Kirklees Looked After Children
Annual Health Report
April 2020 – March 2021

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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, during the time frame 1st April 2020 – 31st March 2021.

Blue text highlights the latest National data for the period 1st April 2019 to 31st March 2020, (DfE 2020), therefore its alignment for comparison cannot be exact.

This report commences at the start of the COVID-19 pandemic and was to alter the provision and practice usually delivered. An overview in the introduction shows the significant changes to practice that were necessary in the first six months, followed by the re-forming of the service in the second half of the year.

The key performance indicators were difficult to achieve due to practice changes, but the Initial Health Assessments (IHA's) remained excellent at an average 98% in timescales. Due to clinic closures, they were completed virtually by telephone throughout the year, with face-to-face appointments if they were necessary, in a hospital setting.

Almost all Review Health Assessments (RHA's) were completed virtually or face to face in the month they were due, throughout the imposed Covid-19 working restrictions (exception April 20). There were 151 enforced Covid-19 related breaches of exact timescales. The performance improved to near pre-pandemic levels in quarter 4, as the 0-19 practitioners returned to their substantive posts following deployment, and face-to-face assessments resumed.

The restricted working of dental surgeries during the pandemic, affected the registration of children 'new into care' and those who moved placement. Attendance for routine checks fell to 24% at one point for children under 5 years old, but this steadily improved.

Liaison with the emotional wellbeing team, sexual health, and substance misuse outreach has continued, reinforcing a collaborative working model, but their face-to-face services have been restricted.

The regional adoption agency is established, and all adult and child medical reports continued to be completed.

The Strengths & Difficulties Questionnaire (SDQ's) has continued to provide an alert, about children who may be struggling with their emotional health. A carer and young person version were distributed, with the results suggesting the potential difficulties during the pandemic. 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 'Outcome Audit' project has enabled a measure to be taken of the health needs of children as they entered care, and a comparison of improvements to their health for those who remained in care, at the point of their first RHA (see section 3).

A second audit provided reassurance regarding children who originate from other local authorities who are residing in Kirklees, that they are known to local services and their health needs are being addressed (see section 3).

Key Points

The number of Looked After Children fluctuated during the year, peaking at 690+ in summer and December 2020.
224 IHA's were completed (Including 5 for other authorities). An average 98% were completed in statutory timescales. 62 Pre-adoption medicals were also carried out.
756 RHA's completed, an increase of 59 on the previous year. **Covid-19 working restrictions & its affect, resulted in 151 statutory timescale breaches, but the majority were completed in the month they were due.**
Closure of dental surgeries affected the registration and attendance of children. The lowest recording for children under 5 years old, was 24% attendance in December 2020. Improvements were seen gradually as surgeries re-opened.
Immunisation rates remained good throughout the year, averaging 95% across all ages. Boosters to older children for Diphtheria/Tetanus/Polio & Meningitis ACWY are the most common outstanding, as in previous years.
The emotional & mental health of children appeared to be adversely affected during pandemic. Reports from carers & children returning screening questionnaires, showed a decrease in 'satisfactory' scores by 3% & 5% respectively and an increase in 'causes for concern' by 4% & 6% respectively.
49 Ages & Stages Questionnaires (emotional health of babies & young children under 4 years) were distributed. 3 very high and 4 high scores (high suggests a potential issue) were returned, resulting in liaison with relevant personnel.
90 Care Leaver Letters/Passports were produced, providing a snapshot health history for young people leaving care.
181 adult medical reports for foster and special guardianship orders, 67 adult medical reports for OneAdoption WY, 98 child medical reports and 24 meetings with prospective adopters, were completed by the Designated Doctor/Medical Advisor.
Audit – Assurance was provided that, Looked After Children living in Kirklees who originated from other local authorities, are known to local health agencies, have their health needs addressed and that joint working is recognised. It was recognised that GP surgeries and other health agencies e.g., Locala provided a significant level of support.
Audit – A system was developed to measure the health needs of children as they enter care and identify positive outcomes at their first review health assessment, 6 to 12 months later. Improvements were seen in all health categories, especially dental care, immunisations, referrals or re-referrals for chronic health issues, emotional and mental health, and support to access sexual health and substance misuse support for older children. **Any child identified as having outstanding health needs as they become a Looked After Child, are provided with the necessary support at that time, regardless whether they remain in care.**

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1 - Introduction

1.1 Purpose of the report

This document provides the Kirklees Clinical Commissioning Group (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, related to improving the health and wellbeing of Looked After Children.

The report outlines the key performance indicators set by the CCG's Governing Body and highlights the service improvements, challenges and identified ga.

National data is usually used to compare the findings locally. The most recent Government publication *'Children looked after in England (including adoption) year ending 31st March 2020 (DfE 2021* is presented a year behind and does not reflect the effect of the pandemic working restrictions. References will be made where appropriate and referenced in context.
Children looked after in England including adoption: 2019 to 2020 - GOV.UK (www.gov.uk)

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

1.2 Background

'Looked After Children' is a generic term 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/friends.

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 Looked After Children. Children Act 1989: care planning, placement and case review - GOV.UK (www.gov.uk)

Looked After Children 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 Part-time (PT), Paediatrician PT - CHFT,
Designated Nurse Whole-time (WTE) & Specialist Nurse's 2.6 WTE - Locala Community Partnerships, co-located within Children's Social Care.

Locala 0-19 service supports the completion of RHA's and provides health visiting and school nurse services.

Administration support is provided from the Local Authority, CHFT and Locala.

1.4 The COVID-19 19 Pandemic – working practice changes 2020-21

March 2020 saw an NHS England directive to cease usual looked after children nursing duties, except for safeguarding and specific aspects of practice, in preparation for the deployment of staff to front line services.

This resulted in the continuation of statutory doctor-led IHA's, and the stopping of nurse-led RHA's.

All RHA's that had been sent for other local authorities (LA) to complete in late March & April 20 on our behalf due to travel distances, were recalled and added to the planned in-house list.

A set of priorities were drawn up and work was started to re-model the service. This initially involved the identification of vulnerable children at a heightened risk of contracting COVID-19.

512 electronic health records were accessed to identify children & young people who were likely to be placed in the 'Shielding' category for risk. Thirteen individuals were identified and around 100 were categorised as 'Vulnerable', requiring additional advice and support.

All carers and social workers of the individuals were contacted by phone and the team worked with the LA, General Practitioners, and the CCG's. A priority contact list was drawn up that included: children with disabilities, those with significant health conditions, including Care Leavers, pregnant young woman, unaccompanied asylum-seeking children, those placed with parents/connected persons, children accommodated in other local authorities and those in semi-independent/residential homes.

Health Assessments and Dental Services

Significant changes to practice were made regarding the statutory health assessments. The hospital clinic routinely used for IHA's was closed, and face to face appointments had to be kept to a minimum. IHA's were carried out by telephone or Microsoft Teams. This enabled parents, carers, and social workers, to continue to be part of the IHA, to allow valuable health information to be shared.

Most of the April 2020 RHA's were completed through case review and discussion with carers, and from May until September, most assessments were completed by telephone. The service eventually returning to face-to-face by October 2020.

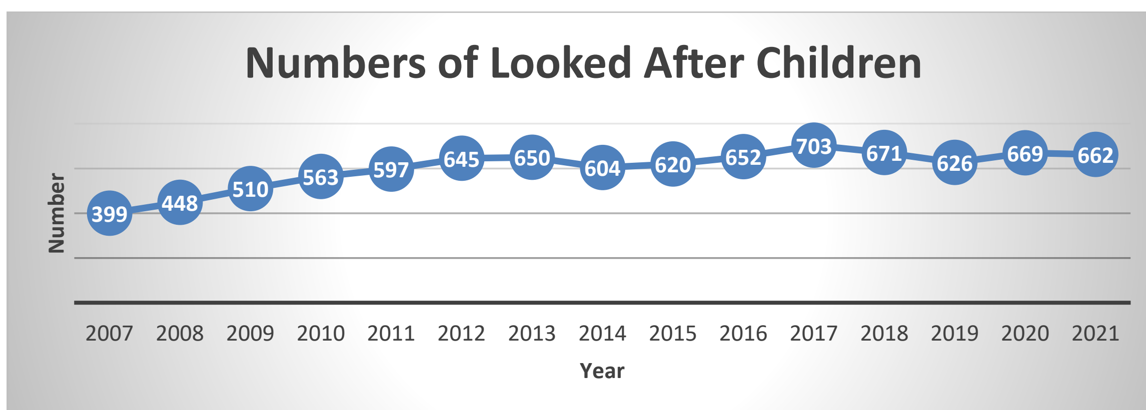
The re-deployment of school nurses and health visitors from the provider 0-19 service, depleted the workforce who support the Looked After Children's nurses to complete RHA's. This had a negative impact on the KPI targets, but very few were not completed in the month they were due.

Access to dental registration and appointments were significantly affected by the closure of dental practices nationally, as routine appointments were cancelled with limited emergency services. National, regional, and local forums liaised to encourage dental commissioners/practices, to recognise this vulnerable group. Little progress was made until 2021, when the surgeries recommenced a limited service. Locally a letter was devised and sent to the dental commissioner to circulate in February 2021, alongside a request to all foster carers to contact their local surgery to ask for appointments.

2 – Kirklees Looked After Children Health Service
1st April 2020 – 31st March 2021

2.1 Numbers of Looked After Children

Kirklees Timeline March 2007 – March 2021



A gradual increase was seen in the numbers of children entering care from 669 at the end of March 2020 to a peak of 692 during the summer and again in December 2020, followed by a steady decline.

The National picture has shown a continuing increase in the numbers of Looked After Children in England.

	2017-18	2018-19	2019-20
Number	75,420	78,150	80,080

The most common reason nationally for children becoming 'looked after' is, 'abuse and neglect' (65%), followed by 'family dysfunction' (14%) and 'family being in acute distress'

(8%). 7% of the children were identified as 'being in care' due to 'absent parenting' and 6% 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	**2020-21**
Number entering care	8	9	6	9	8	**5**

On the 11/05/21 there were 26 Care Leavers aged 18-21 who had been UASC previously.

Unaccompanied asylum-seeking children – National data

Nationally at 31.3.20 there were 5000 UASC, which is a decrease of 3% from the peak of 5140 the previous year, this represents 6% of all Looked After Children in England.

Most UASC are male (90%) and 86% are aged 16 and over.

2.2 Gender and Age Profile

Gender

Kirklees	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**National at 31.3.2020**
Male	52%	54.6%	55.4%	55%	55%	54%	56%
Female	48%	45.4%	44.6%	45%	45%	46%	44%

Age profile

Age	**31.3.16**	**31.3.17**	**31.3.18**	**31.3.19**	**31.3.20**	**31.3.21**	**National at 31.3.20**
Under 1	7%	7.3%	8%	5%	6%	**7%**	5%
1-4	13.7%	12.4%	13.2%	17%	15%	**19%**	14%
5-9	20.8%	23.3%	22%	20%	18%	**16%**	18%
10+	58.6%	57%	56.7%	58%	61%	**58%**	63%

2.3 Looked After Children from other local authorities residing in Kirklees

Children may be accommodated in an alternative local authority to their 'home' area, who retain corporate responsibility, including making requests for their statutory health assessments, to be completed by the new health provider.

There are approximately 250 looked after children from other authorities living in Kirklees in private/independent residential homes, 16+ accommodation or with independent foster carers.

An audit has been carried out to identify the communication pathways, the health needs and potential impact on services, required by children accommodated in Kirklees from other authorities (see later).

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.

	2015	2016	2017	2018	2019	2020	**2021**
Number of children with a disability classification on 31st March (based on the LA Liquid logic recording)	39	43	50	46	38	42	**46**

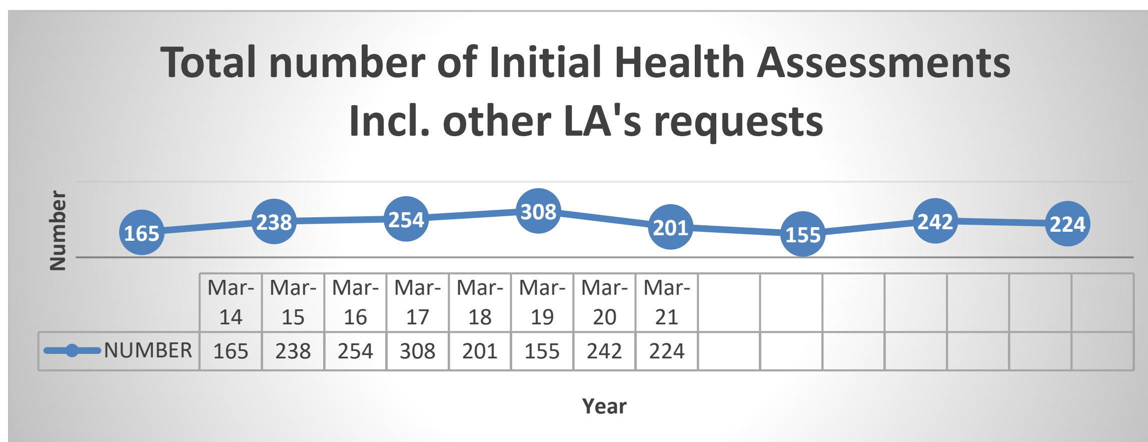
2.5 Initial Health Assessment (IHA) process

The statutory guidance '*Promoting the health and well-being of looked after children'*, (DfE, DH 2015), requires that all children coming into care, receive a medically led Initial Health Assessment. This assessment should be completed within 20 working days (The Children Act 1989 Guidance and Regulations Volume 2 Care Planning, Placement and Care Review 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).

Due to the Covid-19 pandemic alternative ways of working were implemented. The closure of the paediatric clinic at Acre Mills and the advice to work remotely, prompted IHA's and Adoption Medicals to be carried out by the paediatricians by telephone or video call, with the preparation of templates and referrals, continuing to be made by the nurses.

This method of working presented some challenges for example, utilising IT and being able to speak to and assess the children remotely. Despite the difficulties,100% of the assessments were completed in statutory timescales for 10 out of 12 months. There were three timescale breaches: late notification, appointment date error and IT failure.

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.



	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21
NUMBER	165	238	254	308	201	155	242	224

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	**2020-21**
Number of IHA clinics held	98	90	126	131	129	122	125	**All Virtual**
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	**214 Kirklees + 5 for OLA + 5 done on our behalf**
% Kirklees 20 working day timescale (average over year)	87%	98%	98%	98.25%	98%	97%	95.5%	**98%**
Number of pre-adoption medicals	-	-	59	58	57	75	58	**62**

Other local authority requests for IHA's to be carried out by Kirklees

5 IHA requests were received from OLA's to complete on their behalf compared to 15 the previous year, mainly due to authorities completing their own online assessments. In previous years, late requests from OLA's have been common e.g., last year 40% were requested after the statutory date. This year all were requested and completed by the due date.

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 registered nurse.

The planned assessments for children accommodated in Kirklees, are usually shared between the Looked After Children's Nurses, Locala 0-19 Health Visitors, School Nurses and Specialist Nurses e.g., Youth Justice, Pupil Referral or Family Nurses, depending on the child's circumstances.
Locala health data is used to inform the annual report, as it is presented using a monthly data set from source.

Due to the pandemic event, the usual RHA process between April to September 2020 was adapted to fit the needs of the service and guidance at the time. See the following timeline:

2.6.1 April 2020 only

62 RHA's were due to be completed in April. Those sent to other authorities to complete on our behalf were recalled. All carers of children due an RHA in April were contacted. The outcome for assessments in April 2020 were:

11% had a full face to face assessment that had already taken place prior to the restrictions
13% had a comprehensive telephone assessment, due to identified health needs.
29% had a case review & discussion with the carer in April, followed by a fuller telephone assessment by November 20, due to their lower-level health needs.
47% had a case review & discussion with the carer in April and a planned face to face assessment in April 2021, as they were in good health.

2.6.2 May to September 2020

The planned re-deployment of the Looked After Children's nurses was stopped at the beginning of May, allowing the team to reconvene and devise a method of completing all 'virtual' telephone assessments until the return of the 0-19 practitioners in October. Face to face visits could have been made if necessary following PPE guidelines.

Between May and August, 94% of the RHA's were completed in the month they were due, progressing to 100% by September.

	Total RHA's due	Completed by other authorities or no longer CLA/Other	Telephone assessments completed
May to Sept 2020	307	17	290

2.6.3 October 2020

A planned return of the 0-19 service to substantive roles in October, allowed face-to-face RHA's to resume, with full adherence to PPE guidelines. A flexible approach was taken as some households had positive COVID-19 results and situations were avoided with heightened risk. The Looked After Children nurses took a larger proportion of the RHA's, to allow the 0-19 service nurses to embed themselves back in their roles.

2.6.4 Overview of RHA's completed in Kirklees

From November 2020 to the end of March 21, usual RHA practice resumed.

Total number of RHAs completed

	2015-16	2016-17	2017-18	2018 - 19	2019-20	**2020-21**
Total RHAs including other LA's requests.	616	676	730	734	697	**694 (+ 62 April telephone RHAs) Total = 756**

The last year has seen a significant increase in the number of RHA's from 697 to 756, (including requests from other authorities). This may have been a result of an increase in numbers of children coming into care during the pandemic months, and many (116) of these were under age 5, requiring two RHA's at 6 monthly intervals.

Requests are usually made to other authorities to complete RHA's on our behalf for children accommodated at a distance from Kirklees. As the assessments were carried out by telephone from April to October, it was more efficient to complete the assessments in-house, rather ask other area teams, who were in a similar position and risk them not being completed or returned late.

It is not possible to compare the key performance indicator percentages against previous years, due to the 6-month period when they were completed by telephone. However, January to March 21 saw a more usual face to face practice resume, resulting in approximately 90% completed in statutory timescales, compared to 94% in 2020.

A small number of young people refuse their RHA, despite efforts to encourage participation. A 'virtual' assessment and care plan is then compiled with the young person's agreement. It gathers information from health records, their carer and social worker and informs reviews and the Care Leaver Letter. This year saw a decrease in refusals to engage by young people from 7 to 1 (see table), which may be linked to an option for a telephone assessment, which has not been offered in previous years.

Breach of timescales

The most common reason for breach in RHA timescales this year was COVID-19 restrictions.

Reason	Number 2019-20	**Number 2020-21**
COVID-19 restrictions	NA	**151 + April**
Issues arranging with carers	17	**11**
Declined by child/young person	7	**1**
Placement moves	3	**4**
Carer holidays	3	**-**
Client/family sickness	2	**-**
Other authority unable to complete, returned to us late	2	**-**
CLA health team issue	1	**4**
Staff issue/capacity Locala	1	**3**
Social Care		**2**
Young person on Army placement		**1**

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

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, to the placement area, 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.

The Looked After Children nurses travel approximately 30 miles from Kirklees to carry out RHA's, as the benefits to completing them in-house are financial, quality and timeliness.

	Number sent to other LA	**% in timescales by other LA**
2016-17	119	61%
2017-18	77	71%
2018-19	84	56%
2019-20	66	62%
2020-21	**50**	**75%**

Breach of timescales

Reason	Number 2019-20	**Number 2020-21**
COVID-19 & capacity	-	**10**
Capacity	6	**-**
Difficulty arranging with carer/cancelled	4	**-**
Placement change	2	**1**
No reason given (only 1&2 days late)	2	**-**
Allocated to wrong team/admin error	1	**1**
Re-arranged to do with sibling	1	**-**

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

40 RHA's were completed on behalf of other authorities in the last year, compared to 74 the previous year, due to team capacity from April to October.

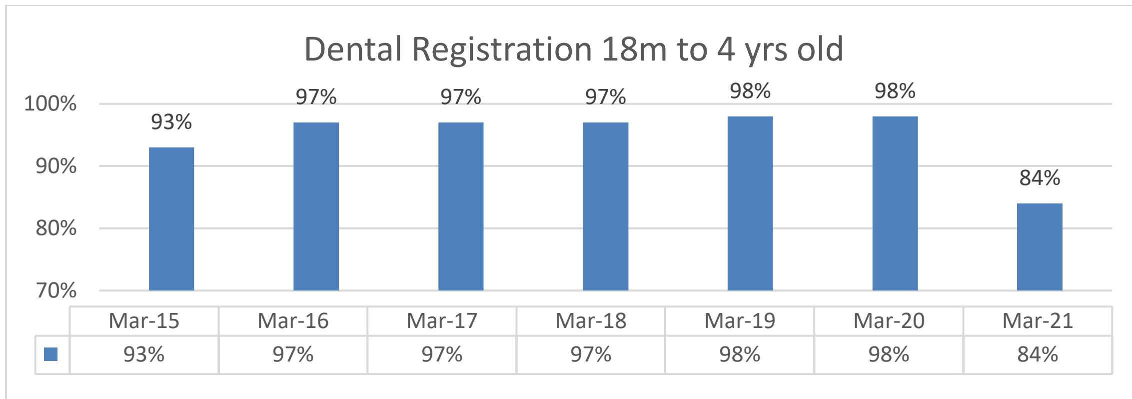
Breach of timescales

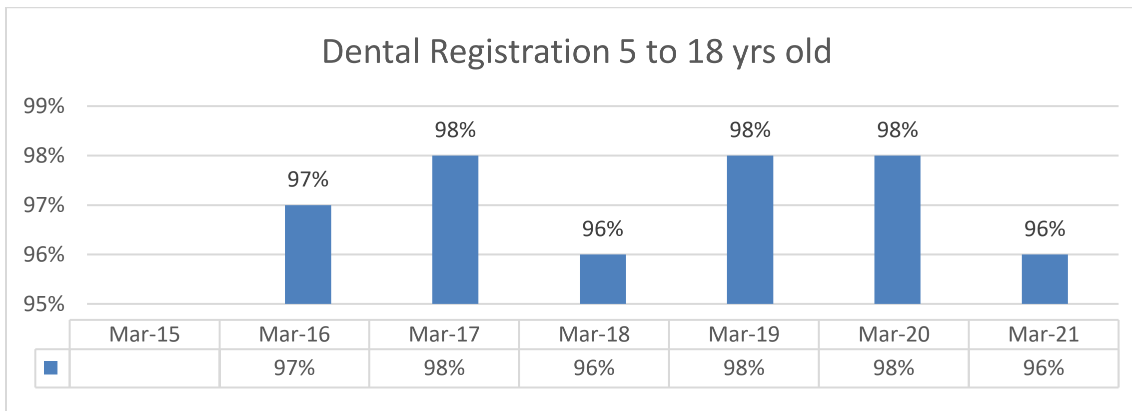
Reason	Number 2019-20	**Number 2020-21**
COVID-19 & capacity	**-**	**10**
Late requests	11	**4**
Arrangements with carers	6	**-**
Carers on holiday	2	**-**
Young person declined	1	**-**

2.7 Dental

Dental Registration

At the child's Initial Health Assessment, there is an expectation that the carer will register the child at a dentist. The closure and disruption of dental services has affected mainly children new into care and those who moved placement.





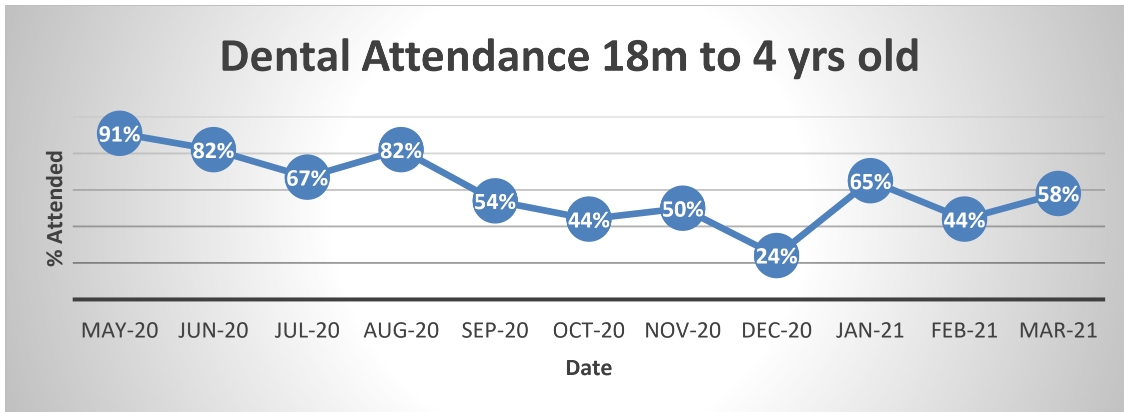
No National data for registration is available.

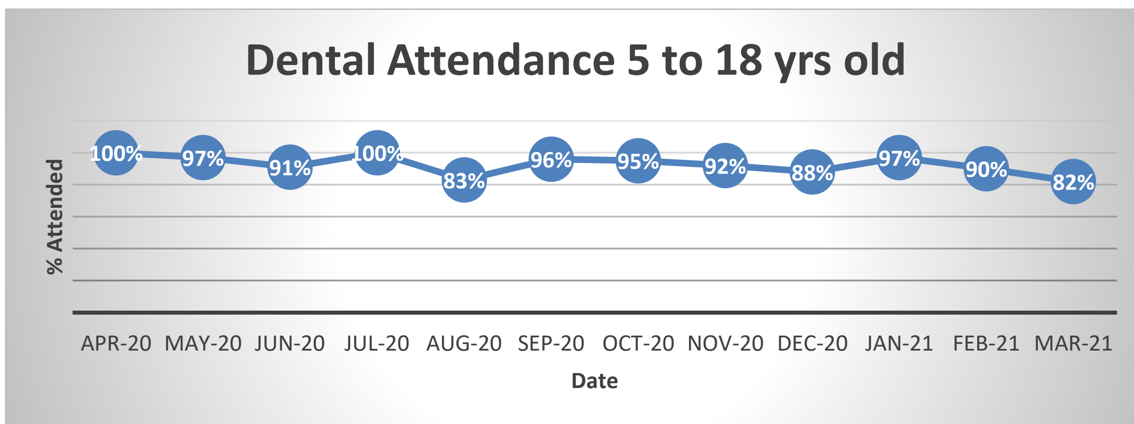
<u>Dental Attendance from 18 months to 18 years old.</u>

This year saw the first collection of dental 'attendance' data through the RHA health records, showing month-on-month recording.

An average of 55% of children aged 18 months to 4 years attended the dentist in the timeframe, which is at a significantly low level. As a method of comparison from previous years having used the local authority rolling 12-month data for all ages, this shows an average of 88% attendance in 2019-20. The current figure of 55% will be relatively accurate, as the assessments for young children take place 6 monthly and their records are updated accordingly.

The data for children aged 5 to 18 years shows that an average of 92% attended the dentist since their last RHA. This figure should be read with caution as they have annual RHA's using data in some cases prior to the pandemic.





Nationally prior to pandemic year (2019-20) – 86% of all looked after children, had their teeth checked by a dentist.

A recent practice improvement with the Locala dental services, has been made to support them to identify social workers linked to referrals they receive from general dental practices. It has also been suggested that the dental team request access to SystmOne (Child Health Records), to highlight vulnerable children to help with triage.

<u>2.8 Immunisations</u> <u>(Locala data)</u>

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

	2015	2016	2017	2018	2019	2020	**2021**	**National % 19-20**
Up to date with immunisations (< 5 years)	93%	98.75%	98.5%	98%	98%	98%	**98%**	88%
Up to date with immunisations (> 5 years)	93%	92.75%	89.25%	91%	92%	94%	**92%**	88%

The National data is pre-pandemic, if compared to the same timeframe of 2019-20, Kirklees data is favourable.

Types of outstanding immunisations

	2017-18	2018-19	2019-20	2020-21
Meningitis (MenACWY)	22	26	11	15
Diphtheria/Tetanus/Polio (DTP)	13	22	16	29
Measles/Mumps/Rubella (MMR)	4	4	8	12
Human Papilloma Virus (HPV) girls and boys	3	10	5	14
Hib/Meningitis C (age 1)			1	

(From the September 2019 the HPV immunisation was introduced to boys. HPV is a sexually transmitted disease, that can be asymptomatic having the ability to cause cancer and other viral infections).

Breach reasons:
4 children were on catch up schedules, 6 children refused, 5 parents refused consent and 1 child required a delay for desensitisation due to their disabilities.

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

The guidance for the National return of data, relates to illegal and legal substances, dependant on regular excessive or dependant use leading to social, psychological, physical, or legal problems (DfE 2020).

Of the 495 eligible young people in Kirklees, who have been in care for at least 12 months, 0.1% were identified through their last RHA as having a probable substance misuse issue. This is down from 0.84% the previous year and well below the national average of 3%. It is difficult to collect accurate data, as it depends on the young person admitting the issue.

All Kirklees looked after children who are identified as having any level of substance misuse, are offered a service from the substance misuse service.

Kirklees Substance Misuse Support Services – The Base 2020-21

“Over this past year, throughout Covid-19, The Base has seen an increase in complex cases referred into the service and an increase in mental health needs and exploitation concerns among Looked After Children. The Base has seen an increase in structured work being the primary intervention type, meaning low level intervention / prevention has decreased. Data from our service shows that over the last 6 months (Sept 20 to March 21), we have worked with 7 young people who are children looked after and have required specialist support.

The Base has provided training to Local Authority and private care homes throughout the year. The Base has created professional networks with Woodlands, Copthorne and Orchard View and they have accessed training, advice, and consultation.

Due to Covid-19 the No 11 & 12 drop-in service stopped, so this was adapted to online drop ins via Zoom for Care Leavers. Although no Care Leavers attended these drop ins, it continued to promote the service to Personal Advisors.

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."

2.10 Sexual Health

The Sexual Health Outreach and Prevention Service was established locally to target vulnerable groups. Prior to COVID-19 restrictions it provided a multi-agency clinic, outreach support to LA & private residential homes, prevention work, 1:1 support, screening, and treatment, with an aim to introduce the young people to the main sexual health clinic for future support. COVID-19 had a significant impact on the service. Initially in 2020 a triage telephone service was available, providing a collection service for oral contraceptives, advice and invites for specific treatments. Drop-in ceased and home visits were very limited. The SH24 national on-line site was promoted to do sexual infection testing and support. This continues to prove a valuable service. By mid-2021, the drop-in services returned and face to face appointments were available. The young person outreach to the residential homes and training has not resumed.

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 provides ongoing support to looked after children, carers and staff and is co-located within Children's Social Care.

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/

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 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.

Carer scores

	Kirklees 19-20	National 18-19	**Kirklees 20-21**	National 19-20
Average returned forms	74%	78%	**69%**	81%
0-13 satisfactory	50%	49%	**47%**	49%
14-16 Borderline	13%	13%	**13%**	13%
17+ cause for concern	36%	39%	**40%**	38%

There has been a reduction in the average return rate of SDQ's from carers from the previous year. At the start of the pandemic there was a continuation of the better rates peaking at 81.4% in May 2020. By March 2021 the rate had dropped to 61.7%. Significant efforts have been made to encourage the returns, through letters to carers and data shared with social workers to support the expectations. The opening of a secure portal planned for 2022 for the export of documents to carers, should facilitate quicker returns.

The data shows that the percentage of children having a satisfactory score has reduced from 50% to 47% and those with a score of concern has risen from 36 to 40%. The emotional and mental health of children during the pandemic may have been a cause.
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

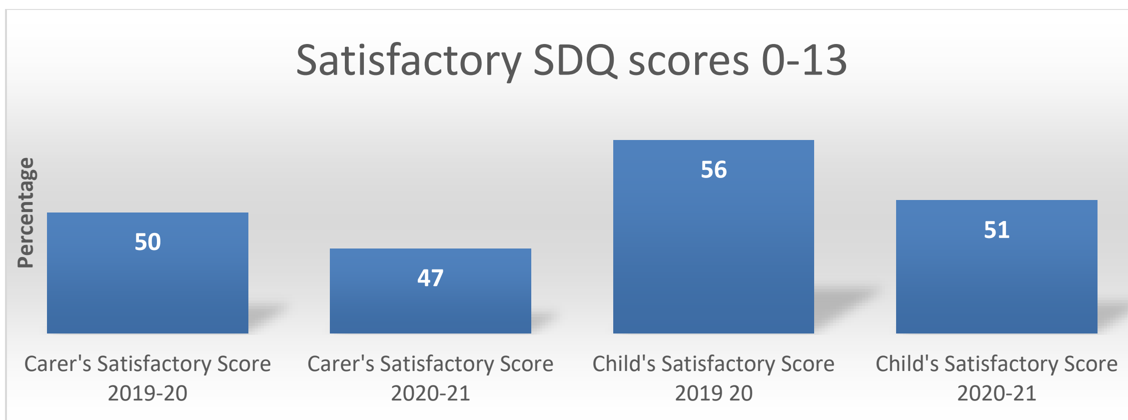
the child's health record. This can highlight discrepancies between the view of the child and carer and can help direct the support.

Score	2016-17	2017-18 (n100)	Aug 19-Mar 20 (n84) 7 months only	2019-20 (n156)	**2020-21 (n64)**
0-13 (satisfactory)	61.4%	56%	59%	56%	**51%**
14-16 (borderline)	12%	15%	20%	17%	**16%**
17+ (concern)	26%	29%	21%	27%	**33%**

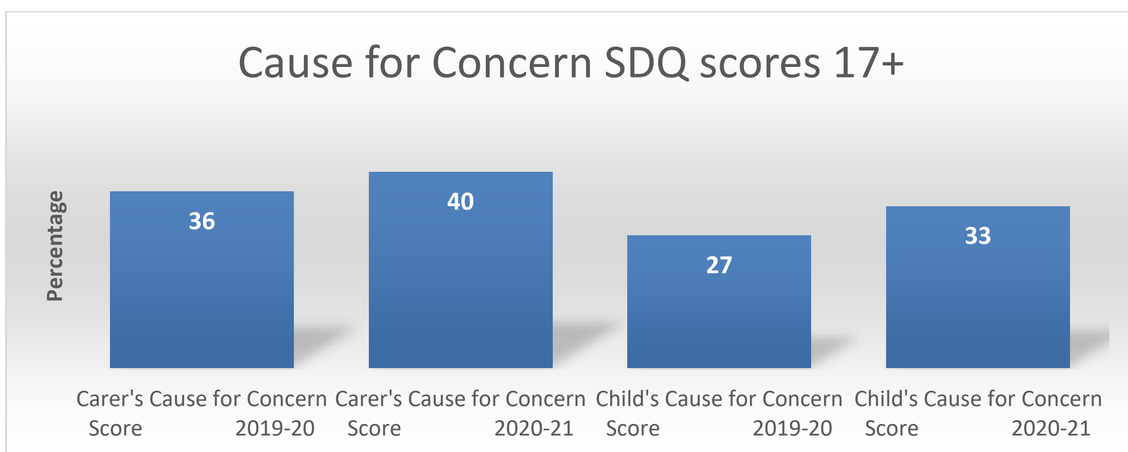
64 child SDQ's were returned between April 20-March 21 in comparison to 156 the previous year.

It is interesting to note that the carer and child data has mirrored, with regards to concerns of satisfactory scores reducing and scores showing concern has risen during the year of the pandemic.

Carer Scores (left side) Child Scores (right side)



Carer Scores (left side) Child Scores (right side)



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 carers or babies and children under 4 years old who are not eligible for an SDQ, to any emotional difficulties that may be happening.

The questionnaire is sent to all carers/parents of 1,2 & 3 years-old to enable us to identify signs of potential emotional health issues and offer an opportunity for 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.

49 age-specific questionnaires were sent out prior to the RHA's. Returned forms were scored and analysed by the Looked After Children's health visitor, who shared the results with the social worker, Independent Reviewing Officer and discussed any concerns with the carers. The return rate during the year was initially slow, but eventually resulted in an increased return rate from 33 the previous year.

Notable results:

Score	**Details/comments**
1 Very High	Completed by Looked after Children nurse following issues identified by the carer during the RHA. Discussed with Paediatrician who agreed recommendation for EWB clinic. Social worker reported she had not known of these significant behaviours and made the referral. The process was helpful in clarifying carer concerns and providing evidence to support referral. Subsequently referred to Neuro-disability Team and waiting for ASD assessment as well as psychologist for trauma/attachment consideration.
2 Very High	Both with known concerns/diagnosis in place. Receiving appropriate support
1 Very High	In connected person placement. This was discussed with carer during RHA and many issues had resolved but may require referral to Placement Support Team in future.
1 High	New into care toddler who had suffered long term neglect and witnessed domestic abuse. Carers were using appropriate strategies.
1 High	Some extreme behaviours which had been discussed during recent RHA. Discussed with carer and behaviours were well managed and much improved by this time. Had been discussed at EWB clinic.
1 High	unknown whether child remaining in UK – SW advised to consider referral if remaining.
1 High	Child of only 9 months. Significant issues identified but Paediatric referral had already been completed.

- Some identified moderate scores – liaised with HV and advised discussion/review at next contact.

It was noted that completion dates on the forms were rarely filled in by carers, affecting the analysis based on age of the child at the time, this was possibly due to it not being prominent on the form, this has now been rectified

2.12 Care Leavers

The Looked After Children's nurses are 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 prepares the 'Care Leavers Health History Letters', which has their personal health history and essential local support information. **90** were completed.

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.

A weekly drop-in for care leavers has been on hold during the pandemic.

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 – Leeds, Bradford, KIRKLEES, Calderdale and Wakefield.

The Agency Medical Advisers for the 5 Children's' Social Care Departments have continued to work together, aiming for consistently good practice.

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.

In the early months of the pandemic The Adoption and Children (Coronavirus) (Amendment) Regulations came into force on 24th April 2020, with many of the amendments lapsing on 25th September. Some were continued until March 2021. Overall, the regulations were rarely used, the most frequently used allowed medical reports for adults in the fostering and adoption process to be considered at a later stage in the process though still prior to approval. This was because GPS were unable to continue

providing face to face medicals at that time. Instead, adopters were asked to complete Self-declaration of health forms. The medical advisors then advised children' social care and OneAdoption West Yorkshire about the information provided. GP completed forms were provided later, prior to panel

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	2020-21
308	318	318	286	348	337	226	234	181

Number of Adult Medical Reports for OneAdoption West Yorkshire

Jan to March 2018	2018-19	2019-20	2020-21
43	95	99	67

Children who have a plan for adoption have a detailed Adoption Medical Report. 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). Adoption medicals have continued throughout the pandemic. An agreement was reached with our medical colleagues regionally that all children would be seen face to face by a paediatrician prior to being placed for adoption. This has allowed us to continue providing prospective adoptive parents with high quality medical advice. Although many health assessments have been virtual all children placed for adoption have been seen face to face on at least one occasion.

Number of Adoption Medical Reports

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
163	138	117	135	168	142	122	113	98

The Medical Adviser who completed the adoption medical report has continued to meet the Prospective Adopters, to discuss the health needs of the child/children to be placed with them. These meetings have taken place virtually since the start of the pandemic.

Number of Meetings with Prospective Adopters

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
44	43	36	43	45	27	37	29	24

These changes have enabled Kirklees Children's social care and OneAdoption West Yorkshire to continue to approve foster carers and adopters and also to move children onto adoptive placements.

Nationally adoptions rose sharply from 2011 to 2015, peaking at 5360 in the latter year, but have decreased since then following Court rulings in 2013, stating that Adoption Orders should only be made when there were no alternatives, e.g., placing with the child's family. There has been a further 4% drop from 2019-20 to 3440.

2.14 Training

The nurses provide training and induction for foster carers, social workers, health students and other professionals.

The usual mandatory face to face mixed experience health sessions, facilitated by the nurses were unable to take place in 2020. This meant that the Continence nurses' session that had proved popular was also unable to take place.

The training has been adapted by the Health Visitor in the team to be used on-line. The training has been developed for use with new foster carers using a Teams Teach approach and self-directed learning for experienced carers.

Each School Nursing and Health Visiting Team are usually visited during the year, to advise, liaise and share good practice, but 2020 saw the visits replaced with virtual meetings.

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. The team have seen an increase in the number of telephone calls during the pandemic, for example to support access to postponed hospital appointments or accessing dental care.

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 – Audits/Surveys

- Surveys of Care experienced children, young people and their carers'.
  Survey 1 - An electronic survey is regularly undertaken using an App to gather the views of children and their carers', regarding the current support given by the nursing team, based on the Review Health Assessment.
  A snapshot of the responses: 80% of the young people said it was very good and 100% of carers agreed stating; "She was kind and easy to understand", "...she understood me well". Carers said "very professional, approachable, understanding, thorough, the nurse puts the child at ease. During COVID-19 "on time, maintained a distance & friendly".
  100% of the young people said they felt listened to.

When asked what was good about the appointments young people said, “gave me loads of advice, flexible by phone” (this has evolved from COVID-19 working practice changes). Carers commented that “it was good to have the review at home”, “reassured the problems would be sorted out”, “child friendly and they liked her”, “during the current lockdown it was really appreciated being visited at home”, “COVID-19 compliant”.

Survey 2 - Virtual ‘Teams’ focus group with care experienced young people to gather their views through a discussion and anonymous survey monkey. The results highlighted that most were aware that their RHA took place annually and that they knew it was important. They felt listened to and able to talk about what they wished. They understood the need for the plan in general. Most preferred a face-to-face discussion at home and would prefer to see the same nurse. Actions are the Consent form has been simplified to ensure the practitioner explains who it will be shared with. A capacity and demand exercise is under consideration in health, to look at the positives of dedicated teams, to allow a named-nurse relationship for children in care.

- Audit to identify the communication pathways, health needs and potential impact on services, for looked after children originating from other authorities who are accommodated in Kirklees.
  Results of the key lines of enquiry are that there is a statutory process in place to share information from the LA to health agencies, but limited information from the originating area can delay the process. If there was a willingness from the child to engage, the evidence suggested that services were available and joint working was evident. There was a significant impact on local services including GP surgeries, and local health providers in offering support that may only be recognised if the cohort was recognised separately e.g. A&E or CAMHS.

- Health Outcome Audit – An audit was undertaken, to identify the health needs of children as they entered care at their Initial Health assessment (IHA) (Sample 1) and then a comparison was made of their health status at their first Review Health Assessment (RHA) (Sample 2). Many children left care before their 1st RHA, so sample 2 was size limited. All children are referred and supported for any outstanding health issues from the IHA clinic.

  The timeframe was February 2019 to July 2020, to allow for a sizable sample. 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 to develop a tool to support the general assessment process. The data was not unduly affected by the 2020 pandemic issues due to the timeframe.

  An electronic version of the recording template was developed, to replace the initial paper process. This has allowed for easier collection of the data through read codes.

The key results

Section 1 – Whole cohort as they entered care (n325)

- **65** children required a catch up of one or more **immunisations**.
- **143** had no **dental** registration & **29** had registration but had not been taken.
- **18** children had **growth/BMI** issues that were not being addressed.
- **52** children had **chronic health conditions** either identified at the IHA or were re-referred.
- **23** children were either recognised at the IHA or were not accessing previously arranged support, related to an **Education & Health Care Plan**.
- **65** children had recognised **emotional and well-being** issues and not accessing support.
- **8** required referrals to **sexual health** services and **9** had evidence of **risk** that were not engaging with services
- **9** were referred to **substance misuse** services and **24** were encouraged to access stop **smoking** support.

Section 2 – Maximum cohort of 86 - all ages who stayed in care until 1st RHA

- **8** of the 10 children with outstanding **immunisations** when they entered care had caught up & 1 on a reduced schedule.
- **All** children engaged or re-engaged with **dental** services and 100% improvement for those over 5 years old.
- **All 8** children identified at IHA with a **growth** issue had improved.
- **20** saw their **physical health** improve.
- **6** children with **development and learning** issues were referred to services and **8** were re-referred.
- **20** children had been referred to services following non-engagement with **emotional wellbeing** support, or they were referred from the IHA.

4 – References

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

Children looked after return 2020 to 2021: guide - GOV.UK (www.gov.uk)