Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Kirklees Looked After Children

Annual Health Report

April 2019 – March 2020

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Looked After Children & Care Leavers

September 2020

EXECUTIVE SUMMARY

This report outlines the work that has taken place in the Looked After Children's Health Team 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 related to Looked After Children, during the time frame 1st April 2019 – 31st March 2020.

Blue text has been used in the document to highlight the latest relevant National data. This is for the period 1st April 2018 to 31st March 2019, ('Statistical First release' DfE 2019), therefore its alignment for comparison cannot be exact.

The Key Performance Indicator results have remained at a high level. 95.5% of Initial Health Assessments (IHA) (n224)) were completed within the statutory 20 working days timescale and an average of 94% Review Health Assessments (RHA's) (n697), were completed in Kirklees within their timescales. (National average 89%)

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, 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 resulting scores are in line with national data. The return rate for questionnaires has improved significantly from 65% in April 2019 to 88% in February 2020, due to a targeted focus.

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 and dovetails into the SDQ process.

The Kirklees Ofsted Report from August 2019 stated that; *"Children in care are given good support to become physically and emotionally healthier. They are routinely taken for dental and optician appointments and their health needs are met. Workers consider and assess individual needs effectively and specialist provision is sought where necessary".*

The following paragraph and appendix 2, relates mainly outside the timeframe of this report but started within it and continues to have a significant impact on usual practice and will be of interest.

The emergence, of the Covid-19 pandemic, started to affect the work of the Looked After Children's Health Team during March 2020. The NHS England guidance, to re-deploy nursing staff and enforce practice changes and restrictions, has impacted the usual face to face support provided. Alternate methods of working have been adopted and communication has continued as necessary, between the Commissioners, Local Authority and Provider services. A focus has been made to identify and target vulnerable children and families, while supporting the staff team and colleagues (see Appendix 2).

Contents

1 - Introduction

1.1 Purpose of the report

This document provides North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield CCG, Locala, Calderdale & Huddersfield NHS Foundation Trust (CHFT) and the Local Authority, 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 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 well the service adhered to the key performance indicators set by the CCG's Governing Body and highlights the service improvements, challenges and identified gaps, with 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 2019 (DfE 2019)* 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-2018-to-2019

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 Looked After Children and Care Leavers – 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 – (PT).

Administration support is provided from the Local Authority, 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 '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 2019 – 31st March 2020

2.1 Numbers of Looked After Children

Timeline March 2007 – March 2020

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	**Mar 20**
399	448	510	563	597	645	650	604	620	652	703	671	626	**669**

The National picture has shown a continuing increase in the numbers of Looked After Children in England. At 31.3.19 there were 78,150 up by 4% from 75,420 in 2018.

The most common reason nationally for children becoming 'looked after' is, 'abuse and neglect' (49,570) (63%), followed by 'family dysfunction' (11,310) (14%) and 'family being in acute stress' (6050) (8%).
5410 (7%) children were identified as being in care due to 'absent parenting' and 4580 (6%) were in care due to the child's or parent's disability.

Unaccompanied asylum- seeking children (UASC) - Kirklees

Year	2015-16	2016-17	2017-18	2018-19	**2019-20**
Number entering care	8	9	6	9	**8**

The number of UASC & those who have now reached 18 + years in Kirklees at 29.05.20

	Number
LAC	**8**
Care Leavers age 18-21	**30**

Unaccompanied asylum-seeking children - Nationally at 31.3.19

Nationally at 31.3.19 there were 5070 UASC, which is an increase of 11% from the previous year, this represents around 6% of all Looked After Children in England. Most UASC are male (90%) and 85% are aged 16 and over.

2.2 Gender and Age Profile

Gender

Kirklees	**2016**	**2017**	**2018**	**2019**	**2020**	**National at 31.3.19**
Male	52%	54.6%	55.4%	55%	**55%**	56%
Female	48%	45.4%	44.6%	45%	**45%**	44%

Age profile

Age	31.3.16	31.3.17	31.3.18	31.3.19	31.3.20	National at 31.3.19
Under 1	7%	7.3%	8%	5%	**6% (42)**	5%
1-4	13.7%	12.4%	13.2%	17%	**15% (102)**	13%
5-9	20.8%	23.3%	22%	20%	**18% (120)**	18%
10+	58.6%	57%	56.7%	58%	**61% (405)**	63%

2.3 Looked After Children from other local authorities residing in Kirklees

Looked After Children may be accommodated in an alternative local authority to their 'home' area, due to a number of reasons. The placing authority has a duty to inform the new council of the move, to ensure services can be provided and any risks are shared. A lack of adherence to this process can leave children at risk and services unaware of children requiring additional support.

A process has been developed by the Kirklees Looked After Children Health Team, to notify other authority 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.

The 'home' authority retains corporate responsibility for the children, including making requests for their statutory health assessments, to be completed by the new health provider.

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs and their foster carers, have access to a Looked After Children's Nurse, who completes the majority of the 'Review Health Assessments'. This is to enable trusting relationships to develop and to reduce the number of professionals they may see.

Some children are accommodated out of the local authority in specialist placements and special arrangements may be required, to ensure their statutory health assessment can take place.

	2015	2016	2017	2018	2019	**2020**
Number of children with a disability classification at 31st March (based on Liquid logic recording)	39	43	50	46	38	**42**

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	**2019-20**
Number of IHA clinics held	98	90	126	131	129	122	**125**
Number of IHAs completed including other local authorities (OLA) looked after children	165	238	254	302 Kirklees + 6 for OLA	198 Kirklees + 3 for OLA	146 Kirklees + 9 for OLA	**224 Kirklees + 15 for OLA +3 done on our behalf**
Percentage completed with Kirklees LAC in 20 working day timescale (average over year)	87%	98%	98%	98.25%	98%	97%	**95.5%**
Number of pre-adoption medicals	-	-	59	58	57	75	**58**

Locala provide monthly breach reports to identify any trends associated with late assessments.
There has been a rise in children 'not being brought' to clinic, from 1 the previous year, to 9 this last year (4 were from one sibling group). There has been an improvement regarding late notifications from 4 to 1 by social care, where it was not possible to meet the deadline.

Kirklees IHA breaches of the 20-working day timescale

Number	Reason
9	Did not attend/Was not brought
1	Late notification
1	Difficulty arranging with carers

Other local authority requests for IHA's to be carried out by Kirklees
10 of the 15 IHA's carried out by Kirklees on behalf of other local authorities, were in breach of timescales, by the time the request was made.

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 for children accommodated in Kirklees, are shared between the Looked After Children's Nurses, Locala Health Visitors, School Nurses and Specialist Nurses e.g. Youth Offending Team, Pupil Referral Nurses or Family Nurses, depending on the child's circumstances.

Total number of RHAs completed

	2015-16	2016-17	2017-18	2018 - 19	**2019-20**
Total RHAs including OLA	616	676	730	734	**697**

2.6.1 RHA's completed in Kirklees

Locala health data is used to inform the annual report, as it is presented on a monthly basis from source.

	2017-18	**2018-19**	**2019-20**	**National % at 31.3.19**
'Developmental' under 5yrs old	95%	98%	92%	88%
'Annual' over 5yrs old	94.5%	90%	95.5%	90%

A small number of young people refuse their assessment, despite efforts to encourage participation. A 'virtual assessment is then conducted with the young person's agreement, by gathering information from health records, their carer, social worker and relevant others. The 'virtual assessments' are used to inform reviews and the Care Leaver Letter/Passport, but are not counted in the data.

	Number of 'timescale breaches' completed in-house
2016-17	71
2017-18	28
2018-19	45
2019-20	**36**

Improvements to processes saw breaches reduce dramatically during 2018. The impact of IT and provider arrangement changes in 2019 saw it rise, but this has now levelled out.

January remains the busiest month for RHA's, which also shows the largest number of timescale breaches (n8). Efforts have been made to re-shuffle some into corresponding months for 2020-21, but the effects on the RHA process during the Covid 19 pandemic, which saw team capacity decrease, a rise in the numbers of children coming into care and the necessity to re-prioritise some RHA's, has affected the plan to a degree.

The most common reason for timescale breach has been arranging or the cancellation of appointments with carers, which is a similar theme in numbers to previous years. The effect of child placement moves, has reduced from 8 the previous year, to 3. The numbers of young people declining their assessment rose to 7 from 5 the previous year, but has remained relatively similar in the last few years.

Reason for breach	**Number**
Issues arranging with carers/Carers cancelling	8 & 9
Declined by child/young person	7
Placement moves	3
Carer holidays	3
Client/family sickness	2
Other authority unable to complete, returned to us late	2
LAC Nurse/Admin oversight	1

Staff issue Locala	1
Total	**36**

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

66 RHA's were requested to be completed on behalf of Kirklees, due to the distance exceeding the 60 miles round trip generally covered.

A reciprocal agreement exists throughout the UK and a payment by results tariff is in operation.

Requests are made 6-8 weeks before the RHA is due, and this is followed up 4 weeks later to ensure compliance. If the accommodating area are unable to complete the assessment, a request may be made to the GP, but this is rare. There are a number of benefits to completing assessments 'in-house' including financial implications, quality and timeliness.

	Number sent to other LA	**% completed in timescales by other LA**
2016-17	119	61%
2017-18	77	71%
2018-19	84	56%
2019-20	**66** (10 under & 56 over 5yrs old)	**62%**

2019-20

Reason for timescale breach	**Number**
Capacity	6
Difficulty arranging with carer/cancelled	4
Placement change	2
No reason given (only 1&2 days late)	2
Allocated to wrong team	1
Re-arranged to do with sibling	1
Total	**16**

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

24 'Developmental' and **50** 'Annual' RHA's were completed for other authorities. This is an increase of 9 from the previous year.

20 of the assessments were outside statutory timescales for the following reasons: 11 were late requests, 6 involved difficulties arranging with carers, 2 carers were on holiday and 1 declined.

2.7 Dental

Dental Registration

At the child's Initial Health Assessment, there is an expectation that the carer will ensure the child becomes registered with a dentist as soon as possible.
Subsequent dental attendances are recorded thereafter, during the review health assessment process.

	2015	2016	2017	2018	2019	**2020**
Registered with a dentist up to age 5 (omitting <18 months old)	93% (all ages)	97% (85.5% if include <18 months)	97% (82% if include <18 months)	97% (76% if include < 18 months)	98% (77% if include < 18months)	**98.25% (84.25% if include <18 months old)**
Registered with a dentist age 5+		97.25%	97.5%	96%	97.5%	**98.25%**

No National data for registration is available.

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

The collection of dental attendance data is challenging and may not give a true reflection. It is collected at the review health assessment (RHA) and may be affected by for example, a dental appointment due after the RHA, placement moves, non-engagement of young people and delayed registration of babies between 12-18 months old. The percentage of actual attendances is likely to be higher. There is no shared IT record with dental practices.

	Percentage attended
At 31.3.18	87.5%
At 31.3.19	89.1%
At 31.2.20	**87.3%**

In 2020 the February data was used, as Covid restrictions affected March 20 data collection.

Nationally – 85% of all looked after children, had their teeth checked by a dentist.

2.8 Immunisations (Locala data)

Immunisations are recorded at the child's health assessments and throughout the year via the child health department and GP's.

	2015	2016	2017	2018	2019	**2020**	**National %**
Up to date with immunisations (< 5 years)	93%	98.75%	98.5%	98%	98%	**98%**	87%
Up to date with immunisations (> 5 years)	93%	92.75%	89.25%	91%	92%	**94%**	87%

43 children were recorded between April 19 to March 20 to have outstanding immunisations, compared to 67 children the previous year.
The most common outstanding immunisations were the Diphtheria/Tetanus/Polio school leaving booster (n16) and Meningitis ACWY (n 11), both given at around 14 years old. 8

children had outstanding Measles/Mumps and Rubella immunisations, seven of these were the 2nd dose.

Types of outstanding immunisations

	2017-18	2018-19	**2019-20**
Meningitis (MenACWY)	22	26	**11**
Diphtheria/Tetanus/Polio (DTP)	13	22	**16**
Measles/Mumps/Rubella (MMR)	4	4	**8**
Human Papilloma Virus (HPV)	3	10	**5 (2 boys & 3 girls)**
Hib/Meningitis C (age 1)			**1**

From the 1st September 2019 the HPV immunisation was introduced to boys. HPV is a sexually transmitted disease, that can be asymptomatic which has the ability to cause cancer and other viral infections, for example; genital warts.

There was an increase from 5 to 14, in the number of refusals to give consent for immunisations. 4 parents declined all types, 1 declined older age immunisations, 1 declined both MMR doses, 4 parents refused the pre-school boosters, 1 parent and 1 young person declined the HPV (rather than just missing it) and 2 young people declined their DTP & MenACWY.

6 children had an unknown immunisation history and started a shortened schedule, due to re-locating to England. This compared to 10 the previous year. 3 had a delay of their primary course compared to 13 the previous year and were on a catch-up programme.

A monthly beach report is provided from Locala to identify individuals with outstanding immunisations. Social workers are contacted to support compliance with the carer/child.

2.9 Substance Misuse

Of the 478 eligible young people, who have been in care for at least 12 months, **0.84%** were identified at their last review health assessment, as having a probable substance misuse problem. This well below the national average of 4% and less than the 2.15% from the previous Kirklees recording. In line with national data this affects more males than females.

The guidance for the National return of data, relates to illegal and legal substances, dependant on age, regular excessive or dependant use leading to social, psychological, physical or legal problems (DfE 2019). Accurate information is difficult to collect and is dependent on the young person sharing the information. Half of the young people identified in the Kirklees cohort had accepted support.

All Kirklees looked after children 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.

Kirklees Substance Misuse Support Services

A dedicated worker is employed by the local substance misuse service to focus on vulnerable cohorts, including Looked After Children and Care Leavers, offering support and information to young people, carers and staff.

During 2019 a Targeted Professional Group worker, Volunteer Coordinator, Parental Misuse worker and Peer Mentor, joined with the Substance Misuse worker to offer support in a variety of ways, including at the No11 Drop-in in Huddersfield. The many private and council residential homes in Kirklees are visited throughout the year, with a focus on the Christmas and New Year period.
A multi-disciplinary approach exists between the Looked After Children Nurses, Substance Misuse and Sexual Health Outreach workers. This has continued to provide a regular opportunity to liaise in support of individual young people.

2.10 Sexual Health

A Sexual Health Outreach and Prevention Service was established locally to target vulnerable groups. A weekly multi-agency clinic, including the local Substance Misuse Service provides prevention work, 1:1 support, screening and treatment. An aim is to introduce the young people to the main sexual health clinic for future support if required.

Outreach work has continued in many of the private and council run residential children's homes, working closely as above with many other linked agencies.
Outreach work has also been offered at both North and South Kirklees Drop-in services, but due to limited footfall this has been intermittent.

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 district 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 (DfE 2015).
An Emotional and Mental Health Wellbeing team has been established for the last few years and provides ongoing support to children, young people, carers and staff and is co-located within Children's Social Care.

In order to recognise emotional and mental health difficulties and meet with statutory regulations, the Looked After Children Health Team disseminate and process returned Strengths and Difficulty Questionnaires (SDQ's).

The SDQ is a short behavioural screening tool. Its primary purpose is to give social workers and health professionals information about a child's wellbeing, age 4-17 inclusive (DfE 2019). 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/

SDQ process

A statutory SDQ is sent out to all carers of looked after children on an annual basis. In Kirklees, children over 11 years old are also sent their own voluntary version, to open an avenue of communication if needed.

To support the work of the 'Virtual School', a 'Teacher' version is sent out to the Designated Teacher in the child's school, when a score of 17+ is returned from either the carer or child.

The returned questionnaires are scored and disseminated to the social worker, independent reviewing officer (IRO), carer and teacher (if appropriate).

High scores (17+ cause for concern)

If the score is of concern, the child's 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.

	Average returned forms	**0-13 Satisfactory**	**14-16 Borderline**	**17+ cause for concern**
Kirklees 2019-20	74%	50%	13%	36%
National 2018-19	78%	49%	13%	39%

Although the return rate for questionnaires can fluctuate, it has improved significantly from 65% in April 2019 to 88% in February 2020, due to a targeted focus on unreturned forms.

The use of the SDQ can be 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. Improvements in mental health can be slow and the scores should not be compared with those of their peers who have not been in care. The tool is used to alert services to children who may require support.

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 for children

age 11+. This data has been used in conjunction with the carer responses to compare the scores, ensuring the child's voice is captured and shared with the social worker and within the child's health record. This can highlight discrepancies between the view of the child and carer and can help direct the support.

Score	2016-17 CHILD	2017-18 (n100) CHILD	Aug 19-Mar 20 (n84) CHILD	**2019-20 (n156) CHILD**	**2019-20 CARER**
0-13 (satisfactory)	61.4%	56%	59%	**56%**	**50%**
14-16 (borderline)	12%	15%	20%	**17%**	**13%**
17+ (concern)	26%	29%	21%	**27%**	**36%**

156 completed Child SDQ's were returned from April 2019 to March 2020. The average score was **11.8 – 'Satisfactory'**

In considering the data provided from children/young people who responded, it indicates that in the last year:

- 56% of the children felt their emotional health was 'satisfactory', compared to 50% based on their carer's opinion.

- 17% of the children felt their emotional wellbeing was on the 'borderline', compared to 13% based on their carer's opinion.

- 27% of the children felt their emotional wellbeing was a 'cause for concern' compared to 36% based on their carer's opinion.

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

As a result of a pilot during 2018/19, the ASQ–SE has become part of the process to alert social workers and the Wellbeing Team (if appropriate), to any carers or babies and children under 4 years old and therefore not eligible for an SDQ, to any emotional difficulties that may be happening.

The questionnaire is sent to all carers/parents of 1, 2 and 3 year olds to enable us to identify signs of potential emotional health issues and therefore an opportunity to offer early intervention/support, as this is key to tackling emotional concerns. It also allows the 'voice of the child' to be observed, when verbal communication is not available.

The questionnaire is sent out prior to the review health assessment (RHA) and is age specific. Returned forms are scored and analysed by the health visitor within the LAC health team. The results are shared with social worker and Independent Reviewing officer, entered into the child's health record and any identified concerns identified are discussed with the carers.

A spreadsheet captures the results for ongoing evaluation of the process, and a pathway has been developed to enable any team member to carry out the process.

Between 26.9.19 (when the process was rolled out) and 31.3.20, 33 questionnaires were returned and analysed.
Of these:

- 1 high score – subsequent LAC nurse liaison with child psychotherapist, referral to Emotional Wellbeing Clinic (EWBC) by social worker (this was very useful in supporting the carer to identify issues and focus on specific signs). Support is now in place.
- 1 very high score which led to a professionals meeting and highlighted issues within the adoptive placement. Subsequent assessment and further support were put in place.
- 1 very high score – placement support already in place. 'Building Underdeveloped Sensory Systems' training in place.
- 1 very high score – issues already known and discussed in EWBC.
- 1 very high score but child new into care – settling in period required and these behaviours to be reviewed at next RHA.
- Several highlighted issues were flagged for discussion during the RHA, or with the health visitor at next contact, or the social worker was made aware.

The process is worthy of continuation, as it has highlighted issues and led to support for foster carers where needed. It has been effective in its purpose so far.

The Foster Carers Newsletter provided an opportunity to share the idea and many carers had already been included in the pilot and provided an avenue for discussion during the mandatory 'Health Matters' Training.

2.12 Care Leavers

The Looked After Children's nurses are all accessible to young people leaving care, their carers', personal advisors and other professionals.

A specialist nurse from the team is assigned to be the main contact and part of her role is to prepare the 'Care Leavers Letters'. This letter contains their personal health history and essential local support information. At their final Review Health Assessment, young people are asked if they would like a standard format or a customised in-depth version. 47 young people gave a preference with 30 choosing a standard format and 17 requesting an in-depth version

A version of the care Leaver letter aimed at carers of, and children with disabilities, is currently under development.

The specialist nurse attends the Personal Advisor team meetings to act as a resource and to share pertinent information.

The nursing team have provided weekly support at the drop-in service at No.11 and for part of the year at No. 12.

The nurses liaise closely with the Youth Offending and Pupil Referral Nurses and Family Nurse Partnership (FNP), providing an opportunity to share information offer support where necessary.
(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. Looked After Children 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 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 working more closely together. The Medical Advisers are aiming for consistently good practice and 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 are 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	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	**2019-20**
308	318	318	286	348	337	226	**234**

Number of Adult Medical Reports for OneAdoption West Yorkshire

Jan to March 2018	2018-19	**2019-20**
43	95	**99**

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

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	**2019-20**

163	138	117	135	168	142	122	**113**

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	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
44	43	36	43	45	27	37	29

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.

Two Looked After Children's nurses have completed their Foster Panel Training, but due to capacity issues at the end of the year and the Covid 19 working restrictions this year, so far they have been unable to attend.

A recent update from the Joint Commissioner, states that 'OneAdoption' are proposing to offer autism/ADHD and Foetal Alcohol Syndrome assessments for adopted children.

2.14 Training

The nurses provide training and induction for new carers, social workers and health students/professionals.

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. This year the incontinence nurses from Locala have joined the session, to offer support and guidance. This has evaluated well as many looked after children are affected by incontinence.

The Designated Nurse (DN) visited a number of GP surgeries, who use EMIS rather than SystmOne IT systems, to discuss their looked after children cohort and to offer advice and support.

The Looked After Children Nurses are available due to their co-location, accessibility and through technology to support children, carers, social 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 Looked After Children under the 'Legal Aid, Sentencing and Punishment of Offenders Act 2012' (S20).

The requirement for a statutory Initial Health Assessment for children on remand, was dis-applied from the 'Care Planning. Placement and Case Review (England) Regulations 2010' in 2015. A decision was made in Kirklees to continue to obtain a copy of the child/young person's 'Comprehensive Health Assessment Tool' (CHAT) report from the secure unit, which proves a useful resource, especially if the child remains 'looked after' on release.

3 – Targeted and Additional Improvements

- Key Performance Indicators - To monitor and aim to meet the key performance indicators set by the Clinical Commissioning Groups.
  See section 2.5 to 2.8

- Health Outcome Audit – An audit has been undertaken, to identify the health needs of children as they entered care and to then compare their health status at their first Review Health Assessment (RHA). The timeframe was February 2019 to July 2020, to allow for a sizable sample to be used from age 0-18 years. New-born babies who were discharged directly into care, were not included. The aim was to provide an opportunity to illustrate positive health outcomes for children, who enter the care of the local authority (LA) and also to develop a tool to support the general assessment process.

  Some children left 'Local authority care' before their first RHA, but data highlighting their health needs at the point of entry, provides valuable information and will be alluded to in the evaluation. Those children who were identified to have health needs on entering care and left care soon after, will have a health plan available to be shared with universal health services.

  During the audit, with the support of Locala SystmOne IT staff, we were able to develop an electronic version of the recording template, to replace the paper process. This has allowed for read-coding of the electronic entries, to support the easier collection of the data and to support future use.

  The results are currently in the process of being reported on and will be shared in due course.

- Care leavers' support – During the year closer working relationships have developed between the nurses and Personal Advisors, with a focus on those young people with identified and enduring health conditions. Attendance at the weekly Drop-in sessions, team meetings and especially during the Covid 19 pandemic, when vulnerable individuals required identifying and supporting, have increased communication and improved practice.

- All pregnant Looked After Children and Care Leavers who are eligible, continue to be referred to the Family Nurse Partnership Support Service, if available in the area where they are residing.

- Health Postcards – Two sets of health postcards have been developed to support carers accessing health services. This was identified as a need, to provide a simple method of promoting safer communication within public health areas. (see examples in Appendix 1).

    1. Dental card – The card is shown by the carer to the dental surgery reception staff. It provides a simple message requesting NHS registration for looked after children and care leavers. It avoids children's names being verbally spoken in a public area, protecting confidentiality and gives a brief explanation regarding dental neglect and the need for vulnerable children to be prioritised. Contact details for the looked after children's health team are included.

    2. Health clinic attendance card – The carer can present the card to any health clinic reception. The card has the child's & carer's details on, including the carer's address providing additional security and protecting confidentiality.

- Additional actions – Reasons for late or declined assessments now read-coded electronically, Local Authority now include NHS number to notification of placement move of a looked after child to another authority, access now to hospital birth discharge notifications to support the Initial Health Assessment, monthly report showing outstanding immunisations to allow follow-up, new check in procedure in paediatric department to limit confidentiality breaches, communication with NHS England to encourage Looked After Children and Care Leavers to be made an automatic priority in their Oral Health Strategy (ongoing),

4 – References/ Resources

DfE, DH (2015) Promoting the health and well-being of looked-after children. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019

https://www.gov.uk/government/publications/children-looked-after-return-2019-to-2020-guide

5 – Appendix 1

DENTAL REGISTRATION REQUEST

I AM A REGISTERED FOSTER CARE/GUARDIAN.

I WOULD LIKE TO REGISTER THE CHILD(REN) IN MY CARE WITH THIS PRACTICE, FOR NHS DENTAL SERVICES.

NAME(S):

ADDRESS:

PTO

Locala Community Partnerships

Kirklees COUNCIL

To ensure vulnerable children meet the expected outcomes for optimum dental health, it is essential that they access regular check-ups and treatment.

Please contact the Specialist Nurses for Looked After Children, if further information is required.

Telephone: **01484 221000**

Locala Community Partnerships

Kirklees COUNCIL

CONFIDENTIALITY CARD

CHECK-IN FOR HEALTH APPOINTMENTS

I AM A REGISTERED FOSTER CARE/GUARDIAN.

I WOULD LIKE TO CHECK-IN THE FOLLOWING CHILD(REN) WHO IS/ARE IN MY CARE TO THIS CLINIC FOR THEIR APPOINTMENT.

NAME(S):

ADDRESS:

Locala Community Partnerships

Kirklees Council

6 - Appendix 2

Covid-19 - An overview of the actions taken March – August 20

The primary tasks identified at the start of the pandemic were two-fold. Firstly, to identify vulnerable children at a heightened risk of contracting the infection and secondly to re-model the service, to ensure the statutory obligations continued, taking account the well-being of children and colleagues.

Vulnerable children

In April, the nursing team conducted a manual trawl of 512 electronic health records, to identify children and young people who required to be placed in the 'Shielding' category, regarding their risk from Covid-19. Thirteen children were identified as 'Shielding' and around 100 were identified under the 'Vulnerable' category, requiring additional advice and support. All carers and social workers of the identified individuals were contacted by phone and the team worked closely with the local authority and CCG to correlate a robust list of children. GP surgeries were contacted to clarify aspects where necessary.

To ensure that the most vulnerable were targeted, a priority list was drawn up under the following categories: children with disabilities, those with known significant health conditions, pregnant young woman, care leavers, unaccompanied asylum seeking children, those placed with parents/connected persons, children accommodated in other local authorities, those in semi-independent/residential homes.

Health Assessments

Significant changes to practice were made regarding Initial and Review Health Assessments. The closure of the paediatric clinic at Acre Mills and the advice to work remotely, prompted Initial Health Assessments (IHA's) and Adoption Medicals to be carried out by the paediatricians by telephone/ video call, with the preparation of templates continuing to be made by the nurses. This has been very challenging to administer. An arrangement with the Rainbow Centre at Calderdale Royal Hospital, allowed for any children requiring a face to face assessment to be seen, following national guidelines.

In March, NHS England had called for the re-deployment of community nurses including health visitors, school nurses and specialist nurses to support the pandemic front line, depleting the workforce who conduct review health assessments (RHA's). Health assessment requests made to other authorities in the same position were retracted, requiring approximately 80 RHA's to be actioned in April. All health records were case-reviewed and a discussion had with all the carers, regarding the health needs of the child. 14 of these were deemed to require a more in-depth assessment and were planned to have a 'virtual' assessment or face to face if possible, by November 20. All the under five-year olds had their next planned RHA by October 20. Four children had in-depth 'virtual' discussions at the time. The remaining children on the April list will have their next RHA in April 21.

From May until the time of writing this report and due to the looked after children's nurses returning to the team, all RHA's have been carried out by the internal team 'virtually' by telephone, with a few face to face home visits being made where felt necessary i.e. non-engagement, sibling groups or children who required a visual observation. It has not been possible to resume regular face to face assessments due to

the capacity of the team, until the health visitors and school nurses return from deployment and resume their support. This has been planned from October 20.

The performance data for RHA's has reduced dramatically from April to the present i.e. 54% average completed in timescales. The data is based on the assessment being completed at by the exact date from the last one. However, it must be noted that during the time of the looked after children's nurses completing all the assessments 'virtually' without support (n238), 94% on average were completed within the month they were due.

'Virtual' IHA performance data has remained good, with 100% achieved in timescales for 4 out of the 5 months.

The medical and administration (Locala, CHFT, LA) team members, have continued to work together remotely, to support carers, practitioners, families, children, young people and to assess, identify, record and action what is needed to meet the health needs of this population.