Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Kirklees Looked After Children

Annual Health Report

April 2017 – March 2018

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September 2018

EXECUTIVE SUMMARY

The Looked after Children (LAC) Health Report, outlines the work that has taken place over the last year and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

The main body of the report is based on the local activity of looked after children, during the time frame 1st April 2017 – 31st March 2018.

Dark blue text has been used in the document to highlight the latest relevant National data. This is for the period 1st April 2016 to 31st March 2017, ('Statistical First release' DfE 2017), therefore its alignment for comparison cannot be exact.

Following on from the high numbers of children entering care up to March 2017, the numbers have shown a steady decline. A small number of unaccompanied asylum seeking children (UASC) have become looked after, but many of the UASC already in the system have reached 18 years old and are now part of the care leaver's service, where they continue to access support.

The ethnicity and gender of the children has remained similar to previous years regarding numbers. There was a slight increase in the number of children under 4 years old coming into care and a slight decrease in those aged 5 years and older.

The majority of children in care in Kirklees are placed with foster carers (72%), as opposed to residential, with parents or semi/independent living. Just over half were accommodated within Kirklees and of those placed outside the boundary, the majority are placed within 20 miles of their home address.

The make-up of the LAC health team has largely remained unchanged, except that the seconded LAC nurse's post became permanent. This has allowed further impetus for the team to carry out additional health assessments with children accommodated outside the Kirklees boundary, as opposed to requesting other local authorities (LA) to carry them out. This has improved timeliness and quality and had positive financial implications. The team has also been able to develop resources, work more closely with social care colleagues and offer more support to carers.

The Key Performance Indicators have presented another successful year, through the efforts of the wider team including Kirklees & Calderdale NHS Foundation Trust, Locala Community Partnerships and the Local Authority.

The Initial and Review Health assessments were completed on average 98% & 95% respectively in timescales and rated higher than the National average. The assessments completed by others on our behalf within timescales, improved by ten per-cent to 71% on average over the year.

All the data for dental registration, dental attendance and immunisation uptake is higher than the National average.

The collaborative work with sexual health, substance misuse outreach and the emotional health and well-being team has continued and will develop further as part of the LA Local Care Offer to LAC & Care Leavers.

The regional adoption agency is now established and the Designated Doctor LAC, continues to carry out adult and child medical reports.

The Strength & Difficulty Questionnaire (SDQ) process, continues to provide a robust formula for ensuring alerts are made about children, who may be struggling with their emotional health. A down-turn in the number of questionnaires returned earlier in the year, has been reversed due to a number of actions that were implemented, returning them by July 18 to 86%.

In January 2018 a Safeguarding & LAC CQC inspection took place and a good rating was received. The wider team has worked to implement a few recommendations for practice improvements (See 2.17). The team also received a commendation from the Government Commissioner for Ofsted, whom praised the work of the wider health team as part of the Children's Services Improvement journey.

Contents

1 - Introduction

1.1 Purpose of the report

This document provides North Kirklees Clinical Commissioning Group (CCG) and Greater Huddersfield CCG, with an annual report representing the work undertaken by the Looked after Children Health Team, in conjunction with other agencies. It provides assurance of compliance with their LAC statutory duties and those responsibilities specified under section 10 (co-operation to improve wellbeing) and section 11 (arrangements to safeguard and promote welfare), of the Children Act 2004, with regard to improving the health and wellbeing of Looked after Children.

The report outlines how the key performance indicators and priorities for LAC were actioned, as set by the CCG's Governing Body for the period 2017/18.

The report will highlight challenges, experiences and identified gaps, with planned actions to improve the service.

National data will be presented from the most recent Government publication *'Children looked after in England (including adoption) year ending 31st March 2017 (DfE 2017)* and is therefore set within a different timeframe to the local evidence.

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

The term 'child' & 'young person' will be used interchangeably depending on the context of the information.

1.2 Background

'Looked after Child' (LAC) is a generic term introduced in the Children Act 1989, to describe children and young people subject to Care Orders (placed into care of local authorities (LA) by order of a court) and children accommodated under Section 20 (voluntary) of the Children Act 1989. Children and young people who are looked after may live within foster homes, residential placements, with their parents or with family members who are approved as foster carers.

The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (chap.3 sec.104), states that all young people remanded in custody are regarded as LAC. Further guidance is available through the, *'Application of the Care Planning and Placement and Case Review (England) Regulations 2010 to looked-after children in contact with Youth Justice Services' (DfE 2014).*

Evidence from research shows, that looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.
(Statutory Guidance on 'Promoting the Health and Well-being of Looked after Children, DfE, DH, 2015).

1.3 The Looked after Children Health Team

Designated Doctor / Consultant Paediatrician / Medical Advisor Looked after Children – Part-time (PT).

Medical Advisor / Paediatrician – PT

Designated Nurse – Whole-time (WTE)

Specialist Nurse for Looked after Children, Complex Needs and Disabilities – (WTE)

Specialist Nurse for Looked after Children and Care Leavers – (PT)

Specialist Nurse for looked after children, health visitor with an interest in unaccompanied asylum seeking children – (PT).

Administration support is provided from the Local Authority, Calderdale & Huddersfield NHS Foundation Trust (CHFT) and the NHS Community health provider (Locala).

The Paediatricians are employed by CHFT and are based in a clinic setting.

The looked after children nurses, are employed by the local NHS community health provider, 'Locala, Community Partnerships' and are co-located with the Looked after Children and Care Leavers Service, within the Local Authority.

2 – Kirklees Looked after Children Health Service
1st April 2017 – 31st March 2018

2.1 Numbers of looked after children

The numbers of looked after children slowly started to decrease throughout 2017, from the March 17 high of just over 700. The lowest number was in mid-December at 651. Since that time the figures have slightly increased back to the June 17 level of 671.

Timeline March 2007 – March 2018

Mar 07	Mar 08	Mar 09	Mar 10	Mar 11	Mar 12	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18
399	448	510	563	597	645	650	604	620	652	703	671

The National picture shows there to be 72,670 LAC in England (31.3.17). This has increased steadily over the last nine years, and by 3% since 2016.

Unaccompanied asylum seeking children (UASC) - Kirklees at 31.3.18

In Kirklees there has been a steady flow of male, older teenagers becoming looked after by the local authority over the last couple of years. A number of them have now become care leavers as they have reached 18 years old.

	Number at 31.3.18
LAC	11
Care Leaver	9

Unaccompanied asylum seeking children - Nationally at 31.3.17

The numbers of UASC have increased by 6% Nationally compared to the previous year, from 4300 in 2016 to 4560 at 31.3.17.
Historically there have been more male than female UASC, but from 2016 to 2017 there were a greater number of females noted, although at 31.3.17 they only account for 8% of the UASC population.
78% of UASC were age 16 or over.
Their primary need for being looked after was absent parenting (89%), abuse and neglect (5%), family in acute stress (3%) and family dysfunction (2%).
As a result of the National Transfer Scheme, more children have been distributed across other local authorities, reducing the concentrations in numbers seen in 2016 where they made their entry into the country.

2.2 Ethnicity, Gender and Age Profile

Ethnicity	**March 16**	**March 17**	**March 18**	**National % at 31.3.17**
White British	71.6%	71.2%	73.3%	75%
Mixed Heritage	15.3%	15.5%	15.9%	9%
Asian/British	8.5%	8.4%	7.3%	5%
Black/British	2.4%	2.9%	1.5%	7%

Other ethnic minority groups	1.7%	1.9%	2.1%	3% (possibly due to increase in UASC)
Gender				
Male	54%	52%	54.6%	56%
Female	46%	48%	45.4%	44%

Age profile Kirklees

Age	31.3.16	31.3.17	31.3.18
Under 1	7%	7.3%	8%
1-4	13.7%	12.4%	13.2%
5-9	20.8%	23.3%	22%
10+	58.6%	57%	56.7%

Age profile nationally

There was little change in 2017 from the previous year, although a slight increase was seen in children under 1 years old, which matches the local picture.

2.3 Kirklees placements at 31.3.18

Type of Placement	Number	%	National % at 31.3.17
Foster care	486	72.1%	74%
Residential	111	16.5%	11%
Placed for adoption	19	2.8%	3%
Placed with parents	51	7.6%	6%
Independent living/other	7	1%	No data

In March 2018, 54% of Kirklees looked after children were accommodated in the Kirklees boundary. Of the children accommodated outside the Kirklees boundary 17.7% were placed more than 20 miles from their home address. This is higher than statistical neighbours at 11.5% and the figure for England at 14%.

Some children and young people are purposely placed out of area for a number of reasons, including safeguarding and complex needs.

Kirklees looked after children accommodated in other local authorities

The significant increase in the numbers of looked after children during 2016-17 placed greater demands on the LAC health team, as well as on the Locala provider services. The provision of the additional LAC nurse in 2017 made a significant difference to the ability of the team to manage the core work and to enable improvements to be made to the service as a whole.

The opportunity to carry out a greater number of our health assessments with children placed outside the Kirklees boundary, but within reasonable travelling distance, allowed for improved quality and an assurance that they would be completed in timescales. Therefore the slight increase in numbers placed outside the boundary has not affected the team to any degree.

It is clear regarding health assessments with those placed outside of Kirklees, that we are able to provide a more positive picture in this annual report than was portrayed last year. *"The necessity to request other authorities to complete Kirklees assessments has affected the statutory time targets and quality of the assessments" (LAC Annual Report 2016-17).*

The process for requesting the accommodating area to complete the assessments starts approximately eight weeks prior to the assessment being due, with a telephone contact to the LAC health team to check capacity. If agreed the paperwork is sent and followed up after 4 weeks to ensure compliance. If a team is unable to complete the assessment, a request is made to the local GP surgery, but this causes delays. There is a National payment tariff system that is used to pay other authorities. The cost is currently £440 for an Initial Health Assessment (IHA) and £257 for a Review Health Assessment (RHA).

Many LAC health teams in other authorities have issues related to completing the other authorities' assessments. The most common reason is capacity.

The Kirklees nurses now carry out most of the Manchester RHA's, as this was an area of concern in the past, but Lancashire and Wales remain problematic. Issues are unmanned telephones with no voicemail, no secure email therefore slowing down the process by using the post and many teams not being proactive in ensuring the assessments are processed i.e. distribution to the correct personnel.
GP's have a reluctance to release assessments without the guarantee of payment first. However the London Boroughs have improved their return rates with good quality assessments.
There remains a problem with the quality of GP completed assessments and a number are returned for amending or agreed that we will amend on their behalf.

Southern Health Foundation Trust in Hampshire, have informed us for a second year that they are unable to complete any other authorities assessments.

Looked after children from other local authorities residing in Kirklees

There is a statutory requirement for local authorities to inform other authorities when a looked after child becomes resident in their area. The responsibility for the child remains with the 'Home' area. It can be difficult to ascertain the exact number resident in Kirklees, as it relies on a robust method of information sharing. Non-compliance can result in safeguarding issues and an inaccessibility to access services.

Kirklees LA circulate a monthly report of all notifications received of LAC from other authorities living in Kirklees. A local offer is made including information about the health services offered to LAC, in line with the Association of Directors of Children's Services notification of arrangements.
A recent provider meeting has been set up in Kirklees to include all the local authority and private children's homes, to improve communication and working together.

A process has been developed locally, to notify other authority LAC health teams throughout the United Kingdom, that a child has become resident in their area. The purpose is to ensure they are aware at the earliest convenience and bridge any gaps in communication.

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs have access to a Specialist Looked after Children's Nurse, who completes the majority of the 'Review Health Assessments' and works in partnership with the paediatricians to complete the 'Initial Health Assessments'.

Many of these children see several consultants, so in order to reduce the number of professionals they see; the nurse may liaise with agencies in order to support a collaborative care approach.

Some children are placed out of Kirklees in specialist provisions to meet their complex needs. Special arrangements may be required to ensure their health assessments take place.

	2015	2016	2017	2018
Number of children with a disability classification at 31.3.18	39	43	50	46

2.5 Initial Health Assessment (IHA) process

The statutory guidance '*Promoting the health and well-being of looked after children'*, (DfE, DH 2015), requires that all children coming into care receive a medically led Initial Health Assessment. This assessment should be completed within 20 working days (The Children Act 1989 Guidance and Regulations Volume 2 Care Planning, Placement and Care Review 2010) of a child becoming looked after and the recommendations from the assessment should be available at the child's first Looked after Review, by way of the Health Recommendation Plan (HRP).

Initial Health Assessments – (Data from health provider Locala reporting sources)

	2013-14	2014-15	2015-16	2016-17	2017-18
No. of IHA clinics held	98	90	126	131	129
No. of IHAs completed including other local authorities (OLA) looked after children	165	238	254	302 Kirklees + 6 OLA	198 Kirklees + 3 OLA
Percentage completed in timescale (average over year)	87%	98%	98%	98.25%	**98%**
Number of pre-adoption medicals	-	-	59	58	57
Number of child adoption medical reports	-	-	135	162	142
Number of adult medical reports	No data	No data	No data	No data	380
Number of meetings with adopters	No data	No data	No data	No data	27

Monthly breach reports from Locala help to identify any trends associated with late assessments. There have been just 4 late assessments in the last 12 months compared to 7 in the previous year. The reasons were; Client missing, parents attending Court, late notification from social care and client absconded from clinic.

A common issue that regularly challenges the low breach rate, is social care staff not prioritising the actions required to initiate the process that informs the health team that a child is new into care. The wider health team are tenacious in their approach to recognise issues at the earliest point. Actions taken to raise awareness have included; attendance at social care team meetings, email reminders and face to face discussions.

2.6 Review Health Assessment (RHA) Process

Children under 5 years of age have a 'developmental' RHA on a six monthly basis and children between 5 and up to 18 years old, receive an 'annual' RHA. The assessments follow on from the child's initial assessment in terms of timing and are completed by an appropriately qualified health professional.

Total number of RHAs completed

	2015-16	2016-17	2017-18
Total RHAs including OLA	616	676	730

RHA's completed in Kirklees

95% of all RHAs carried out in Kirklees were completed within timescales using monthly Locala data. **97%** of all RHAs carried out in Kirklees were completed within timescales using the local authority (LA), 12 month rolling data programme.
There has been a focus over recent years to reconcile the data between the LA and Locala and this has now been successful. Any small discrepancies has been identified as being due to the timing of downloading of the information and the transfer of the information from one data system to another.

	Kirklees Locala monthly data	Kirklees LA rolling 12 month data	Nationally
Developmental under 5yrs old	95%	96.8%	82%
Annual over 5yrs old	94.5%	97.6%	89%

Young people who refuse their assessment tend to be older. A number of attempts will be made to encourage engagement, but if there is a total refusal a virtual assessment will be completed. This entails gathering information from health records, carers, social workers and others in order to provide a snapshot of any health matters to support future interventions. Any serious concerns would be actioned in collaboration with social care. A future action is to provide the young person with a crib sheet of useful information that would have been shared at the assessment e.g. support agencies.

RHA's with children accommodated outside of the Kirklees area

Prior to May 2017, the majority of RHA's required to be completed on children who were accommodated outside the Kirklees boundary, were requested by us of other authorities. The main drawbacks to this were the risk of late assessments, financial implications and the poor quality of some returned assessments.119 RHAs were requested between April 2016 to March 2017 and only 61% were completed in timescales.

A business plan was submitted to the commissioners in 2016/17 and an additional 30 hours LAC nurse time was contracted for a 12 month period from May 2017. This was to meet the demands on the team and to carry out an increased number of RHA's with children accommodated outside Kirklees.

As a result of this action, there has been a reduction from 119 to 77 requests, being made to other authorities and a ten per-cent improvement on their timely return rates (71%) in the last year. There has been a substantial reduction in the administration work required and due to Kirklees nurses completing many of the assessments, the quality has improved.

The LAC nurses have specifically targeted authorities who were known to return the RHAs late and have opted to complete these ourselves where ever possible. The successful outcomes seen from the additional nursing hours, has prompted the role to be extended for the foreseeable future.

Breaches in timescales

RHA's *'accommodated **in** Kirklees'*

The 2016-17 annual report showed 71 RHA timescale breaches, this has reduced to 28 in the last year.

The most common reason is 'refusal by the young person', but this has reduced from 15 cases to 6. Contact with carer remains the second most common issue, but this has reduced from 11 to 4.

The additional LAC nurse is regarded as one reason for this positive trend, providing the opportunity to govern more of the assessments.

Reason	**Number**
Refused	16
Carer/parent cancelled	5
Unable to contact carer or not at home	4
Holiday / college commitments	3
Placement move	2
Client in hospital	2
Admin error	2
Client ill	1
Client missing	1
Respite break & carer wanted to be present	1
No reason	1

RHA's *'accommodated **out** of Kirklees'*

The 2016-17 annual report showed 33 RHA timescale breaches, this has reduced to 17 this year.

The most common reason recorded remains as last year as, 'no reason given'.
The removal of the need to administer 'service level agreements' between authorities, has made a significant positive impact on the problems faced in previous years, mainly related to process and administration holdups.

Reason	**Number**
Late by other authority – no reason given	9
General delays by other authority	4
Client in custody	1
Staff sickness	1
Holiday issue	1
Workload	1

2.7 Dental

Dental Registration

Locala collate dental information from the LAC health assessments. The data is broken down into children under 5 years (excluding babies under 18 months) and children over 5 years old. This provides an opportunity to action issues that are appearing within the different age groups and are highlighted on monthly reports to the Designated Nurse.

Reasons for non-registration are some dentists do not register babies under 18 months old, or until their teeth appear and young people over 16 may refuse to attend.

At the initial health assessment there is an expectation on the carer that they will register the child in their care as soon as possible within 3 months and earlier if possible.

Locala Data	31.03.15	31.03.16	31.3.17	31.3.18	
Registered with a Dentist up to age 5 Omitting u18 months old	93% (all ages)	97% (85.5% if include u18months)	97% (82% if include u18months)	97% (76% if include u 18months)	No National data for registration

Registered with a Dentist age 5+		97.25%	97.5%	96%	

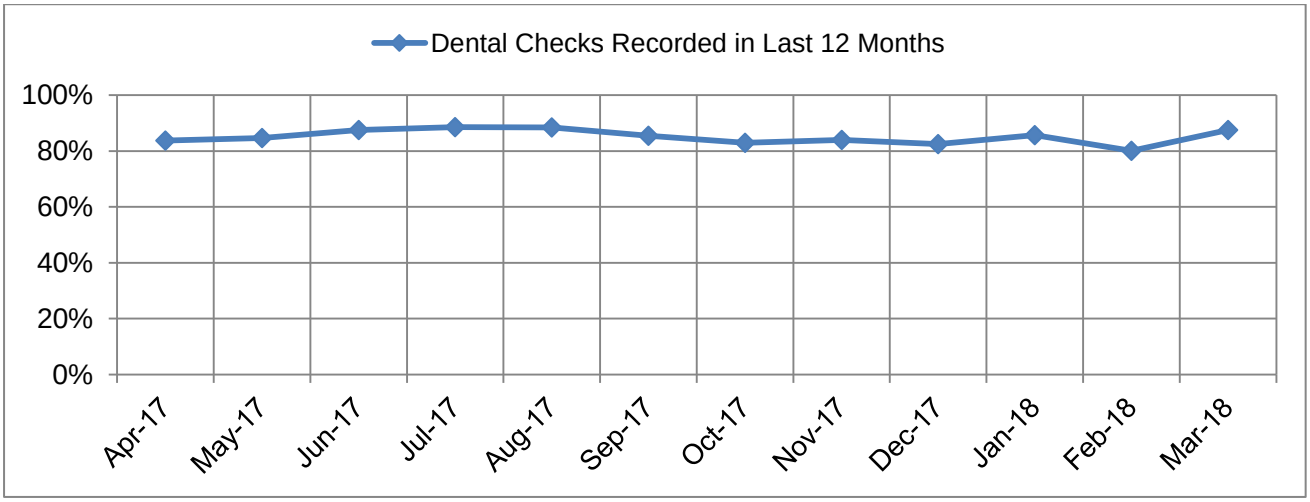
The data showed that for children under 5 years old, for 8 months of the year, 100% registration was achieved and for children over 5 years old this percentage was achieved for 3 months of the year.

Dental Attendance (LA data)

The collection of accurate dental 'attendance' data is challenging, relying on individuals informing the LAC health team of the visit. It is collected at the review health assessments, but this can be annually for over 5 year olds.
Various steps have been introduced to gather missing dental attendance data through; monthly data sheets followed up by direct contact with the carer, Locala alerts following health assessments and a 'refuses to attend' tab has been added to the IT system. In addition a questionnaire used to gather client opinion included a request for the last dental date and was provided in 63 % of the returned forms. The request has now been added to the strength & difficulties questionnaires (SDQs) letter which are sent out annually (see later).
It should be noted that the figures are likely to be higher, as we cannot be aware of all live attendances. Also children who have come into care in the last 12 months and who attended the dentist prior to coming into care are not included in the LA data, therefore it is likely that more children are actually compliant.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dental Checks Recorded in Last 12 Months	83.7%	84.7%	87.5%	88.6%	88.4%	85.4%	82.9%	84.0%	82.4%	85.6%	80.0%	87.5%

The dip in February 18 was due to a shortage of administration support at that time.



Nationally – 83% had their teeth checked by a dentist. (75% for age 16+)

2.8 Immunisations

The data is separated into children under and over 5 years old, to allow issues to be addressed with individuals within age groups.

It could be suggested that the higher rate of compliance for under 5 year olds is related to the more pro-active response by health practitioners with parents of children at a young age and that older children, may refuse or be complacent, which is recognised nationally.

	31.03.15	31.03.16	31.03.17	31.3.18	National % 2016-17
Up to date with Immunisations at developmental health assessment (under 5 years old)	93%	98.75%	98.5%	98%	84% all ages
Up to date with immunisations at annual health assessment (over 5 years old)	93%	92.75%	89.25%	91%	75% for those aged 16+

What does the Kirklees data show about immunisation compliance?

The data shows that in Kirklees compliance is very good for all age groups, compared to the National average.

The data shows that in total for the year, at the time of the child's review health assessment (RHA), 38 children (3 under five years old, 35 over 5 years old) were not up to date. (657 RHA's were carried out, (including 77 on our behalf by other authorities)

Parents of three over 5 year olds and one child under five years old, refused the measles, mumps & rubella vaccination for their child.

Of the 38 older children originally with outstanding immunisations, 74% (n28) were aged 16 to 18.

According to Kirklees health records, 7 of the original 35 over 5 year olds and all the under 5's are up to date as at 31.3.18. One of the unaccompanied asylum seeker young people has reached eighteen years old and is up to date with his limited schedule.

Of the 38 older children with missing immunisations, 16 of these were accommodated outside Kirklees. This can mean that we are unaware if they have had any recent immunisations until the next health assessment. Therefore the compliance is likely to be higher than documented.

Types of missing immunisations age 5-18

Type	Measles/Mumps/Rubella (MMR)	Diphtheria/Tetanus/Polio (DTP)	Meningitis (MenACWY)	Human Papilloma Virus (HPV)
Number	4	13	22	3

The most common outstanding immunisation was the MenACWY booster. 18 of those 22 young people were of an age that they had missed the opportunity to have this in school. This could be a barrier to compliance, as additional support may be required to access via the GP surgery. A possible solution would be to target those individuals through their personal advisors, immunisation team and/or carers, given the potential deadly consequences of contracting meningitis.

The DTP is also offered to 'older' children in school, therefore the opportunity if missed at the time, requires additional effort to maintain compliance.

2.9 Substance Misuse

The collection of looked after children substance misuse data is governed by a DfE annual directive, underpinned by strategic guidance; Every Child matters: Change for Children – young people and Drugs 2005 and Promoting the health and well-being of looked after children 2015. (DfE 2018)

The guidance for the national return of data, has strict criteria. This relates to illegal and legal substances, dependant on age, regular excessive or dependant use leading to social, psychological, physical or legal problems.

Of the 500 eligible Kirklees looked after children who have had a health assessment year-ending March 18, twenty-one (4.2%) were identified as having a dependant 'substance misuse problem'. Over 60% had or were receiving support and a small number refused stating for example; that they had already received support or did not wish to engage. The ages ranged from 15 to almost 18 years old.

A priority for the coming year is to identify those young people who are refusing support, in order to understand their individual reasons and liaise with other agencies to look at alternative engagement routes.

National data for 2016-17 highlights that the number of looked after children identified as having a substance-misuse problem has remained at 4% since 2015. Almost half (49%) received an intervention and it was slightly more common in older males than females.

Kirklees Substance Misuse Support Services

'The Base' is the substance misuse service commissioned in Kirklees for young people. A dedicated worker is employed to focus on vulnerable cohorts, including looked after children and care leavers.

The continued multi-disciplinary approach introduced in September 2016 between the LAC nurses, substance misuse and sexual health outreach, has provided a monthly opportunity to discuss young people and meet up in the LA children's homes. The number of referrals for LAC affected by substance misuse according to The Base data, has risen from 16 from 2016-17 to 22 in the last year.

Referral outcomes April 17 – March 18

	Single intervention	Multiple intervention	Awaiting assessments	Structured treatment	Declined
Number	6	2	2	8	4

Single and multi-agency drop-ins/group work and staff training have been delivered in residential homes, including Harmony House, Ruby Lodge and Copthorne Gardens. Regular support is provided to Healds Road, Netheredge and Westfields. A drop in session is due to start at Swan Lane semi-independent living.
The outreach worker attends the new No11 drop in for young people and staff, to access support & information. Six weekly workshops covering CSE, Hidden Harm and substance misuse are also planned for June 18.

2.10 Sexual Health

In October 2017 a new sexual health outreach and prevention service was established locally. The aim was to target vulnerable groups including LAC and care leavers. A weekly clinic provides

prevention work, 1:1, screening and treatment in conjunction with the substance misuse outreach worker.
An educational programme is held weekly covering sexually transmitted diseases, consent, delay, abusive relationships and contraception. Pop-up clinics are also run in residential homes and out of education premises.

The team have provided C-card and Chlamydia training in 2017 to 18 Personal Advisors and the LAC nurses. This has upskilled the workforce for use in the community and the No.11 drop in where pregnancy tests, chlamydia tests and condoms can be accessed. A link has been made with the pharmacy locally to No.11 for further support and advice.
A total of 28 identified looked after children have accessed the service with referral rising throughout the year.

2.11 Emotional and Mental Health

Looked after children, have consistently been found to have much higher rates of mental health difficulties than their peers (almost 50% have a diagnosable mental health disorder, DfE 2015).

The Strengths and Difficulties questionnaire (SDQ) is a clinically validated screening tool, used to indicate the level of emotional difficulties in children from the age of 4 to 17 and is a statutory requirement for LAC. It provides an estimate of the prevalence of mental health conditions and has shown to increase the detection rate of socio-emotional difficulties. Satisfactory emotional and mental health is indicated by a low score.
A score of 0-13 is considered 'satisfactory', 14-16 is 'border-line' and a score of 17 or more identifies a 'cause for concern'.

A number of steps have been introduced to utilise the SDQ more efficiently and effectively. This has ensured that the results informed the actions to improve the mental health support to individuals. This work has continued to develop dovetailing into the emotional wellbeing/LAC service, which was introduced as part of the National, but locally led 'Transformation Plan'.

As part of the 'plan', a child and adolescent mental health service (CAMHS) Well-being Team for vulnerable children was set up in January 17. The team comprises of a clinical psychologist, child psychotherapist, mental health worker and recently a care leaver specialist nurse, to support transition to adult services. This sits with the Placement Support Team in the LA. If a child is accommodated outside Kirklees, services may need commissioning.

SDQ process

An SDQ is sent out to all carers of LAC aged 4-17 annually. The voluntary provision of SDQ's to children over 11 years old has continued. The resulting scores for both carer and child are disseminated to the social worker, independent reviewing officer and carer. This provides insight into the child's views in comparison to the carer and can depict where support should be directed. A teacher version is available to allow for a triangulation of information and future plans are to introduce the teacher version for all high scores.

High scores (17+ cause for concern)

If the score is of concern, the social worker is provided with the contact details of the emotional well-being team, this will enable a referral to be made for a consultation if necessary. The supervising social worker for the carer is copied in, to encourage a wider discussion.

A month later an update is requested from the social worker, as to what support is ongoing or has been planned and documented in the child's record. In addition, the social work team managers are

copied into a monthly list of all returned scores, so they can discuss high scores in supervision with their team members.

Information available at: http://www.sdqinfo.com/

Average SDQ score from carer questionnaires

	2012	2013	2014	2015	2016	2017	2018
Kirklees	13.5	12.7	12.8	13.1	13	13.5	13.9
England	13.9	14.0	13.9	13.9	14	14.1	Not available

Discussions with the emotional well-being team suggest that the use of the SDQ is subjective and could be argued is a crude measure. It does not factor in the beginning and ending of interventions and some children's emotional health can get worse before it gets better. Interventions related to mental health can take a long time in comparison to physical issues. The scores should not be compared with those of their peers who have not been in care. However the tool is used successfully to alert services to children who have emotional and behavioural issues and ensure that actions are taken to offer support.

283 SDQ carer forms were returned (**69.4%)**. A number of actions were introduced to improve the returns rate.

- The letter to carers has been strengthened to promote a responsibility for timely returns.
- The LAC nurses are targeting health assessments for 'children placed with parents' as this is an area recognised as limited compliance.
- Any assessments completed by LAC nurses for children with other carers, where the questionnaires are outstanding, will be completed at the assessment and returned electronically to improve timeliness.
- A request has been made to all IROs and LAC social workers to emphasise with carers their duty to complete and return of the forms.
- Hybrid mail distribution has been stopped as unreliable for this purpose.

(Update at 31.7.18 – The returns have increased to 86%)

(76% of children nationally have an up to date SDQ at 31st March17)

In addition **100** SDQ child/young people forms were returned, which are used to compare the views of the child with that of their carer.

The SDQ forms are labour intensively manually scored. It is hoped the new IT system 'Liquidlogic' may be able to score them automatically in the future.

SDQ scores

Score	Carer 2017	**Carer 2018**	National 2016-17 Carer		Child 2017	**Child 2018**
0-13 (satisfactory)	51%	**50.1%**	49%		61.4%	**56% =n**
14-16 (borderline	12%	**13.2%**	12%		12%	**15% =n**
17+ (concern)	37%	**36.6%**	38%		26%	**29% =n**

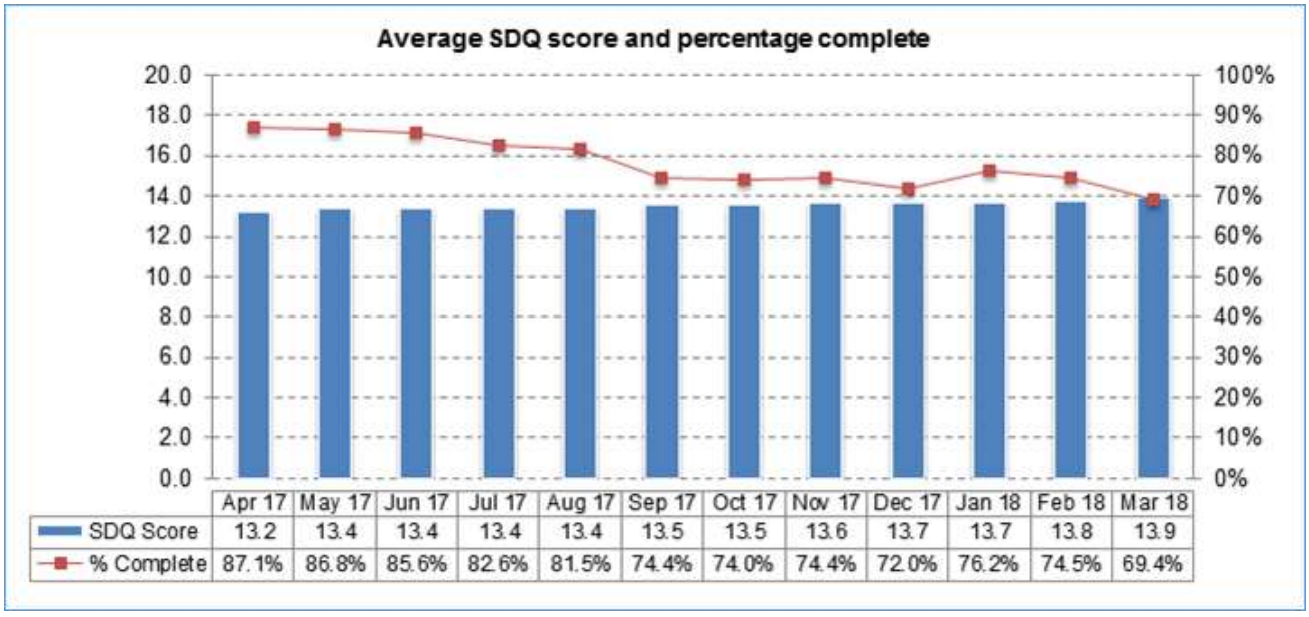
The table above shows that at 31st March 2018 there were more children than carers, who felt their emotional health was satisfactory (score 0-13) i.e. 56% against 50.1% respectively.

From the child's perspective they felt their own serious mental health score (17+) was lower than the opinion of their carer's, i.e. 29% against 36.6% respectively.

This evidence follows a similar pattern to last year.

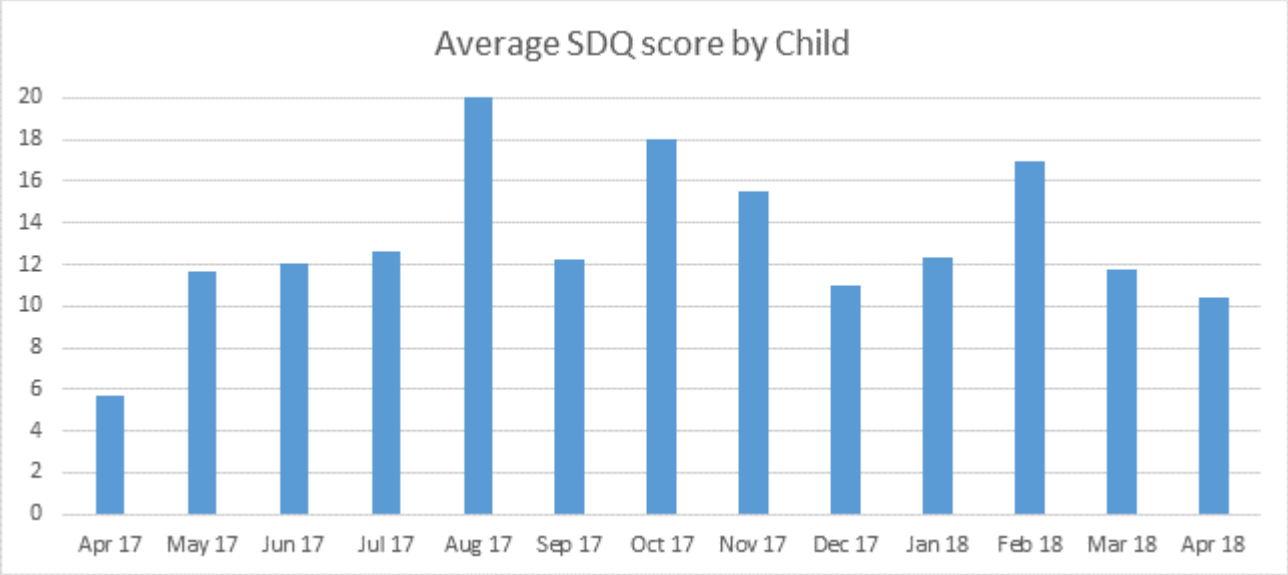
29 children did report that they were struggling significantly with their emotional well-being. The process that follows these high scores, should ensure that all these children are offered a service.

'Carer' perspective of the child's emotional well-being



	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
SDQ Score	13.2	13.4	13.4	13.4	13.4	13.5	13.5	13.6	13.7	13.7	13.8	13.9
% Complete	87.1%	86.8%	85.6%	82.6%	81.5%	74.4%	74.0%	74.4%	72.0%	76.2%	74.5%	69.4%

'Child/Young Person' perspective



An observation from the child/young person version, is that peaks in the scores regarding 'cause for concern 17+' bracket, this correlates with the school holidays in August, October and February, although Christmas is average. The carer's scores are relatively stable.

2.12 Care Leavers

Care Leavers have the opportunity of accessing the Specialist Nurse for Care Leavers, either by self-referral, referral from the Looked after Children and Care Leavers Service, Children's Rights or via any social work team within Children and Adult Services.

To ensure the needs of Looked after Children and Care Leavers are met, the LAC Nurses work in a flexible way, having appointments at times and in places to suit the young people's wishes.

There is good liaison between the personal advisors (PAs), social workers and nurses, with monthly attendance by the nurses at the PA meetings, to share reports and proposals to benefit the health care needs of care leavers. This includes an opportunity to refer to the teenage pregnancy data sheet for updates. Being co-located ensures that face to face consultations can take place, resulting in quick responses for health queries and signposting.

In conjunction with the Children's Rights Service, a letter for care leavers is provided to show their health history. Following on from a CQC recommendation, a person centred letter has been re-developed with help from care leavers, containing their personal health history and essential local support information. At the final health assessment, they are asked if they would like a standard format or a customised version. This information is stored in the health record and adhered to when the letter is produced. A version aimed at carers of, and children with disabilities has also been developed.

A number of care leavers offered their views on the new format:

1. "Keep contact numbers in".
2. "It's not overcrowded with information".
3. "Immunisation key needs to be at the front"
4. "Needs child friendly front cover". Update July 18 – this has now been developed by Care Leavers.
5. "Needs domestic violence support numbers"
6. "We like this form, it doesn't hold too much information and we feel it is an appropriate form".
7. "We love all the contact numbers".

The LAC nurses provide a drop-in service at No.11 on a weekly basis for advice and support for children/young people and staff.

The LAC nurses are part of a vulnerable children team with the youth offending team, pupil referral service and family nurse partnership (FNP). This provides an opportunity to share information and allow the most pertinent health professional to take a lead role.
(FNP is an intensive home visiting programme offered to first time young mothers, providing good parenting skills working with the strengths of the clients, encouraging them to fulfil their aspirations for their baby and themselves. LAC and care leavers are given priority for this service).

Plans are underway to work in conjunction with the care leaver mental health specialist nurse to introduce a screening tool, for those recognised as still at risk from poor mental health as they leave care. This will feed into an overall plan to improve the mental health support provided to care leavers.

2.13 Adoption and Fostering - Designated Doctor

The Regional Adoption Agency OneAdoption West Yorkshire is now fully established. The service is hosted by Leeds on behalf of the five Local Authorities.

The Agency Medical Advisers for the five Children's' Social Care Departments are now working more closely together. The Medical Advisers are aiming for consistently good practice and also to use a standardised format for reports. This will not mean any significant changes to practices already adopted in Kirklees.

All adults applying to become adopters, foster carers or connected carers have a medical report prepared by the Medical Advisor which is based on a report compiled by the applicants' GP. Some applicants have significant and complex health problems and the medical adviser may need to liaise further with the GP or hospital specialists to obtain a clearer picture of the applicant's health and the implications of this for the task of adoption or fostering. This work can be extremely challenging and time consuming.

Once approved, foster carer medical reports have to be reviewed every three years by the medical advisor and an updated medical report is provided to the local authority fostering service. Prospective adopters have updated reports every 2 years.

Number of adult medical reports for fostering and Special Guardianship Orders.

2012-13	2013-4	2014-15	2015-16	2016-17	2017-18
308	318	318	286	348	**337**

Number of adult medical reports for OneAdoption West Yorkshire

Jan- March 2018

43

Since starting writing adult health reports for OneAdoption West Yorkshire in January 2018, we are now able to separate the numbers of reports for adoption from those requested by Children's Social Care for fostering and special guardianship orders. Numbers for previous years also included adoption, so it looks likely that the overall total will significantly increase in the future.

Children who are being considered for adoption have a detailed adoption medical report following a thorough medical and developmental assessment. The report gives information about the child's physical and emotional health and developmental progress. The report also includes information about the pregnancy and birth and about the health of the birth family (this information is shared with consent).

Number of Adoption Medical Reports

2012-13	2013-4	2014-15	2015-16	2016-17	2017-18
163	138	117	135	168	**142**

The Medical Adviser who sees the child and completes the report then meets the Prospective Adopters, to discuss the health needs of the child/children to be placed with them. The information is often complex as children frequently have backgrounds of neglect, abuse, domestic violence and parents who have used drugs or excess alcohol or who have learning difficulties or mental health

problems. These meetings have been standard in Kirklees and some local areas for several years but have only just been introduced in others.

Number of meetings with prospective adopters

2012-13	2013-4	2014-15	2015-16	2016-17	2017-18
44	43	36	43	45	**27**

Medical advisers continue to attend adoption panels regularly. This means reading all the paperwork and being a full member of the panel in addition to giving medical advice. One of the medical Advisers from Calderdale or Kirklees has attended all OneAdoption West Yorkshire panels held in Huddersfield. Medical Advisers from other areas cover the other panels.

A LAC nurse is representative on 4 fostering panels per year, to provide an alternative health perspective.

2.14 Training

The LAC health team provide training for social workers and health students/professionals who are associated with the care of looked after children and young people.

Each School Nursing and Health Visiting Team have been visited during the year, to advise, liaise and share good practice. New ideas have been shared and issues resolved.

Formal mandatory training sessions are delivered to foster carers covering health matters, at three half-day sessions per year.

2.15 Remand

There have been a small number of young people remanded to custody and therefore became LAC under the 'Legal Aid, Sentencing and Punishment of Offenders Act 2012'.
In 2015 the requirement for a statutory health assessment was dis-applied from the 'Care Planning. Placement and Case Review (England) Regulations 2010'.

A copy of the Comprehensive Health Assessment Tool (CHAT) which is used in youth custody, is requested from the secure estate, upon sentencing or release. This provides a brief overview of the health of the young person as they entered custody and for the time of their remand. Further intervention on release from custody would be provided by the LAC health team or another appropriate health practitioner e.g. youth offending nurses, if the young person remained a looked after child.

2.16 Ofsted and CQC

Ofsted 2016-18

Children's social care was inspected by Ofsted in 2016 and continues to be monitored as part of a significant Improvement Plan. The health team continue to be part of the monitoring process due to their collaborative model of working. It was recognised that LAC and care leavers were well supported with regard to their health. A recent follow up of LAC services by the Government Commissioner praised the health team and suggested that "this was the best report she had heard from a LAC Health Team in any authority and added that the enthusiasm and commitment to get things done was very impressive".

Care Quality Commission (CQC) 2018

Safeguarding and Looked after children services in Kirklees were inspected in January 2018. The report was positive and a few recommendations were made to improve practice. These were; to strengthen the assessment of the emotional health and well-being of LAC within the IHA, develop a more patient centred care leaver letter, ensure the strategic roles for LAC comply with the intercollegiate guidance for LAC and the position of the Royal college of Nursing and to work together to strengthen the arrangements for obtaining GP health information, to inform health assessments.

3 - Audit project

In order to establish a picture of the health needs of looked after children as they enter care and the effect that the initial health assessment process can have on addressing their health issues, an audit project was undertaken by a LAC paediatrician.

A manual audit was carried out to identify the health needs of one hundred children (50% male & female), who were brought into care between April 2016 and November 2017. The purpose was to use their Initial health assessment (IHA) to gather information related to identified and unmet health needs.
The results were compared to an audit the previous year, involving a similar number from a cohort in 2013-14.

The main points identified were as follows:

	2017-18	2013-14
Health need prior to IHA	106 pre-recognised conditions related to 48 children. Common issues of vision, speech & language & emotional behavioural difficulties. No ADHD diagnosis.	150 pre-recognised conditions
Review / follow up needed	5 of the 48 children required a re-referral.	11 required a re-referral
New health need identified at IHA	25 new conditions. Including 1 heart murmur, 6 vision, 3 hearing problems & 6 missed immunisations	104 new conditions recognised
New health referral needed	6%	No separate data, but the new conditions above would prompt a referral
Registered with GP at IHA	98%	93%
Registered with dentist at IHA	66%	63%
Immunisations up to date at IHA	82%	69%

In summary

The people in attendance at the IHA comprised of; birth parents (50%), social worker (72%) and foster carers (46%), (some children are placed with family, therefore no foster carer involved).

The quality of the data in the assessment is informed by those present. Parents provide past information and carers the current situation.

The 2% who were not registered with a GP is likely due to the movements of children to a new area and new born babies.

The low number registered with a dentist is due to placement moves and difficulty accessing registration, especially for infants under 1 year. A monthly review of those not registered takes place as explained in section 2.7.

The immunisation status of children has improved dramatically since 2014, possibly due to improved information to social workers. See section 2.8 for ongoing data.

The hand written assessment forms have now been replaced with electronic versions which has improved presentation and clarity. The manual collection of the last two audits has been onerous and work is underway to collect the data electronically through SystmOne IT. The benefit will be to identify specific health conditions, using a larger cohort.

4 – Additional activities / Practice Improvements during the year

- The implementation of an NHS directive shared with us by Sefton LAC health team, allowed the process of service level agreements to cease. This significantly improved the process for requesting health assessments for children residing in other authorities on many levels.
- Weekly Skype calls were introduced, to offer an opportunity for the LAC nurses to feel supported during agile working, both on a personal level and related to working commitments.
- Following reports that carers were not receiving copies of the child's health assessment plan, a copy is now sent directly from the health team, to be kept in the child's fostering records.
- A process was developed to notify other local authorities when a looked after child is moving into their area, where the intention is that the placement is likely to be for an adoption, therefore on a more permanent arrangement with the likelihood of the medical records being amended.
- Following a request from foster carers, a resource 'Coping with Crying' has been devised by our health visitor LAC nurse and is used in training and the foster carer newsletter.
- The increased use of the CorumBAAF health assessment form by other authorities, prompted an electronic copy to be put on SystmOne. This will prevent colleagues having to complete these by hand.
- An unaccompanied asylum seeker child resource pack has been developed to support young people attending the drop in and assessment clinic.
- The monthly missing dental attendance spreadsheet is used to target carers for the information. Advancements have included requesting if carers would email their response using unique identifiers to save on time and postage.
- Improvements made to the health assessment to include prompts related to historic and current risk taking behaviour, including child sexual exploitation & missing episodes.
- The low response rate for completed SDQs from carers of children, who are 'looked after', but live with parents, has been addressed by the LAC nurses targeting the assessments and completing the SDQs at the visit.
- Substance misuse information collected during the RHA, has been made easier to document accurately through alterations to the template.

5 – Priorities for Looked After Children 2017 / 18

1) To continue to monitor and aim to meet the KPIs set by the CCG's.

See Section 2.

2) Develop 'We value your opinion' questionnaires for 4-10 year olds and Care Leavers.

Following the use of the questionnaires during 2016-17 for children aged 11-17, it was decided to repeat the process, rather than develop new versions for different age groups. The purpose was to allow for a longer 2 year comparison and to decide if this was a good method of evaluating children's views. It also showed if the questions asked, provided answers that were useful in improving the service. The questions focused on the LAC health assessment, the SDQ, communication methods, attendance at other health services and dental attendance.

The most useful information was the date of the last dental attendance (63% reply rate), which supported our constant challenge as explained in section 2.7, in gaining the date for the performance figures. To ensure the dental information was not lost since the pilot finished, an additional slip has been attached to the SDQ form itself, which has remained a good method of distribution.

Consultation with a representative care-leaver, provided further evidence that extended use of the Locala mobile APP, would be preferential for children and young people to gain their opinion, rather than the paper format.

The table below outlines the results. The full evaluation is in the appendix.

Summary of the results

Question	Summary of responses 2016-17	2017-18
Do you think the LAC review health assessment (RHA) is helpful?	72% felt that the LAC health assessment is helpful or quite helpful	59% felt that the LAC health assessment is helpful or quite helpful
What would you change about the RHA?	63% said there was nothing they would change about the assessment. Other comments were: to reduce the number of people present, only have one if needed, "Don't know why I am different to my friends as they don't have one".	Most who answered the question said there was nothing they would change, but many abstained. Comments that were made included 'done to' instead of 'with'. 'It should be optional'
Is the 'young person' SDQ a good way of finding out how young people feel?	73% agreed the young person SDQ was a good/partly good way of finding out how young people feel.	51% said the young person SDQ was a good/partly good way of finding out how they are feeling
Is there a better way of letting others know how you feel?	There was a varied response. 27% would talk to social workers, health staff,	There was an overwhelming number preferred face to face communication with a number of

	counsellors, school staff, and other workers. 21% said that they would confide in parents, carers, friends & family. 12% suggested texting & electronic devices 1 stated "Don't do anything at all, don't want any support at all want to live a normal life, like normal people. Please don't contact me thanks"	people. Health workers were most prominent, followed by family, friends, teachers, carers and social workers.
Have you been to any other health appointments in the last year? What was your experience?	The general over view was positive with regards to clinics, A&E, hospitals and GPs. There was criticism at a hospital that the staff were moody and a couple commented about waiting times.	The open question format did not provide a clear picture. Carers tended to complete it. Clinics, hospitals, podiatry had very good comments. 4 children said the waiting time was too long. 2 said it was none of our business! 1 child said "Please don't send me anymore of these. Lots of love/hate"

3) Develop Intercollegiate LAC training slides for use in GP surgeries.

This priority is to be developed in 2018-19

4) To investigate the potential for local CAMHS to provide LAC health team with information to inform the IHA & RHA process, in parallel with the development of a process to request GP surgeries not using SystmOne, to also share relevant health information.

A discussion was held with a CAMHS link manager and consent to share information was recognised as an obstacle. Following the development of the vulnerable children CAMHS Well-being Team, a robust support service is now in place to support communication with CAMHS.

The request for GPs to inform the health assessments has been strengthened. A request is made to GP surgeries using alternative IT systems to SystmOne, for information to inform the health assessments. The duty and responsibilities have been outlined following a recommendation from the recent CQC inspection. The Designated Nurse for safeguarding will be notified of surgeries who do not engage with the request.

Annual data reconciliation will be made between the LAC health team and the non-SystmOne user surgeries, to check the data held about the LAC status of children in their practice is accurate. This is in addition to the regular Locala practitioner/GP links meetings.

5) To enable the CCG to give assurance that where it has become apparent to the LAC health team, that there is a persistent none notification of placement / changes/ cease to be looked after by a placing LA, a system is in place to manage and escalate the issue through a notification to the said authority.

There has been no clear evidence that there has been a persistent problem in any one area. Non-notifications were noted from Newark, Ayrshire and Barnsley. In each case direct contact was made and the issue resolved.
The extent of the problem is largely unknown, as until we are made aware that for example a LAC assessment is required or there are safeguarding concerns brought to our attention by acute or community services, we can be unaware. There needs to be a more robust health notification system, especially where children displaying risk taking behaviours are concerned, as they come to the attention of the local police, emergency services, sexual health and substance misuse services.

In Kirklees we have a system of notifying other LAC health teams of all children who move into and out of other authorities, in addition to the local authority exchange system. A process should be developed to inform the other LA of any high risk individuals, who have relocated to their area and may need additional targeted support.

6 - Priorities 2018-19

1) To continue to monitor and aim to meet the KPIs set by the CCG's.

2) To identify young people who have disclosed having a dependent substance misuse habit at their review health assessment and who refuse support. To work in collaboration with others to find an alternative engagement route.

3) To trial the use of the Ages and Stages questionnaires (ASQ) for use with babies and young children under 4 years old, to monitor emotional well-being, prior to the use of the Strengths and difficulties questionnaires at age 4

4) To develop Intercollegiate LAC training slides for use in General Practice and Dental surgeries.

5) To develop a process to collect information about the health needs of looked after children as they enter care, any that require a re-referral and any new health issues that are identified during the Initial Health assessment.

7 - References

DfE, DH (2015) Promoting the health and well-being of looked after children

DfE (2018) Children looked after by local authorities in England. Guide to the SSDA903 collection 1 April 2017 to 31 March 2018

8 – Appendix

Looked after children (LAC) - Evaluation of the 'We value your opinion' questionnaire. Pilot project to gather the views of children and young people aged 11-17

Legislation underpinning the project

The Children Act 2004, Working together to safeguard Children (2010, 2015, 2018), Promoting the health and well-being of looked after children (2015)

Background

The pilot questionnaire from the LAC health team was multi-purpose.

- To gather the views of young people about the statutory LAC health assessments
- To gather the views of young people about the voluntary 'self' strengths & difficulties questionnaires (SDQs), that have been sent out in addition to the statutory 'carer' SDQs
- To ask young people how they prefer to let others know how they are feeling
- To gather the views about the experiences they had when attending any other health appointments in the community or hospitals etc. and to follow up any issues and to inform other agencies of positive or negative feedback.
- In light of the difficulty in obtaining dental attendance information, which is a statutory requirement for LAC, a request was also made for their last dental attendance.
- Opportunity was given for any other comments to be made.
- To develop future questionnaires covering children aged 4-10 and care leavers 18+

Process

The questions were developed by the LAC nurses, using careful language to minimise misunderstandings and to allow for easy interpretation. Due to initial time and resource constraints in starting the project, it was anticipated that the opinion of young people from the LAC & care leaver's service would be gathered later, to improve the initial template. The reasonable return rate in the first quarter of the year encouraged the team to plan a 12 month timeframe. This would then include the views of all eligible LAC to be approached.

A method of distribution was required that had no or limited financial cost; that could be easily administered using current resources and could have a projected reasonable response and return rate. It was also important to include all eligible LAC accommodated in and outside Kirklees.

A tried and tested freepost mailing system already used to distribute SDQ's, was chosen to include the questionnaire. This provided a convenient method of administration, with the potential to involve the support of carers, who were receiving their statutory annual 'carer' SDQ forms and encourage the young people to complete theirs. Consideration was given to the age group chosen, based on the voluntary 'self' SDQ that was already being sent and that the wording could be aimed at a particular age group, with support from carers for any young people with learning difficulties.

The returned questionnaires were checked regularly and any necessary actions taken at the time. The dental dates were added to the IT systems as soon as possible, to fill the inevitable performance gaps associated with being informed when children attend the dentist.

Results

Returned questionnaires - January to December 17

Total returned- 129

Responses to dental date request 81/129 (63%)

Key: - RHA = Review health assessment, SDQ = Strengths & Difficulties questionnaire

Question	Answers	Total number of responses
1) Do you think the LAC RHA is helpful?	Helpful Quite helpful Not helpful No answer Not sure what RHA is	44 (34%) 32 (25%) 27 (21%) 22 (17%) 4 (3%)
2) What would you change about the RHA?	Nothing Everything Don't know Abstained Not have it Only have one if needed or asked for Individual responses: "No point", "Should be optional", "Do not come to my home", "Do it at home not school", "For me to write the questions and then talk about them in detail", "Not have to wait", "Now't I'm kush & you are welcome", "talk about future health", "reduce number of people present" " I don't want to see you again", "Gets in the way of other stuff", "I prefer to see somebody when I want to talk about things"	39 2 10 21 5 2
3) Is the 'young person SDQ' a good way of finding out how young people feel?	Yes Partly No Don't know Abstained	44 (34%) 24 (17%) 20 (15% 21 (16%) 20 (15%)
4) Is there a better way of letting others know how you feel?	Speak to health workers Texts & electronic devices Talk to family Talk to carer Talk to social worker Talk to friends Talk to teachers/school workers Use forms Talk to no one Talk to counsellor/emotional support worker Other workers Meet up with someone you can trust Write it down and sometimes speak Don't know Abstained All below are fuller individual responses: "Online link for website maybe from school" "I found a booklet that I filled in for Court, it was helpful because I could draw pictures" "Let the child video themselves and send to you" "I want more people to listen to me" "Social worker if they would listen" " If I wanted to inform you I would"	19 18 11 11 7 5 5 3 3 2 2 1 1 1 12

	" talk to yourselves you good for nothing***" "Don't do anything at all, don't want support at all, want to live a normal life, like normal people. Please don't contact me thanks"	
5) Have you been to any other health appointments in the last year? What was your experience of the visit?	Clinic – "Got loads of help, treated well, problem sorted" Hospital – Treated well x1. Not treated well nurses moody and did not understand x1 Leeds Dental institute – "Better if less waiting time" G.P. – "Problem sorted, treated well, couldn't have been better" Locala – "treated well, problem sorted" Opticians – No comments Audiology – " sorted went well" General appointment – Couldn't have been better, medical examination, I was really nervous – they were really kind" A&E – "Good treatment" The Whitehouse – "Easy access" Enuresis clinic – "helpful" Dentist – "It hurt but will benefit me in the long run" ChEWS – "Found helpful" Physiotherapy – 6 appointments no comments Podiatry – "Fantastic treatment at Salterhebble, good parking would go again" *(Task sent through SystmOne to Podiatrist to inform her).* "Ask my dad" "None of your business, get lost, why should I care" "Needs to be less waiting time" "None of your*** business, ask social worker, get lost	2 2 1 1 1 7 2 2 1 1 1 3 1 1 1 1 3 1 1
6) Any other comments?	"I want braces" *(Followed up with social worker)* "No" "Ask my dad some of the questions" " I feel happy because I could answer some of the questions" "Please don't send me anymore of these. Lots of Love/Hate A******	1 10 1 1 1

Summary

Q1) 76 (59%) of the young people that answered, felt that the RHA was helpful or quite helpful. 21% stated it was not helpful and interestingly 4 young people admitted to not knowing what an RHA was. Consideration needs to be made to how the RHA is presented and explained to children, especially older children who are able to make judgements on things that affect them.

Q2) The majority of those who answered said there was nothing they would change about the RHA, but many abstained. Their lack of familiarity with the content or layout of the assessment, could be a reason for them not offering further opinion, as they are only done once a year. However a few older children did have a view and implied that it was 'done to' instead of 'done with' them, e.g. it should be "optional", "Don't come to my house/school". They implied that they were not given much of a say, although there is a determined effort to ask young people where they would like their assessment to take place and every effort made to accommodate their wishes.

Q3 & 4) The 'self' SDQ, is an optional tool available to measure the young person's view of their own emotional health. This has been introduced by the LAC health team in Kirklees, to allow the voice of the child to be heard. The questionnaire is sent out to all 11-17 year olds at the same time at the statutory 'carer's' version, alongside an explanation of its use. The completed questionnaires are scored alongside the carer's version and results shared with the social worker, carer (& young person) & independent reviewing officer. GPs on the health IT system also have access. Any high scores of concern are flagged with the social worker and supervising social worker and a process is followed to ensure actions are taken to offer support if necessary to the child and/or carer. This has allowed for any discrepancies between the view of the carer and young person to be highlighted. Access to the LAC & care leaver CAMHS Wellbeing service is encouraged for any high scores.

68 (51%) respondents said that the 'self' SDQ was, or partly was a good way of finding out how young people feel emotionally. Electronic devices were also popular as an alternative method of communication.

When young people were asked what better ways they felt about sharing their feelings, an overwhelming number said 'face to face' communication with various people. Health workers were the most prominent, followed by family, friends, teachers, carers and social workers. The utilisation of the new No11 drop-in service will help to bridge this gap, by providing a safe space to meet face to face with specialist workers.

Based on the assumption that young people value the face to face approach to talking about their feelings with health practitioners, an improved focus could be used in the RHA emotional/mental health section. The recent availability of the SDQ score in SystmOne just prior to the health assessment, allows practitioners to be made aware, have an up to date score and can use this as a tool to open a discussion.

Q5) The aim was to gather opinion about children's experiences of other health services that they attended in the last year. This was not wholly achieved, possibly due to the open-question format. The question was too broad and required children to remember where they had attended. Carers could be observed to have completed many of the forms at this point. There was some opportunity for feedback, but the questions needed to be more specific in order to follow any positive or negative experiences.

Q6) Only 5 young people responded to an 'any other comments' box.

Conclusion

The overall response rate was satisfactory, with the majority completing the questions asked to an acceptable degree. The form may have been too long for some and a clearer format would improve completion. The views on the content and design was sought verbally from a selection of care leavers. The response was that an electronic feedback device i.e. an App. would be more welcomed. Taking into consideration the resource implications for the administration and the preference for an electronic

version, a conclusion was made to not repeat the use of the paper evaluations. An electronic App has been devised for use with LAC and will be the chosen format for collecting young people's opinions.

There was a realisation that our explanation of what and why the RHA is carried out may not be as clear as it should be. The LAC nurses will liaise with health colleagues who also carry out the health assessments to ensure there is an emphasis placed on explaining the reasons for carrying out the assessments.

The introduction of the 'young person SDQ' was received relatively well and accepted as a method of finding out how young people feel about their own emotional health. In addition it has provided a missing link to the general statutory SDQ process, i.e. the young person's view.

Importantly face to face discussion was high on their list of important ways to share their feelings and this can be encouraged through a focus in the RHA and the opportunity for those living in Kirklees to attend the No11 drop-in, where a variety of professionals have offered to provide a service .

Some positive ideas were put forward to improve communication for example "online link website maybe from school", "let the child video themselves and send it to you", or the use of drawing as a preferred format.

The opportunity to ask about dental attendance was a secondary aspect and solely for professional use, but this proved an invaluable method of accessing missing data.

Some young people used the opportunity to voice their views strongly and this was interpreted through prominent handwriting and language. 4 males and 3 females in particular, aged between 12 and 15 who had been in the care of the local authority between 5 and 10 years had some clear opinions.

One questionnaire in particular gave cause for concern, due to the language and anger. Fortunately it was possible to identify the child's social worker who could recognise the behaviour and reassure that support was already being offered to the child.

Another young man quoted *"Don't do anything at all, don't want support at all, want to live a normal life, like normal people. Please don't contact me thanks".* To reflect on these words can make us question if we should impose our support if he does not have any health issues and provide him with the tools to access the service when he needs it? This is similar to another who *said "I prefer to see somebody when I want to talk about things"*

Another young person said *"Please don't send me anymore of these. Lots of Love/Hate A..".* The girl crossed out 'love and the kiss on the end. It was a polite request, but she wanted to express a serious message.

Are we able to develop a service that is so individualised that we can meet the needs of each young person, given the high numbers of LAC? We are governed by a statutory responsibility to support the local authority in its duty to ensure all looked after children have a regular health assessment, following on from their doctor-led Initial Health Assessment. (An audit in 2015 highlighted the positive identification of many unmet health needs when children came into the care of Kirklees Local Authority). Unfortunately to ensure we are compliant with the rules, we need to apply a blanket approach that is workable, measurable with clear plans and outcomes. For some young people, this is not acceptable.

This small project has shown that a questionnaire provides an opportunity to reach some young people and allow them a voice, but the draw backs were numerous e.g. It required administering, how confidential was it? Was it too complicated? Technology now seems a preferred option as it is quicker, more confidential and is more in line with the communication habits of young people.

Gill Addy 16.02.18