropriate sexual advice and guidance and signpost young people to the various sexual health services available in Halton. The author has no data regarding referrals to sexual health services. Sexual health services in Halton are not provided by Bridgewater.

11. SUBSTANCE MISUSE SERVICES

Drug and alcohol brief intervention and advice is provided by health professionals undertaking health assessments. Professional advice can be sought from Addaction. Children and young people can also self-refer to Young Addaction who are responsible for service delivery in Halton. The CIC Nursing team do not have any data regarding referrals to Addaction.

12. CARE LEAVERS

There were **64** Care leavers in Halton at end of March 2015. All Care Leavers are offered an appointment with the CIC Nurse to discuss how best to capture their health history. The young person is provided with a health summary to ensure that they have all relevant health details when they are no longer in care.

Research suggests that young people should have accurate personal health information as it has significant implications for the immediate and future well-being of children and young people during their time in care and afterwards (NICE 2010).

The CIC health nursing team were asked by Children's Social Care to provide information retrospectively to 37 former care leavers. Most records have now been retrieved from archives or other local authorities and relevant health information obtained.

13. CHILDREN AND YOUNG PEOPLE PLACED IN HALTON BY OTHER LOCAL AUTHORITIES (CICOLA's)

As previously stated the number of CICOLA's in Halton has consistently been above 160.

At end of March 2015 the local authority recorded **169** CICOLAS Bridgewater offered. In addition there are a small number of children who attend school in Halton but live in neighbouring boroughs. These children will be provided with a school health service by Bridgewater practitioners.

The CIC Nurse works in conjunction with Halton Borough Council Children's Commissioners and Education Services to ensure that all children/young people placed in Halton are accounted for by both health and social care.

There are some loopholes despite legislation and on occasions, children may be living in Halton of whom we are not aware as we do not receive notification from the placing authority. We are first alerted through other health providers such as the local hospitals when a child/young person has attended A and E. The CIC nursing team escalate concerns regarding these cases to the commissioners in Halton Borough Council.

The CIC Nurse has developed close links with the private providers in the borough. Private providers offer placements to children in care mainly from other local authorities. Halton has a multi-agency private provider forum of which the CIC Nurse is a member.

Communication between private providers and the CIC Nurse has improved as a result of the CIC Nurse attending the private provider forum. Also the nurse visits the young people in their residential placement and has established links with the care managers of the homes.

14. MULTI AGENCY MEETINGS TO PROMOTE THE HEALTH AND WELL-BEING

The CIC Nursing team and Named Nurse are actively involved in multi-agency forums such as Healthy Care, the Emotional health and wellbeing meeting and the CIC Partnership board.

15. TRAINING

A comprehensive training package for health care has been developed by the CIC Nurse for foster carers. "Passport to Health" is a course delivered by the CIC Nurse which incorporates healthy eating and physical activity. Further courses such as common childhood ailments and teenage adolescent behaviour are also offered throughout the year.

The CIC Nurse undertakes Medicine Management advice and training with private providers. Also bespoke training on request which includes healthy lifestyles for young people.

The CIC Nurse also undertakes training with professionals including social workers and health professionals in relation to processes and procedures. The CIC Nurse also participates in the multi-agency training delivered by the Conference and Reviewing Managers.

New guidance regarding roles and competencies for practitioners delivering a service to Children in Care (Intercollegiate role framework 2015) is now part of the current training strategy.

16.ACHIEVEMENTS

In 2014/2015 the CIC team have successfully undertaken a Commissioning for Quality and Innovation (CQUIN) project in respect of setting up a data collection system to capture health assessment processes and outcome data for children and young people in care.

The process allowed the CIC team to identify and gather information about the predominant health issues when a child came into care, when they were treated and if the outstanding problem subsequently resolved. On some occasions resolution is not possible due to the prognosis. However on many occasions a positive result could be achieved through implementation of the recommendations in the health care plan.

The data collection systems have been developed by the CIC team and the safeguarding administrators. The CQUIN has been achieved with the support of Community Paediatricians, HV's, School Nurses and the Children in Care Nurse who undertake the health assessments and provide updated health information regarding outcomes. This work will continue in 2015/2016.

The CQUIN was monitored both internally as part of governance processes within Bridgewater and the CCG. The CIC process was also measured using Key performance indicators (KPI's) which are quality standards Bridgewater practitioners must achieve and are set by the Clinical Commissioning group (CCG).

The CIC Nursing team would welcome the opportunity if any additional resources become available, to undertake further analysis of the health needs and outcomes of CIC.

17.CHALLENGES

In the last year's annual report the Named Nurse stated that Halton practitioners were due to benefit from the new IT SystmOne and the safeguarding team were due to go live in August 2015. However this has not yet been achieved as planned and

the Safeguarding /CIC nursing team are not yet using an electronic patient record system. It is envisaged that the safeguarding and Children in Care nursing team will go live with electronic patient record (SystmOne) together with children's services in Halton in early 2016. The system is currently used by the team as a patient information system for demographic details and the team can flag children in the system who are subject of a Child Protection Plan or who are a Looked After Child.

18.NEW DEVELOPMENTS

In April 2015 the Children's Commissioner in Halton provided additional funding to the CIC team in recognition of the increase in activity due to the numbers of children entering care in Halton. The additional money is to fund a .5 wte Children in Care Administrator post which has been recruited to and the person appointed will be in post in December.

The CIC/Safeguarding team are working closely with the local authority to ensure that we can access directly the local authority data system "Care First". This will help speed up communication regarding children coming into and leaving care or moving placement. It is envisaged that we will be able to input data directly on to a child's records in relation to health assessments, dental services and immunisation. This will help data collection for the yearly Department of Health 903 return which for health assessments this year was **100%**.

The health service for CIC is moving forward assisted by the new statutory guidance Promoting the Health of Looked After Children (2015). The guidance identifies additional roles for both social care and health organisations to ensure they work together more closely to help achieve a high standard of care for children and young people with demonstrable outcomes.

19.REFERENCES

Promoting the quality of life of looked-after children and young people. Public health guidance 28, National Institute for Health and Clinical Excellence (NICE) (2010).

Looked after children: Knowledge, skills and staff competences of health care staff. Intercollegiate role framework Royal College of General Practitioners, Royal College of Nursing, and Royal College of Paediatrics and Child Health (2015)