



**Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group**

**Kirklees Looked After Children
Annual Health Report
April 2018 – March 2019**

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Looked After Children & Care Leavers
August 2019**

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 2018 – 31st March 2019.

Blue text has been used in the document to highlight the latest relevant National data. This is for the period 1st April 2017 to 31st March 2018, ('Statistical First release' DfE 2018), 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 continued to show a steady decline. A small number of unaccompanied asylum seeking children (UASC) have become looked after and a number have reached 18 years old and moved into the Care Leavers Service, where they continue to access support.

The majority of children in care in Kirklees are placed with foster carers (76%), as opposed to residential, with parents or semi/independent living.

The Key Performance Indicator results have remained very good, despite some challenges that had the potential to affect the stringent processes that are adopted by the wider team, made up of Kirklees & Calderdale NHS Foundation Trust, Locala Community Partnerships and the Local Authority.

An average of 97% of the Initial health assessments were completed within timescales. The developmental (<5 years old) and annual (>5 years old) Review Health Assessments, were completed on average 98% & 90% respectively in timescales. This is higher than the National average (85% & 88%). There was a decrease in the number of assessments completed in timescales by other authority health teams on our behalf. This we are informed is related to capacity and has prompted us to continue to travel and complete as many health assessments as possible using our own resources, improving timeliness, quality and having a positive financial implication.

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

The work with sexual health and substance misuse outreach and the emotional health and well-being team, has continued, reinforcing a collaborative working model.

The regional adoption agency is 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. The pilot of the Ages & Stages Social & Emotional (ASQ–SE) questionnaire, has provided a further resource to measure the emotional health of children and babies under 4 years old.

Following a good rating from the Safeguarding & LAC Care Quality Commission (CQC) inspection in January 18, work has continued by the wider health team, to implement some recommendations to improve practice further (See 2.16).

Contents

| | | |
|--|--|----------|
| Kirklees Looked after Children Annual Health Report 18 - 19 | | Page no. |
| | | |
| Executive Summary | | 2 |
| Contents | | 3 |
| 1 | Introduction | 4 |
| 1.1 | Purpose of report | 4 |
| 1.2 | Background | 4 |
| 1.3 | LAC Health Team | 5 |
| 2 | Kirklees LAC Health Service 1.4.18 – 31.3.19 | |
| 2.1 | Number of Looked After Children | 6 |
| 2.2. | Ethnicity, Gender and Age Profile | 7 |
| 2.3 | Kirklees Placements | 8 |
| 2.31 | LAC accommodated in Kirklees from other Authorities | 8 |
| 2.4 | Children with Disabilities and Complex Needs | 8 |
| 2.5 | Initial Health Assessment Process | 9 |
| 2.6 | Review Health Assessment Process (RHA) | 10 |
| 2.6.1 | RHA's completed in Kirklees | 10 |
| 2.6.2 | RHA's completed by other Authorities on our behalf | 11 |
| 2.6.3 | RHA requests from other Authorities | 12 |
| 2.7 | Dental | 12 |
| 2.8 | Immunisations | 14 |
| 2.9 | Substance Misuse | 16 |
| 2.10 | Sexual Health | 17 |
| 2.11 | Emotional and Mental Health | 17 |
| 2.12 | Care Leavers | 19 |
| 2.13 | Adoption and Fostering | 20 |
| 2.14 | Training | 21 |
| 2.15 | Remand | 22 |
| 2.16 | Care Quality Commission update | 22 |
| 3 | Results – Priorities for Looked after Children/Care Leavers 2018-19 | 23 |
| 4 | Additional Activities/Practice Improvements | 25 |
| 5 | Priorities for Looked after Children/Care Leavers 2019-20 | 26 |
| 6 | References | 26 |

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 2018/19.

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 2018 (DfE 2018)*' 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-2017-to-2018>

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 2018 – 31st March 2019

2.1 Numbers of Looked After Children

Timeline March 2007 – March 2019

| | | | | | | | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Mar 07 | Mar 08 | Mar 09 | Mar 10 | Mar 11 | Mar 12 | Mar 13 | Mar 14 | Mar 15 | Mar 16 | Mar 17 | Mar 18 | Mar 19 |
| 399 | 448 | 510 | 563 | 597 | 645 | 650 | 604 | 620 | 652 | 703 | 671 | 626 |

The National picture has shown a continuing increase in the numbers of Looked After Children in England. At 31.3.18 there were 75,420, this is an increase of 4% from 72,670 in 2017.

The most common reason for children becoming 'looked after' Nationally is 'abuse and neglect' (47,530), followed by 'family dysfunction' (11,270) and 'family being in acute stress' (5980).

4860 children were identified as being in care due to 'absent parenting', almost all of these were unaccompanied asylum seeking children.

Unaccompanied asylum seeking children (UASC) - Kirklees

In Kirklees there has been a steady number of male, older teenagers becoming 'looked after' by the Local Authority, over the last few years. Some have now become Care Leavers as they have reached 18 years old.

| | | | | |
|----------------------|------|------|------|------|
| Year | 2015 | 2016 | 2017 | 2018 |
| Number entering care | 8 | 9 | 6 | 9 |

The number in Kirklees at 31.3.19:

| | |
|-------------|--------|
| | Number |
| LAC | 15 |
| Care Leaver | 19 |

Unaccompanied asylum seeking children - Nationally at 31.3.18

Nationally in 2016 there was a large rise in the numbers of UASC, this was followed by a modest increase in 2017 and a slight fall of 4% in 2018.

At 31.3.18 there were 4,480 UASC Nationally, this represents around 6% of all LAC in England.

2.2 Ethnicity, Gender and Age Profile

Ethnicity percentages/numbers in Kirklees at 31st March 2019:

| Ethnicity | Percentage | Number |
|------------------------|-------------------|---------------|
| White British | 70.1% | 439 |
| Asian or Asian British | 7.5% | 47 |
| Black or Black British | 1.6% | 10 |
| Other Ethnic Groups | 20.8% | 130 |

There was a decline from the previous year in White British children becoming 'looked after' from 73.3% to 70.1% and an increase in those from other ethnic backgrounds from 26.7% to 29.9%.

Ethnicity Nationally at 31.3.18

The percentage of White British LAC had decreased slightly from 78% the previous year, to 75%, 9% were of mixed ethnicity and 7% were Black or Black British. The proportions of Asian or Asian British have increased slightly, likely due to the broadly non-white make up of UASC, which has grown in numbers in recent years.

Gender

| Gender Kirklees | 2015 | 2016 | 2017 | 2018 | 2019 | National % at 31.3.18 |
|------------------------|-------------|-------------|-------------|-------------|-------------|------------------------------|
| Male | 54% | 52% | 54.6% | 55.4% | 55% | 56% |
| Female | 46% | 48% | 45.4% | 44.6% | 45% | 44% |

The gender profile remains similar locally and in line with National data.

Age profile

| Age | 31.3.16 | 31.3.17 | 31.3.18 | 31.3.19 | National % at 31.3.18 |
|----------------|----------------|----------------|----------------|----------------|------------------------------|
| Under 1 | 7% | 7.3% | 8% | 5% | 6% |
| 1-4 | 13.7% | 12.4% | 13.2% | 17% | 13% |
| 5-9 | 20.8% | 23.3% | 22% | 20% | 19% |
| 10+ | 58.6% | 57% | 56.7% | 58% | 62% |

Compared to the year ending 31.3.18, there has been a reduction in children under 1 year's old entering care, an increase in the 1-4 age group, a decrease in the 5-9 year olds and a slight increase in those aged 10 to 17.

2.3 Kirklees placements at 31.3.19

| Type of Placement | Kirklees 2018 | Kirklees 2019 | National % at 31.3.2018 |
|---|---------------|---------------|-------------------------|
| Foster care | 72% (n486) | 76% (n476) | 73% |
| Placed with parents | 8% (n51) | 6.5% (n41) | 6% |
| Residential/secure units/semi-independent | 20% | 17.5% (n109) | 11% |

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

2.3.1 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 under their care, moves to a new 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 inability 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 residential 'provider meeting' held in 2017 has been repeated in 2019, as it proved a useful method of linking with a growing number of private children's homes opening in Kirklees, who take on mainly Looked After Children placed from other authorities.

A process has been developed by the Kirklees LAC Health Team, to notify other authority LAC Health Teams throughout the United Kingdom, that a child has become resident or left their area. The purpose is to ensure they are aware at the earliest convenience and bridge any gaps in health 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 accommodated 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 | 2019 |
| Number of children with a disability classification | 39 | 43 | 50 | 46 | 38 |

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 2015) 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 reporting sources)

| | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
|--|---------|---------|---------|----------------------------|----------------------------|-------------------------------------|
| Number of IHA clinics held | 98 | 90 | 126 | 131 | 129 | 122 |
| Number of IHAs completed including other local authorities (OLA) looked after children | 165 | 238 | 254 | 302 Kirklees + 6 OLA | 198 Kirklees + 3 OLA | 146 Kirklees + 9 OLA |
| Percentage completed with Kirklees LAC in 20 working day timescale (average over year) | 87% | 98% | 98% | 98.25% | 98% | 97% |
| Number of pre-adoption medicals | - | - | 59 | 58 | 57 | 75 |

Monthly breach reports from Locala help to identify any trends associated with late assessments. There have been 5 assessments that have not been completed within the 20 working day timescale. The reasons were: 4 x late notification by social care process, 1x client did not attend.

The administration processes connected to being alerted to children coming into care, has been a challenge. Due to the statutory duty to carry out the Initial Health Assessment within 20 working days, it is essential to be alerted at the earliest time, as any delay can affect the ability to achieve this. The wider LAC health team are tenacious in their approach to recognise issues at the earliest point. Discussions with senior personnel, emails to social care staff, relationships built with placement team members and access to documents prior to a child coming into care, have all helped alert the team. This has provided a pro-active response regarding booking children into the clinic and keep the number of late assessments to a minimum.

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 their 18th birthday, 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.

The planned assessments in Kirklees are shared between the LAC nurses, Locala 0-19 and Safeguarding Hub teams and are dependent on the circumstances surrounding the child. In some cases nurses linked to the Youth Offending Team, Pupil Referral or Family Nurse Partnership may be asked.

Total number of RHAs completed

| | 2015-16 | 2016-17 | 2017-18 | 2018 - 19 |
|--------------------------|---------|---------|---------|------------------|
| Total RHAs including OLA | 616 | 676 | 730 | 734 |

2.6.1 RHA’s completed in Kirklees

The Health Report last year, noted that significant improvements had been made to reconcile the data between the provider and Local Authority (LA) data bases. The introduction of a new LA IT system part way through the year, produced a number of challenges in maintaining this position. Therefore Locala data will be used primarily for this report, with reference to LA data where appropriate.

A consideration to note is that the LA use a rolling 12 month data period, which holds information that can affect their current picture. Locala use a monthly data set, which shows information linked to the specific month.

| | 2018 - Locala | 2019 - Locala | National % at 31.3.18 |
|--------------------------------|----------------------|----------------------|------------------------------|
| ‘Developmental’ under 5yrs old | 95% | 98% | 85% |
| ‘Annual’ over 5yrs old | 94.5% | 90% | 88% |

A small number of young people refuse their assessment. A number of attempts will be made to encourage engagement, but if refused a ‘Virtual Assessment’ will be completed, with the agreement of the young person. 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. The virtual assessments are recorded and used to inform LAC reviews, but are not counted in the data.

| | Number RHA’s completed outside timescales |
|---------|--|
| 2016-17 | 71 |
| 2017-18 | 28 |

| | |
|----------------|-----------|
| 2018-19 | 45 |
|----------------|-----------|

The number of timescale breaches had reduced dramatically during 2017, following improvements in the wider process. The rise seen in 2018/19 was due to the impact of a couple of organisational changes; the introduction of the new LA IT system and changes in the provider arrangements.

During January and February there were high numbers of RHA's due. The impact of the Local Authority IT change over and changes to the teams completing the assessments within Locala, made efforts to keep in timescales challenging. A high number of timescale breaches were recorded in January and February, 9 and 8 respectively. We also saw a higher number of timescale breaches for those completed on our behalf by other areas in January and February.

Locally we have seen the figure return to a more usual figure (March n3), as the IT system has become embedded and the provider has amended their earlier arrangements.

The most common reason for timescale breach this year has been issues arranging appointments with Carers (n10), up from 4 last year, but in line with 2017 (n11). Placement moves, Carer holidays and staff sickness/capacity (Locala) had equal numbers (8 each). 5 young people declined an assessment down one from last year.

| Reason for breach | Number |
|-------------------------------------|---------------|
| Issues arranging with carers | 10 |
| Placement move | 8 |
| Carer holidays | 8 |
| Sickness/workload - Locala | 8 |
| Declined | 5 |
| LAC Nurse/Admin oversight | 4 |
| Bereavement in carer family | 1 |
| Difficulty in engaging young person | 1 |

2.6.2 RHA's completed by other Local Authorities on behalf of Kirklees

Children accommodated outside the Kirklees boundary, require their LAC health assessments completing within the same statutory guidelines as children living in Kirklees. This usually affects Review Health Assessments and rarely Initial Health Assessments.

If it is not viable for Kirklees LAC Nurses to complete the assessments due to the distance to travel, the accommodating authority are asked to complete them on our behalf and this is paid for by the Kirklees Clinical Commissioning Groups (CCGs). These requests are kept to a minimum to avoid; drift and delay and variations in quality of the assessments.

If a request to another authority is necessary, contact is made with the relevant LAC Health Team eight weeks prior to the due date, if agreed the paperwork is transferred. A follow up contact is made after four weeks to ensure compliance.

If a team are unable to complete the assessment, a request is made to the local GP surgery, but this can cause delays.

A number LAC Health Teams in other Authorities have issues related to completing Health Assessments for other Local Authorities. This is mainly due to capacity for example; Wales, Lancashire and Manchester. Southern Health Foundation Trust in Hampshire and Bristol, have informed us for a second year, that they are unable to complete Assessments for other Authorities.

The Kirklees team are flexible in their approach to completing the assessments and will travel generally a 30 mile radius, but this can be extended.

The requirement to complete an Assessment in France this year was outside the team remit. A successful outcome was achieved, as arrangements were made with a GP in France via the social worker, Commissioner and Grandparent. Due to a level of complex health needs, it was pertinent for the assessment to be undertaken, to provide assurances that the health needs and referrals to specialists were completed, prior to the Special Guardianship Order being made.

| | Number sent to other LA | % completed in timescales by other LA |
|----------------|-------------------------|---------------------------------------|
| 2016-17 | 119 | 61% |
| 2017-18 | 77 | 71% |
| 2018-19 | 84 | 56% |

2018-19

| Reason for timescale breach | Number |
|---------------------------------|--------|
| No reason given | 8 |
| Capacity | 7 |
| Oversight by other authority | 5 |
| Placement move | 4 |
| Staff sickness | 3 |
| Carer not in | 1 |
| Declined | 1 |
| Difficulty arranging with carer | 1 |
| Child moved to Europe | 1 |

2.6.3 Requests from other Local Authorities to complete RHA's with children, on their behalf

21 'Developmental' RHA's were completed for other LA and **100%** were completed in timescales.

44 'Annual' RHA's were completed for other LA and **85.5%** were completed in timescales.

The reasons for breach of timescales were: 5x late requests by the other authority and 1x carer cancelled.

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 an individual basis to the Designated Nurse to action.

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 within 3 months and earlier if possible.

(Locala data)

| | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|-------------------|--------------------------------------|------------------------------------|------------------------------------|--|
| Registered with a dentist up to age 5 (minus u18 months old) | 93% (all ages) | 97% (85.5% if include u18 months) | 97% (82% if include u18 months) | 97% (76% if include u18 months) | 98% (77% if include babies under 18months) |
| Registered with a dentist age 5+ | | 97.25% | 97.5% | 96% | 97.5% |

The data shows that for children under 5 years old, for 10 months of the year, 100% registration was achieved.

For children over 5 years old this percentage was achieved for 5 months of the year. Both these are improvements from last year.

[No National data for registration is available.](#)

Dental Attendance (LA data – all ages from 12 months old)

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 exception reports followed up by direct contact with the carer, Locala alerts following health assessments, a ‘refuses to attend’ tab has been added to the IT system and a request made with every Strength and Difficulty Questionnaire sent out (See later). It should be noted that the figures are likely to be higher, as we cannot be aware of all recent 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.

2018-19

| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Dental Checks Recorded in Last 12 Months | 88.5% | 87.8% | 88.0% | 88.4% | 87.9% | 85.7% | 92.5% | 95.5% | 88.9% | 88.4% | 90.5% | 89.1% |

2017-18

| | 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% |

Nationally – 84% of all LAC 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 service by health practitioners with parents of children at a young age and that older children, may refuse or be complacent, which is recognised Nationally.

Locala data

| | 2015 | 2016 | 2017 | 2018 | 2019 | National % 2017-18 |
|--|------|--------|--------|------|------|------------------------|
| Up to date with immunisations at developmental health assessment (under 5 years old) | 93% | 98.75% | 98.5% | 98% | 98% | 85% all ages |
| Up to date with immunisations at annual health assessment (over 5 years old) | 93% | 92.75% | 89.25% | 91% | 92% | 77% for those aged 16+ |

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

67 children were recorded as having outstanding immunisations at the time of their LAC Review Health Assessment between April 18 and March 19. This accounts for a total of 92 missed immunisations.

This compares to 38 children the previous year, accounting for 42 missed immunisations. Improvements to the recording process in 2018, may have contributed to this increased figure.

Of the 67 children, 56 (84%) were between the ages of 5 and 18 years old and 11 (16%) were under 5 years old

The ability to drill down further into the data has allowed the collection of additional reasons for missed immunisations i.e.

| Reason | Number |
|---|--------|
| Delay in the primary course | 11 |
| No immunisation history therefore starting shortened schedule (Usually children from other countries) | 10 |
| Consent refused | 5 |
| Delay in 1 year schedule, due to missed primary immunisations | 2 |
| Immunosuppressed child – MMR delay | 1 |
| Consent initially refused, now given | 1 |

Of the numbers that had outstanding immunisations, 7 are now known to be up to date, 5 remain unable to have their immunisations due to medical reasons and 6 are no longer LAC.

26 of the children who are classed as not being up to date, with none of the above reasons being obvious, are accommodated out of the Kirklees area. The main reasons for the lack of information are; the IT system can only be updated if the Child Health Department are informed independently by the other Authority, or when the next Review Health Assessment gathers accurate data to record.

Types of missing immunisations

| Type | Number 2017-18 | Number 2018-19 |
|--------------------------------|----------------|----------------|
| Meningitis (MenACWY) | 22 | 26 |
| Diphtheria/Tetanus/Polio (DTP) | 13 | 22 |
| Measles/Mumps/Rubella (MMR) | 4 | 4 |
| Human Papilloma Virus (HPV) | 3 | 10 |

The most common outstanding immunisations as in the previous year, was the MenACWY booster and Diphtheria/Tetanus/Polio.

Of the children who just had the DTP outstanding, 5 were delayed due to the catch up of previous doses.

Of the 26 children/young people who were not up to date with their MenACWY at their last RHA, 17 of the same individuals had also not had their DTP. Identified reasons other than just 'missed': 5 refused, 4 had medical conditions contraindicating them being immunised, 2 were on remand and would be offered the immunisations.

An additional improvement to practice in order to target young people who have their immunisations outstanding, is through a monthly report to the Designated Nurse from Locala following the RHA's. Individuals are followed up through their Social Worker, Personal Advisor or Carer.

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 512 eligible Kirklees Looked After Children who have had a health assessment year-ending March 2019, 11 (**2.15%**) were identified as having a 'dependant substance misuse problem'. (8 male, 3 female). This is a positive picture from the 21 (4.2%) identified the previous year. This is also well below the National average. However this data is notoriously difficult to collect, as it relies on the young person sharing the information and the Local Authority having a means to collect it accurately.

All Kirklees LAC who are identified as having any level of substance misuse, are offered a service from our local young people's substance misuse service, or other suitably qualified practitioners e.g. Youth Offending Team specialists, depending on the level of need.

National data for 2017-18 highlights that the number of Looked After Children identified as having a substance-misuse problem has remained at 4% since 2016. It is slightly more common in males than females.

Kirklees Substance Misuse Support Services

The Substance Misuse Support Service commissioned by Kirklees Council Children and Young People Directorate. A dedicated worker is employed to focus on vulnerable cohorts, including Looked After Children and Care Leavers.

The 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 LAC referrals to The Base has reduced in the last year from 22 to 14. From these referrals, 5 young people entered into structured treatment and all 14 young people received harm minimisation advice and information. Three young people left the service drug free.

Single and multi-agency drop-ins/group work has been delivered in 3 Local Authority homes, 5 private homes and 3 semi-independent homes.

Staff training about substances has been delivered in 4 of the homes and a forthcoming date is planned for another LA home on the 8th of May 2019.

A number of sessions were planned at the No11 drop-in venue around CSE, Hidden Harm and substance misuse from June 2018, but due to limited attendance and changes at the venue, they were cancelled. A trial of weekly attendances by the outreach worker at No11 is planned to start April 19.

2.10 Sexual Health

In 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 multi-agency clinic, including the local Substance Misuse Service provides prevention work, 1:1 support, screening and treatment. One aim is to introduce the young people to the main sexual health clinic for future support if required.

The Outreach Worker is also involved with the 'LAC and Care Leaver No11 drop-in' in Huddersfield, providing support as required, for example C-Cards, condoms and pregnancy testing and sexual health and relationship education.

Work has also been undertaken in 2 LA Residential Homes, a semi-independent residence and 2 private residential homes.

Locala are the provider of general sexual health services in Kirklees and have online contact details for young people to find information focused on their needs. Posters are located around the area giving details of services and some local pharmacies provide support.

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'.

More information is available about SDQ's at: <http://www.sdqinf.com/>

A number of steps have been introduced to utilise the SDQ more effectively. This has ensured that the results inform the actions to improve the mental health support to individuals. This work dovetails into the discrete CAMHS/LAC Service, which is co-

located in Children's Social Care and was introduced as part of the 'CAMHS Local Transformation Plan'. Their team comprises of a Clinical Psychologist, Child Psychotherapist, Mental Health Worker and Specialist Worker to support the transition to adult services. This sits with the Placement Support Team in the LA. If a child is accommodated outside Kirklees, the CCG commission an appropriate CAMHS intervention in the area of the placement.

SDQ process

An SDQ is sent out to all Carers of LAC aged 4-17 annually and children are sent their own version if over 11 years old. The returned questionnaires are scored with the results disseminated to the Social Worker, Independent Reviewing Officer (IRO) and Carer. If a child completes their own, it allows insight into the child's views in comparison to the Carer and can depict where support should be directed.

To support the work of the 'Virtual School', the 'Teacher' version is sent out automatically to the Designated Teacher for LAC in the child's school, when a high score is returned from either the Carer or child. The score is shared with the Virtual School Team, Social Worker and IRO allowing for the information to be triangulated.

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.

In addition, the Social Work Team Managers are copied into a monthly list of all returned high scores, so they can discuss these in supervision with their team members.

A discussion is in progress with Children's Social Care, to look at the possibility that a portal be established within Liquid Logic. This will allow secure communication with Carers and encourage their completion of the questionnaires electronically, saving a significant amount of administration time.

The use of the SDQ is subjective, as 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.

The introduction of the Liquid Logic IT system, had a significant impact on the monthly reporting, therefore data cannot not be shared within this annual report. Work has now been undertaken to resolve the issue and throughout the year SDQs have continued to be distributed using an alternative mechanism, continuing communication with Social Care Workers as usual.

Nationally 78% of looked after children have an up to date SDQ at 31st March18 and their average score is 14.2 in line with statistical neighbours at 14.1

Child SDQ

The introduction in 2016 of the 'Child (voluntary) SDQ', as part of the Kirklees process, provided an insight into emotional mental health from the child's perspective. This has been used to compare the scores, ensuring the child's voice is captured and shared with Social Care and within the child's health record. We are unable to provide a whole year of data for 2018/19 due to the problems associated with the IT change over, but we are able to retrieve a cohort of eight months i.e. 84 questionnaires compared to 100 the previous year.

| Score | Child 2017 | Child 2018 | Child 1.8.18-31.3.19 |
|---------------------|------------|------------|-----------------------------|
| 0-13 (satisfactory) | 61.4% | 56% | 59% |
| 14-16 (borderline) | 12% | 15% | 20% |
| 17+ (concern) | 26% | 29% | 21% |

Ages and Stages – Emotional and Social Questionnaire (ASQ - SE)

As a result of a pilot during 2018/19 the ASQ – SE is to be introduced later in the year with babies and young children aged under 4 years, to measure their emotional wellbeing. This will see it dovetail into the SDQ process (see 'Priorities 2018-19' p.24).

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 regular 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.

A Care Leaver letter which was developed with support from Care Leavers, is provided to each young person when they become 18 years old. The letter contains their personal health history and essential local support information. A version aimed at Carers of, and children with disabilities is also under development.

At their final Review Health Assessment, young people are asked if they would like a standard format or a customised version. We are able to report that in the last year, 47 young people gave a preference. 43% (n20) requested a standard letter and 57% (n27) a customised more in-depth version. As a result of this outcome, the current practice of asking the individual will continue, as there is no clear preference for either.

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).

2.13 Adoption and Fostering - Designated Doctor/ Medical Advisor

The Regional Adoption Agency OneAdoption West Yorkshire is now fully established. The service is hosted by Leeds on behalf of the 5 Local Authorities.

The Agency Medical Advisers for the 5 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. Audits are currently ongoing to look at standards of reports both for Adults' Health and for Adoption Medical Reports.

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.

| <u>2012-13</u> | <u>2013-4</u> | <u>2014-15</u> | <u>2015-16</u> | <u>2016-17</u> | <u>2017-18</u> | <u>2018-19</u> |
|----------------|---------------|----------------|----------------|----------------|----------------|----------------|
| 308 | 318 | 318 | 286 | 348 | 337 | 226 |

Number of Adult Medical Reports for OneAdoption West Yorkshire

Jan- March 2018 2018-19

43

95

Children who have a plan 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

| <u>2012-13</u> | <u>2013-4</u> | <u>2014-15</u> | <u>2015-16</u> | <u>2016-17</u> | <u>2017-18</u> | <u>2018-19</u> |
|----------------|---------------|----------------|----------------|----------------|----------------|----------------|
| 163 | 138 | 117 | 135 | 168 | 142 | 122 |

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

| <u>2012-13</u> | <u>2013-4</u> | <u>2014-15</u> | <u>2015-16</u> | <u>2016-17</u> | <u>2017-18</u> | <u>2018-19</u> |
|----------------|---------------|----------------|----------------|----------------|----------------|----------------|
| 44 | 43 | 36 | 43 | 45 | 27 | 37 |

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 attends 4 Fostering Panels per year, to provide an alternative health perspective.

2.14 Training

The LAC Health Team provide training and induction 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.

The Designated Nurse (DN) visited identified GP surgeries to discuss their LAC cohort and offered advice and support. Intercollegiate briefing slides (see sec.3), have been shared with all Kirklees GP surgeries and some dentists, to provide a training resource. The DN also attends GP Safeguarding Lead Meetings to provide an opportunity to share information and discuss issues.

The LAC Nurses are available due to their co-location, accessibility and through technology to support children, Carers, Social Care Workers, Health Practitioners and others, including Private Residential Home staff

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' (S20).

In 2015 the requirement for a statutory health assessment was dis-applied from the 'Care Planning, Placement and Case Review (England) Regulations 2010'. However Kirklees feel that it is good practice to ensure that any health needs are being identified and support offered while ever they have the LAC status.

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.

Young people may be alternatively remanded into Local Authority accommodation, rather than custody, following a strict plan and supervision (S20). This may require the YOT or LAC nurses to support an Initial Health Assessment in the community.

2.16 Care Quality Commission

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. An update of the recommendations are as follows;

- To strengthen the assessment of the emotional health and well-being of LAC within the Initial Health assessment

A greater focus was made within the assessment, with detailed recording of the emotional wellbeing of the child in the 'body' of the assessment and health plan. In addition 24 assessments were randomly chosen to audit throughout the year, covering children from age 2 weeks to 17 years. Feedback was given to the clinic team at quarterly meetings. This showed an increase in the information recorded from personal observation, discussion with Carers and taking into consideration the difficulty with observing very young babies in the clinic setting and time restrictions imposed.

- To develop a more patient centred Care Leaver letter
At a final Review Health Assessment at age 17, young people are offered a standard or customised Care Leaver letter. The latter provides more in-depth information. Young people helped to devise the improved presentation of the letter, making it suitable for their needs. Leaflets have been obtained in various languages and information of support groups/cafes etc. are included with the letter.
- To work together to strengthen the arrangements for obtaining GP health information, to inform health assessments
A letter to GP surgeries requesting supporting information was strengthened. In addition all local surgeries who use the alternative IT system to Systmone, have been visited or contacted by the Designated Nurse. The purpose was two-fold; to improve relations with surgeries where there were obstacles to electronic communication and to reconcile information related to Looked After Children on their data bases. The process evaluated positively and will be an annual event.

3 – Priorities for Looked After Children/Care Leavers 2018/19

To monitor and aim to meet the KPIs set by the Clinical Commissioning Groups (CCG's).

Regular reports are produced on a monthly basis and are shared with the CCG, Corporate Parenting Board, Improvement Board, CHFT via the Designated Doctor, and Locala Board's as required (see 2.5 - 9).

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.

The Performance Team provide monthly reports to the Designated Nurse, highlighting the young people who have identified themselves as being dependant users of substances. This allows discussions between the Health Team and the Substance Misuse Outreach Worker, which links to the Personal Advisors/Social Workers, to look at ways to engage the young person if they are not accessing support.

The Substance Misuse Outreach Team, target hotspots in the community and link with many other agencies and children's homes.

The substance misuse section on the LAC Health Assessment form has been amended, separating dependant and non-dependant use, to ensure the right support is offered at the right level.

To trial the use of the 'Ages and Stages Questionnaire – Social and Emotional' (ASQ-SE), with carers of children under 4 years old.

A pilot project was undertaken to test the suitability of utilising the ASQ-SE to screen the behaviour, social and emotional development in Looked After Children (LAC) under 4 years old. The aim was to dovetail into the statutory Strengths & Difficulties Questionnaire (SDQ) process, which is available from age 4-16 years.

The pilot evaluated well also allowing the opportunity of hearing the voice of very young children, through alternative means other than just verbalisation of words. It was agreed that it would be rolled out from September 19, using a similar distribution method as the SDQ process. The questionnaires are sent out about 6 weeks before the child's Review Health Assessment to carers of children aged 12,24 & 36 months old. The returned forms are to be analysed by a suitably qualified Health Practitioner in the Lac Health Team. The results will be shared with the child's Social Worker, who in turn will access the Emotional Wellbeing Team for consultation if necessary. The results will be recorded in the health and social care record. Any issues raised will also be discussed with the carer by the Health Practitioner.

To develop Intercollegiate LAC training slides for use in General Practice and Dental Surgeries.

The slides were developed and distributed to all Kirklees GP practices and shared with the Calderdale Safeguarding Designated Nurse. They have been shared with some dental practices and used with new LA staff, who have a link to Looked After Children.

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.

A resource was developed within SystmOne to collect information about the health needs of children as they come into care, which would then be reportable. The document originally produced was agreed to be too lengthy. An alternative option became available, based on an 'Outcome Wheel' model used in Calderdale LAC Health Team. The resource was further adapted for use in Kirklees and is currently undergoing a trial. The manual collection of the data started in February 19 in the Initial Health Assessment Clinic. The plan is for a select number to be chosen throughout the year, based on the RHA's that are completed by the LAC nurses. This avoids introducing something to a wider audience while it is in a pilot stage. The first follow up papers will

be used in August 19, when the first cohort of children who require a 6 monthly RHA are identified.

Contact has been made with Locala SystmOne Manager to look at having the template made electronic and put on SystmOne, to allow for easy reporting, once it has been agreed as a viable tool.

4 – Additional activities / Practice Improvements during the year

- Access made to alternative documents that record children who become 'new into care' at an early stage e.g. 'Becoming Looked After' report, 'Legal Gateway panel' and 'Notification of Placement Move' for early identification This helps to identify them at the earliest convenience. 'New into Care Daily Report' is also now sent directly to the Child Health Department and the CHFT LAC Administration.
- It is now possible to copy and send SDQs via smartphone when it is necessary to complete an SDQ at an RHA, therefore speeding up the process.
- Testicular and breast resources were purchased to help promote cancer awareness at RHA's
- Agreement has been made with the Commissioner, that if a birth parent wishes to attend for their child's immunisations at the GP and this will compromise the safety/confidentiality of the Carer's home address, a request can be made to Locala to have them carried out at an alternative location. This only affects children registered at Huddersfield GP's and a small number of GPs who carry out their own immunisations in North Kirklees.
- The Teacher SDQ has been introduced, at the point of a high SDQ score being returned from the Carer or the child.
- A 'Virtual Assessment Template' has been developed, to be used when a child does not wish to attend their Review Health Assessment. The child is made aware and in agreement that a virtual assessment can be made and shared.
- A LA Children Home Manager has been introduced to the local GP surgery, to enable them to liaise at surgery Practitioner Meetings, to discuss the health needs of LAC registered at the Practice.
- Agreement has been made with the Calderdale Safeguarding Midwife, to access birth information to inform the Initial Health Assessments. This affects children born at Calderdale Hospital, as this information is not available on SystmOne.
- It has been agreed to share the details of the Personal Advisor/Social Worker details of young people who present at Midwifery Services in Calderdale, to enhance the support provided to the young person.

- It has been agreed with the Joint Health Commissioner, Locala & The Whitehouse Surgery, that any UASC who are GP registered outside the Greater Huddersfield area, can access an enhanced commissioned physical and mental health screening. In addition any UASC who are GP registered at The Whitehouse due to them living in Huddersfield, can access the additional mental health screening, through a commissioned request.

5 – Priorities for Looked After Children/Care Leavers 2019/20

- To monitor and aim to meet the key performance indicators set by the Clinical Commissioning Groups
- To continue the pilot project to measure the health needs of children as they enter care and again at their first Review Health Assessment. This is to establish the evidence of any improvements in their health, as a result of coming into the care of the Local Authority. If the pilot is viable and provides the anticipated results, a request for an electronic version will be made to be added to SystemOne for easier auditing and recording.
- To develop closer working relationships with others who support young people leaving or left care age 18-21, with a focus on those with enduring and identified health issues.
- To ensure all eligible Looked After Children and Care Leavers who are pregnant, up to the age of 19, are offered the Family Nurse Partnership Support Service, if available in the area where they are residing.

6 - 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 2018 to 31 March 2019

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>

