# Kirklees Looked After Children

# Annual Health Report

# April 2021 – March 2022

October 2022

## EXECUTIVE SUMMARY

During 2021-22 the health team experienced resource challenges as alternative methods of working were necessary, e.g., the use of a hybrid approach of telephone and face to face initial health assessments, to comply with pandemic restrictions in clinics.

In other areas of the work there was a rise in demand for support. This was related to an increase in child health complexities, the numbers of unaccompanied asylum-seeking children (UASC), an increase in telephone and IT communication, and a rise in the involvement with children accommodated in Kirklees by other local authorities (OLA), related to risk and vulnerability.

The increased number of agencies using the electronic child health record SystmOne, amplified the number of communications via tasks, and the volume of information available to inform assessments. The wealth of material is an asset but has added significantly to the time element in the preparation of assessments.

A Business Case related to team capacity and resource has been submitted to the joint commissioner for consideration and discussions have been held with senior managers.

Completion of the Review Health Assessments (RHA's) within statutory timescales continued to present a challenge. To alleviate pressure, a temporary 6-month measure was introduced to complete the RHA's in the month they were due, rather than the exact date in the month, resulting in several breaches.

To provide assurance of the focus of the work undertaken, an audit looking at reasons for breach in Qtr1 of 2022, illustrated that children and their families are at the heart of the planning, prioritising family, work, school, and outside activity commitments before timescales, (see appendix).

Dental access has improved and been supported by the 'Flexible Commissioning' programme, enabling all looked after children and care leavers in Kirklees to access services.

The immunisation rates across all ages have remained excellent.

The manual return rates of 'Strength and Difficulty Questionnaires' (SDQ's) which are used to screen the emotional wellbeing of children aged 4 to 17 years, has remained stubbornly low, despite efforts to improve compliance and the electronic portal has been unable to facilitate any system improvement. However, the redevelopment of the LA Placement Support Service (PSS), has provided a multi-agency approach alongside the SDQ's, and the inclusion of a trauma screening assessment for UASC by a Locala GP, has added a valuable dimension to the support options.

The Ages & Stages Social & Emotional (ASQ–SE) questionnaire, has continued to provide a resource to measure the emotional health of children and babies under 4 years old, and dovetails into the SDQ process and PSS as required.

Liaison with the sexual health, and substance misuse outreach workers has continued, reinforcing a collaborative working model.

Medical reports for foster carers, adopters, connected carers and children continue to be completed by the Medical Advisors, and all adoption panels in Kirklees and Calderdale have a Medical Advisor present for advice and support.

The 'Health Outcome Audit' project has enabled data collection to continue, measuring the health needs of children as they enter care, and a comparison of improvements to their health for those who remain in care, at the point of their first RHA. A re-audit is planned during 2022-23.

A reflection on the year identifies that it was not possible to resume pre-pandemic levels of performance. The service has required modification to meet the needs of a changed society and vulnerable group of children. Further adjustments may be needed, as we continue to experience changes to practice and demands on the service.

**Key Points**

| The number of Looked After Children reduced during the year, partially due to an increase in Special Guardianship Orders promoting children residing with people connected to them. |
|---|
| 146 IHA's were completed (Including 12 for other authorities). Average 96% in timescales, plus 55 Pre-adoption medicals. |
| 741 RHA's were completed including requests from other authorities. |
| A 'Flexible Commissioning' project has provided an opportunity for looked after children and care leavers to have easier access to dental services, with named surgeries signed up to prioritise vulnerable groups. Professional links have developed with e.g., regional dental groups, the local 'Oral Health Advisory Group' & NHSE to advocate for vulnerable children and young people. |
| Immunisation rates averaged 91.5% across all ages. Teenage boosters for Diphtheria/Tetanus/Polio & Meningitis ACWY remain the most common outstanding immunisations. |
| Children's emotional health has benefited from the development and expansion of the LA Placement Support Service. The Emotional Wellbeing Team (CAMHS), has been strengthened by the introduction of a multisystemic therapy programme and recently a trauma screening project for UASC, led by an experienced Locala GP. |
| 71 Ages & Stages Questionnaires (emotional health of babies & young children under 4 years) were distributed. |
| Work continued to distribute care experienced young people's health histories. |
| 236 adult medical reports for foster and special guardianship orders, 77 adult & 69 child medical reports for adoption plans and 26 meetings with prospective adopters, were carried out by the Medical Advisor. |
| Relationships were built with safeguarding professionals in the acute trusts and private residential homes linked to children accommodated in Kirklees from other authorities, where risk was a concern. |
| Health Plans are now sent to new carers when children move out of the locality |
| There is regular quality assurance of health assessments |
| Specialist nurses are linked to children with disabilities, UASC, care experienced young people, children from other authorities, young babies & children. |
| There is a long-standing, dedicated, experienced workforce in place. |

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# 1 - Introduction

## 1.1 Purpose

This report provides assurance of the work undertaken to meet the health needs of Looked After Children, outlining the key performance indicators, highlighting the service improvements, challenges and identified gaps. It illustrates the statutory duties 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 health and wellbeing.

The report covers the timeframe **1st April 2021 – 31st March 2022**.

Blue text is used for the National data for the period **1st April 2020 to 31st March 2021**, (DfE 2021). An exact comparison cannot be made between the two years due to the delay of the national data and the effect of the pandemic in that year.
Children looked after in England including adoption: 2020 to 2021 - 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, co-located within Children's Social Care.

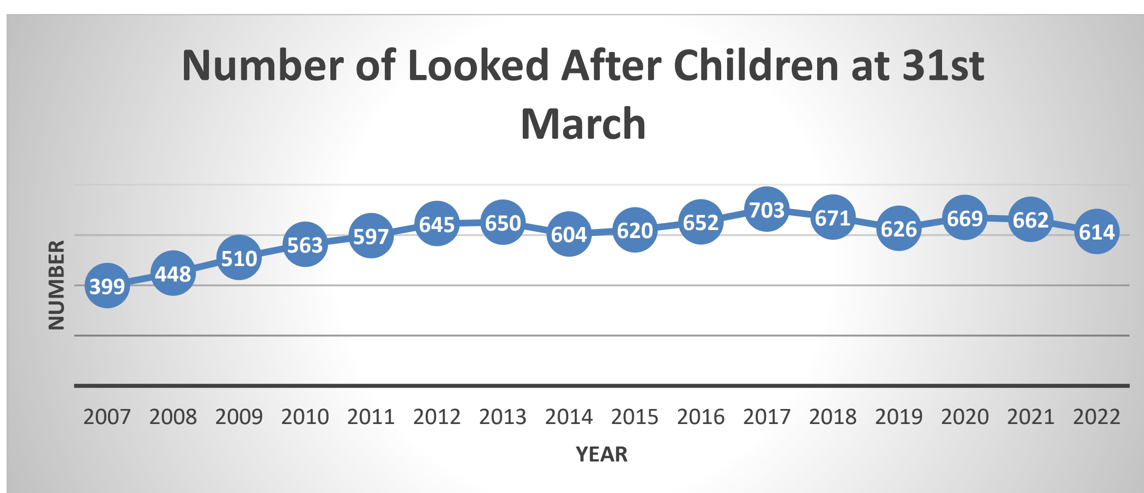
Locala 0-19 service supports the completion of RHA's and provides health visiting and school nurse services.

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

## 2 – Kirklees Looked After Children Health Service
## 1st April 2021 – 31st March 2022

### 2.1 Numbers of Looked After Children

Kirklees Timeline March 2007 – March 2022




There has been a decline in the number of looked after children in Kirklees, partially due to the increased number of children accommodated with connected carers, under a Special Guardianship Order (SGO) arrangement. This type of order keeps children linked to their family and people they know. In March 2022 there were 490 SGO's in place, where children are no longer subject to 'Looked After Children' statutory rules and carers are given parental responsibility and access to a full range of support from social care. The specialist health team are no longer involved once an SGO is made. More information from:
Special guardianship guidance: Statutory guidance (publishing.service.gov.uk)

The most common reason nationally for children becoming 'looked after' is, 'abuse and neglect', followed in descending order by family dysfunction, family in acute distress, absent parenting and the child's or parent's disability.

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

| | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|---|---|---|---|---|
| Number | 75,420 | 78,150 | 80,080 | 80,850 |

The increase was driven by there being slightly more children starting to be 'looked after' during the year and a delay in those leaving care, due to the national lockdowns and restrictions.

In addition, the pandemic was likely to be responsible for affecting Court proceedings resulting in an 18% national decrease in adoptions, as cases progressed more slowly or were paused.

Unaccompanied asylum- seeking children (UASC) - Kirklees

| Year | 2015-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | **21-22** |
|---|---|---|---|---|---|---|---|
| Number entering care | 8 | 9 | 6 | 9 | 8 | 5 | **19** |

There has been a significant rise in UASC under the care of Kirklees.

On the 13.06.22 there were 26 Care Leavers aged 18-21 who had been UASC previously.

Unaccompanied asylum-seeking children – National data

Nationally at 31.3.21 the number of UASC was down 20% on the previous year from 5000 to 4070, and represented around 5% of all 'looked after children', down from 6% in the previous couple of years, this is likely due to travel restrictions.
UASC are generally male and 13% were aged under 16 years, 'Absent parenting' is the reason for care.

## 2.2 Gender and Age Profile

Gender at 31.3.22

| **Kirklees** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **National at 31.3.2021** |
|---|---|---|---|---|---|---|---|---|
| **Male** | 52% | 54.6% | 55.4% | 55% | 55% | 54% | 55.6% | 56% |
| **Female** | 48% | 45.4% | 44.6% | 45% | 45% | 46% | 44.4% | 44% |

Age profile at 31.3.22

| **Age** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **National at 31.3.21** |
|---|---|---|---|---|---|---|---|---|
| **Under 1** | 7% | 7.3% | 8% | 5% | 6% | 7% | 4% | 5% |
| **1-4** | 13.7% | 12.4% | 13.2% | 17% | 15% | 19% | 16% | 14% |
| **5-9** | 20.8% | 23.3% | 22% | 20% | 18% | 16% | 15% | 19% |
| **10+** | 58.6% | 57% | 56.7% | 58% | 61% | 58% | 65% | 62% |

## 2.3 Looked After Children accommodated in Kirklees from other Authorities

Children may be accommodated in another authority, but the original area maintain overall responsibility. Children access universal health services, but some aspects may need commissioning e.g., looked after children health assessments.

There were 253 looked after children from other authorities living in Kirklees in March 22, in private/independent residential homes, 16+ accommodation or with independent foster carers. As a result of an audit focusing on the placement of children locally from other authorities, a process has been devised to share information at the earliest point between Kirklees Council and Locala.

## 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 their 'review health assessments'. This is to enable trusting relationships to develop and to reduce the number of professionals involved. Some children are accommodated out of the local authority in specialist placements.

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | **2022** |
|---|---|---|---|---|---|---|---|---|
| Number of children with a disability classification on 31st March (based on the LA Liquid logic recording) | 39 | 43 | 50 | 46 | 38 | 42 | 46 | **40** |

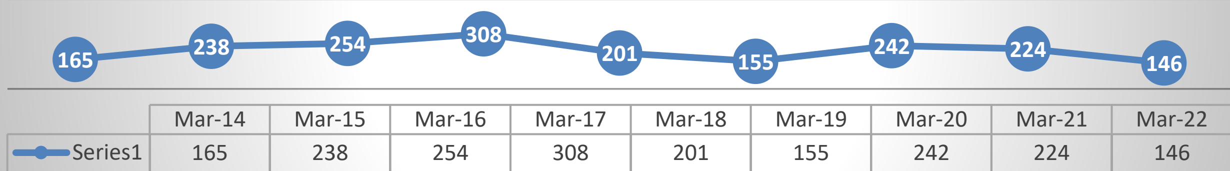
## 2.5 Initial Health Assessment (IHA) process

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 IHA, 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).

A hybrid face to face and telephone method of working has continued, due to restrictions of social distancing and clinic attendance following the pandemic. This has resulted in more complex arrangements and increased the time element.

Three IHA's were requested to be completed by another authority during the year on our behalf, due to the distance the child had been placed from Kirklees. In the reciprocal arrangement, 12 were completed by Kirklees for other authorities.

**Numbers of IHA's 2014 to 2022 including other LA requests**




| Year | 13-14 | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 |
|---|---|---|---|---|---|---|---|---|---|
| IHA clinics | 98 | 90 | 126 | 131 | 129 | 122 | 125 | All Virtual | **Hybrid model** |
| IHAs completed incl. other local authority (OLA) requests | 165 | 238 | 254 | 302 Kirklees + 6 OLA | 198 Kirklees + 3 OLA | 146 Kirklees + 9 OLA | 224 Kirklees +15 OLA<br><br>+3 done on our behalf | 214 Kirklees + 5 OLA<br><br>+ 5 done on our behalf | **131 Kirklees + 12 OLA**<br><br>**+ 3 done on our behalf** |
| % In timescale (annual average) | 87% | 98% | 98% | 98% | 98% | 97% | 95.5% | 98% | **96%** |
| Pre-adoption medicals | - | - | 59 | 58 | 57 | 75 | 58 | 62 | **55** |

## 2.6 Review Health Assessment (RHA) Process

RHA’s follow on from the child’s IHA at 6 (<5yrs old) or 12 (>5yrs old) monthly intervals, up to age 18.
RHA’s are 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.

### 2.6.1 RHA's - Kirklees children

Locala health data is used to inform the annual report, as it is presented using a monthly data set from source.
Although the numbers of looked after children are showing a decline, the numbers of RHA's do not necessarily follow this trajectory, as children may leave care after an RHA has been completed.

| Year | 15-16 | 16-17 | 17-18 | 18 - 19 | 19-20 | 20-21 | 21-22 |
|---|---|---|---|---|---|---|---|
| Total RHAs **including other LA's requests.** | 616 | 676 | 730 | 734 | 697 | 694 (+ 62 April telephone RHAs) Total = 756 | **741 including other LA's requests.** |

Occasionally we are unable to engage young people in their RHA's, despite flexible arrangements, including a telephone option. Consent may be gained from the young person to compose a 'virtual' RHA report, compiled from health records, their carer and social worker. This informs reviews and the 'care leaver health history letter'.

Completed in timescales (annual average)

| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | Nationally 2020-21 |
|---|---|---|---|---|---|---|
| 'Developmental' under 5yrs old | 95% | 98% | 92% | X | 83% | 89% |
| 'Annual' over 5yrs old | 94.5% | 90% | 95.5% | X | 74% | 91% |

There have been some challenges in completing the RHA's in statutory timescales following the pandemic. This has been linked to an increase in child complexities, UASC, children from other local authorities residing in Kirklees, communication and demand for support, a rise in information to populate health templates and an increase in electronic health record tasks requiring action.

National data for 2020-21 during the height of the pandemic reported that general health check KPI levels were maintained. This could be argued to be related to teams who maintained their staffing levels, and those who had staff re-deployed, as in Kirklees.

Breach of timescales

| Reason | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|
| Covid-19/pandemic | NA | 151 + April | **14** |
| Issues arranging with carers | 17 | 11 | **21****** |
| Staff capacity Locala | 1 | 3 | **75 *** |
| Placement moves | 3 | 4 | **5** |
| Carer holidays/respite | 3 | - | **4** |
| Client/family sickness | 2 | - | **4** |
| Bereavement carer/family | | | **3** |
| Declined by child/young person | 7 | 1 | **3** |
| CLA health team issue | 1 | 4 | **2** |
| Other | | | **2** |
| Other authority returned to us late | 2 | - | **20 **** |

| Kirklees late returns to other LA's | | | **20 ***** |
|---|---|---|---|

Key:
*A temporary measure was put in place from Sept 21 to March 22, to relieve the pressure on the team to complete the RHA's in the month they were due, rather than the exact date in the month. The breach data does not reflect this action, showing a false rise. All viable RHA's were completed.

** Other authorities stated, 'capacity and difficulty arranging with the carer', were the most common breach reason.

*** Kirklees recorded that 'late requests by requesting areas and capacity' were the most common breach reasons.

**** 'Issues arranging with carers' resulted from a return to face-to-face meetings from the previous telephone assessments, which were easier to arrange and during the pandemic many more people worked from home and children remained at home.

- ❖ See the appendix for an Audit drilling down into the reasons underpinning breaches.

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

A reciprocal payment by results agreement is in place, to complete assessments on behalf of other authorities when children are accommodated at distance from their originating area, providing where possible at least 6 weeks' notice. Around 30% of areas in the last year admitted that there would be delays e.g., Kent asked for 12 weeks' notice and no guarantee of completion in timescales.

| | **Number sent by Kirklees to other LA** | **% of them completed 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% |
| **2021-22** | **59** | **58%** |

The local team have reduced their travel distance from 30 to 25 miles radius this year to complete our RHA's due to capacity issues. The lost benefits of travelling to assessments include financial, quality and timeliness.

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

| | 2019-20 | 2020-21 | **2021-22** |
|---|---|---|---|
| Number | 74 | 40 | **80** |

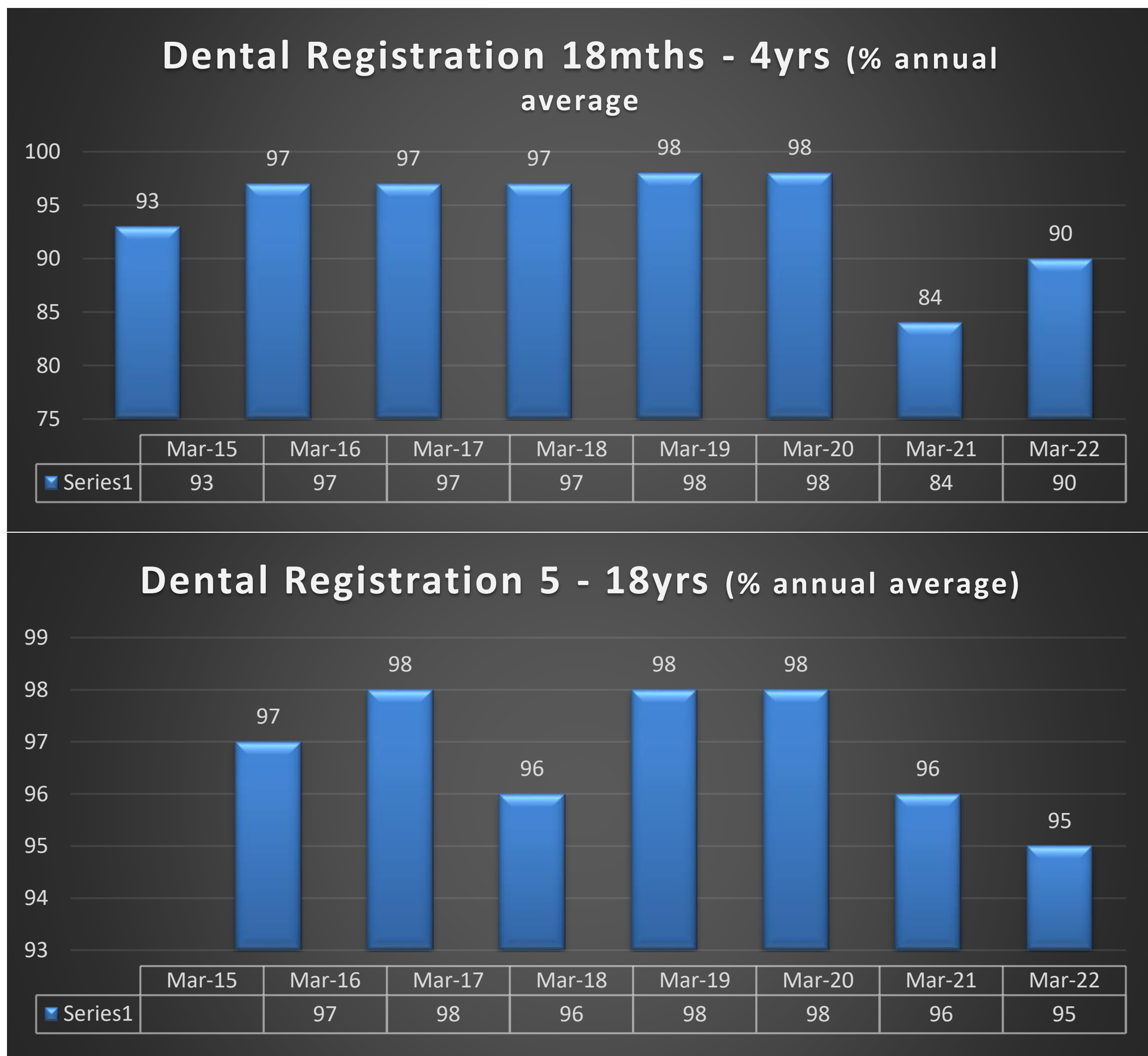
80 requests were made for Kirklees nurses to carry out RHA's on behalf of other LA's. **79%** were completed by us in timescales, in line with our own local assessments.

There were 22 more requests for Kirklees to complete RHA's for other areas than Kirklees asked others to do for us. The impact is a requirement for Kirklees to do approximately 130 additional hours work.

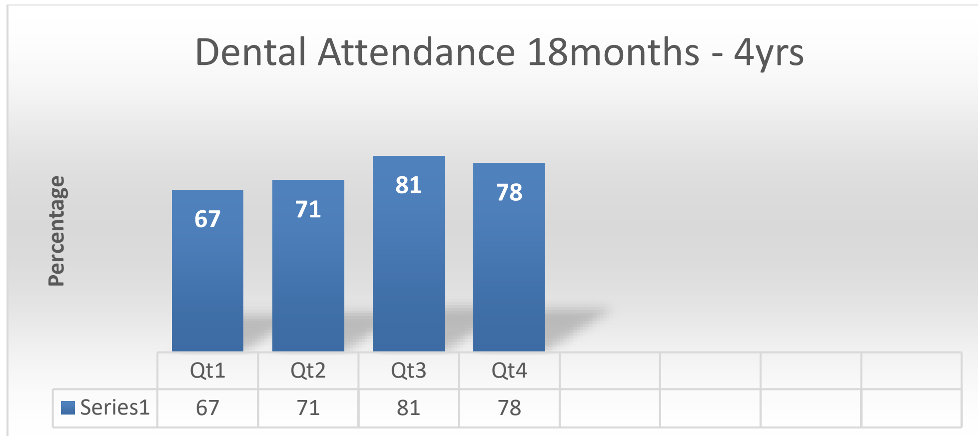
## 2.7 Dental

Dental Registration
Carers are expected to register a child in their care as soon as possible. The closure and disruption of dental services during the pandemic affected registration and attendance, but this trend has largely reversed locally.

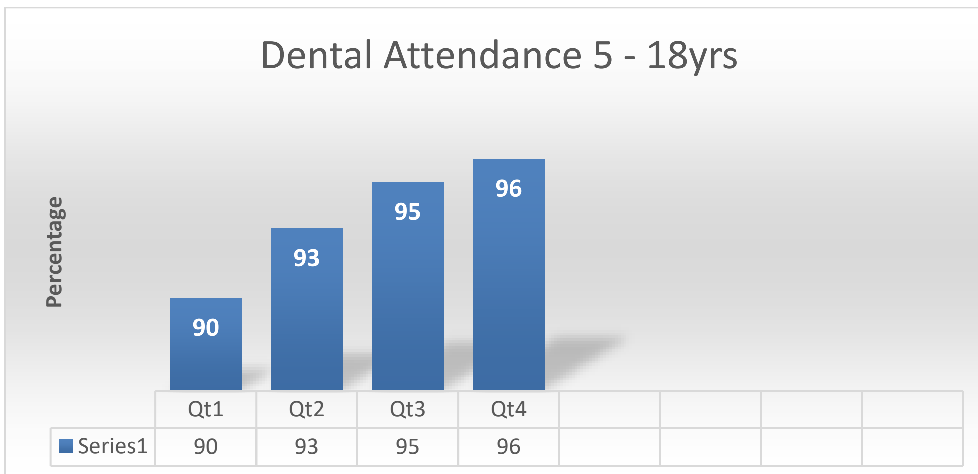
A regional 'Flexible Commissioning' project has had a positive impact in ensuring that all looked after children and care leavers are able to access registered dental care. Agreements with identified surgeries led by surgery 'champions' allow referrals to be prioritised.



Dental Attendance




*Increase on the average from previous year of 60%*




*Same as average from previous year 93%*

Nationally prior to the pandemic year 86% of all looked after children, had their teeth checked by a dentist, but the proportion fell substantially to 40%, during 2020-21.

## **2.8 Immunisations** (Locala data)

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 | 2022 | National |
|---|---|---|---|---|---|---|---|---|---|
| Up to date with immunisations (< 5 years) | 93% | 98.75% | 98.5% | 98% | 98% | 98% | 98% | 97% | 86% |
| Up to date with immunisations (> 5 years) | 93% | 92.75% | 89.25% | 91% | 92% | 94% | 92% | 86% | 86% |

Types of outstanding immunisations

| | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|---|---|
| Meningitis (Men ACWY) | 22 | 26 | 11 | 15 | 18 |
| Diphtheria/Tetanus/Polio (DTP) | 13 | 22 | 16 | 29 | 23 |
| Measles/Mumps/Rubella (MMR) | 4 | 4 | 8 | 12 | 6 (2 x parental refusal) |
| Human Papilloma Virus (HPV) girls and boys | 3 | 10 | 5 | 14 | 13 (2nd dose)<br>8 (both doses)<br>4 (parental refusal) |
| Pre-school booster | | | | | 2 |
| 1st year | | | | | 1 |

*(From 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. As the male cohort grew, the numbers with outstanding immunisations has increased).*

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. Examples of reasons for breach are, child/parent refusal, catch-up schedule, not in school on the day. To note that most children will be re-invited.

Covid vaccination – The newly developed vaccine has been offered to different age groups in a phased programme, which now covers age 5 upwards, considering those with increased vulnerabilities. This is not part of the childhood schedule, so is not included in the data.

## 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).

At 31.03.22 there were 492 Kirklees looked after young people, who had been in care for at least 12 months and eligible to be included in the data collection. **1.4%** (n7) were identified through their last RHA as having a probable substance misuse issue, which is below the national average of 3%.

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 outreach worker summary

A dedicated worker is employed by The Base, to focus on vulnerable cohorts, including looked after children and care leavers, offering support and information to them, their carer's and other support staff

The Base has targeted local authority (LA) and private residential care homes following restrictions easing, offering professional's training and drop-ins alongside Locala sexual health. They provide interventions, advice, guidance, and consultation. All LA and 10

private residential care homes have been targeted with 4 young people consenting to referrals into the service.

17 looked after children / care leavers have accessed support in the year, with 8 accessing specialist treatment. Emotional wellbeing and mental health needs continue to be the highest vulnerability in this cohort, followed by child sexual and criminal exploitation.

The team work with the youth engagement service and Locala sexual health for team training on the Exploitation Partnership Checklist and C-Card.

## 2.10 Sexual Health – Outreach worker summary

The Sexual Health Outreach and Prevention Service targets vulnerable groups, but the pandemic had a significant impact on the service and engagement from service users.

By mid-2021, the drop-in services returned and face to face appointments were available. The outreach to residential homes and training has resumed with strong links being made and the referral pathway established, with a link engagement worker being allocated for looked after children to provide direct contact for support and advice.

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 and promotional material are located around the district giving details of sexual health services and some local pharmacies providing support. More work and online training via Microsoft Teams is being provided to support community services to be part of the C-Card Scheme and to offer support and signposting in the community.

## 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).

The newly established LA Placement Support Service (PSS), incorporates emotional and wellbeing practitioners in a formulation model of working. A triage service directs the social worker to the correct service which may result in a consultation with the wellbeing practitioners.

The PSS have included a trauma screening project for UASC, led by a specialist doctor. The assessment will identify and document historical trauma describing how it may be continuing to impact on a young person. This stand-alone appointment (lasting up to 1.5 hours) will include a psychological assessment and physical examination if indicated. A report will be produced, with recommendations which with client consent can be shared to help access to services. It does not offer follow-up or therapy.

The statutory 'Strengths, and Difficulties Questionnaire' (SDQ) is disseminated on an annual basis to carers of children aged 4-17 years to screen for emotional and behavioural difficulties. A score of 0-13 is considered 'satisfactory', 14-16 is 'border-line' and a score of 17 or more (high) identifies a cause for concern'. More information is available about SDQ's at: http://www.sdqinf.com/

All scores are shared with the social worker, but high scores suggest a contact is made with the PSS if necessary. 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 (*National data is a year behind*)

| | Kirklees 19-20 | National 18-19 | | Kirklees 20-21 | National 19-20 | | **Kirklees 21-22** | **National 20-21** |
|---|---|---|---|---|---|---|---|---|
| Average returned forms | 74% | 78% | | 69% | 81% | | **59%** | **80%** |
| 0-13 satisfactory | 50% | 49% | | 47% | 49% | | **51%** | **51%** |
| 14-16 Borderline | 13% | 13% | | 13% | 13% | | **12%** | **12%** |
| 17+ cause for concern | 36% | 39% | | 40% | 38% | | **37%** | **37%** |

There has been a continued reduction in the average return rate of SDQ's from carers, which is below the National return rate. This is despite efforts year on year to encourage the returns through additional contact with carers and raising the issue with social workers. The scores however are in line with National returns.

*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.*

## 2021-22 Ages and Stages – Social and Emotional Questionnaire (ASQ - SE)

As a result of a pilot during 2018/19, the ASQ–SE has become embedded to alert social workers, to emotional difficulties expressed by babies and young children under 4, who are not eligible for an SDQ. Carers/parents of 1,2 & 3-year-olds are included offering an early opportunity for support if needed and in addition providing a route for the voice for the very young to be heard.

71 age-specific questionnaires were sent out with returned forms being scored and analysed by the team health visitor. Any concerning results were shared with the social worker and Independent Reviewing Officer.

27 (38%) questionnaires were returned, which is a reduction on the previous year. 3 questionnaires were late being returned and the children had since left care, but the information was shared with connected health practitioners.

**Notable results:**

| Score | Details/comments |
|---|---|
| 1 High | Several issues raised. Suggestion made to social worker (SW) to refer to Placement support Service (PSS) – social worker agreed to this action. |

| | |
|---|---|
| 1 High | Information shared with Health Visitor as a pre-one development assessment is planned shortly. |
| 1 Very High | Under care of all relevant professionals/referrals already made. Known issues already identified. |
| 1 Very High | Fearful during Family Time (phone only); disturbed nights shouting, “I don’t like it”. Concern expressed to SW and IRO and asked their opinion on referral to PSS. Record monitored due to very complex situation – note that FC’s managing behaviours well and family Time reviewed. Final hearing upcoming and FC’s seeking SGO |
| 1 High | Emotional regulation issues. Many life changes at present. Asked SW to consider referral to PSS. Has since left care (unable to review record) |
| 1 High | Known developmental issues; under care of Paediatrician. |
| 1 High | Some low grade issues. Call made to FC but had recently moved to Adoptive Placement and adoptive parents planned to seek local HV input. |
| 1 Very High | Known developmental delay and anxiety. Under appropriate professionals and being assessed. |
| 1 High | Some issues raised especially in relation to calming/settling/sleep. Recently discussed at Emotional Wellbeing Clinic with PSS. |

## 2.12 Care Leavers

The looked after children’s nurses are accessible to young people leaving care up to age 25, their carers’, personal advisors (PA), and other professionals. PA team meetings are attended to ensure communication links are maintained.

Relationships are evident with other specialist health teams overseeing vulnerable children e.g., youth justice team, pupil referral service and family nurse partnership (FNP), providing an opportunity to share information and 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).*

A specialist nurse from the team is assigned to be the main contact and prepares the ‘care leaver health history letters’, which hold their personal health history and essential local support information.
Due to capacity in the team, it has not been possible to distribute the usual number of letters resulting in it being included in a business case submitted to the Joint Commissioner for consideration, regarding an improvement model to meet current demands.

## 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.

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 | 2021-22 |
|---|---|---|---|---|---|---|---|---|---|
| 308 | 318 | 318 | 286 | 348 | 337 | 226 | 234 | 181 | 236 |

Number of Adult Medical Reports for OneAdoption West Yorkshire

| 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|
| 95 | 99 | 67 | 77 |

Number of Child Adoption Medical Reports

| 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|---|---|---|---|---|---|
| 163 | 138 | 117 | 135 | 168 | 142 | 122 | 113 | 98 | 69 |

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 were virtual in the early months of the pandemic all children placed for adoption have been seen face to face by a paediatrician on at least one occasion.

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 | 2021-22 |
|---|---|---|---|---|---|---|---|---|---|
| 44 | 43 | 36 | 43 | 45 | 27 | 37 | 29 | 24 | 26 |

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.

OneAdoption West Yorkshire Adoption panels

The OneAdoption West Yorkshire Medical Advisers continue to offer support to adoption panels, sharing this workload between them. The 3 Medical Advisers for Kirklees and Calderdale provide cover for the Shibden and Tolson panels, ensuring that each panel has a medical adviser.

Nationally adoptions rose sharply from 2011 to 2015, peaking at 5360, but have decreased since following Court rulings that Adoption Orders should only be made when there were no alternatives, e.g., placing with the child's family. There was a further 4% drop from 2019-20 to 3440 and a substantial 18% drop during 2020-21 to 2870, likely because of the slow progression or pausing of Court cases during the pandemic.

## 2.14 Training

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

During the pandemic, the foster carer training was adapted to on online presentation, but in 2022, face to face resumed for new carers and will remain online for experienced carers. The face-to-face session will also see the return of specialist guests e.g., Continence nurses.

Each local school nurse and health visitor team are attended virtually to advise, liaise, and share good practice.

The team are available due to their co-location, accessibility and through technology to support children, carers, social workers, health practitioners, student nurses 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 young person's 'Comprehensive Health Assessment Tool' (CHAT) report from the secure unit, which proves a useful resource, if the child remains 'looked after' on release.

## 3 – Additional work completed

| | |
|---|---|
| Sharing of notifications with LA | Following an audit, a process has been developed to reciprocally share information between Locala nurses and the LA at the earliest point about children from other LA's moving in and out of the area. |
| Improved liaison with CHFT Safeguarding | Sharing of SystmOne health records with safeguarding colleagues in the acute trust, has led to improved communication and practice, to support discussion and challenge with private residential homes where appropriate. |
| Increased liaison with private residential homes | Increased contact with private residential providers, mainly following admissions to emergency departments has improved links and communication. |
| Care leavers with medical conditions | A request has been made to Personal Advisors to share the details of care experienced young people with medical conditions, who take medication and need follow up. This will help support non-compliance with medicine regimes and risk. |
| Medical Consent in Placement Plans | A request has been made to the LA to add a mandatory field in the child's electronic 'Placement Plan', preventing the omission of necessary signatures for medical interventions e.g., statutory assessments, immunisations. |
| Health Plans sent to Looked After Children Health Teams when a child moves out of locality | In addition to basic movement in/out notifications, the latest health plan is provided to other LA area looked after health teams. This alerts them to the child, their needs and updates the child's health record in that area. |
| Quality Assurance of Health Assessments | A template has been devised to quality check a random selection of looked after children health assessments. This complies with the recently updated Standard Operating Procedure for RHA's. |

## 4 - Proposed Action Plan 2022-23

- To consider the development of an UASC IHA assessment form.
- To send a copy of latest health plan to the new carer when a child has moved placement.
- Re-audit the Health Outcomes project Feb 21-July 22
- To continue to be involved in the improvements to enable vulnerable children to access timely dental care.
- Continue to pursue the business case, to increase the capacity in the team to improve health assessment timescales, additional work related to the IHA clinic, and the timely preparation of care leaver health histories.

## 5 – References

Promoting the health and wellbeing of looked-after children - GOV.UK (www.gov.uk)

Children looked after in England including adoptions, Reporting Year 2021 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

# Appendix

Audit of in-house Kirklees Looked After Children Review Health Assessments (RHA's) completed outside statutory timescales
Qtr1 April – June 22

Following the withdrawal of temporary arrangements to ease pressures on the health practitioner's post-pandemic *(see footnote)*, an audit was carried out to understand the data that was showing KPI targets are not being met.

*The KPI target is 98%. Data for Q1 average across all ages = 68.5% Total number completed 159*

| | LAC NURSES | 0-19 | COMMENTS/REASONS |
|---|---|---|---|
| **Total % of RHA's completed in Q1** | 54% | 46% | This is an average monthly share between teams |
| **Number late but completed within 1-14 days** | 15<br>(All under 9 days) | 3<br>(All under 6 days) | Team capacity x 4, family in refuge x 2, arrangement with YP to fit their commitments incl. college, holidays x 5, Difficulty arranging & engagement with parent & YP x 2, Placement move out of area, Family commitments x 2, Covid x 2 |
| **Number late but completed within 15-30 days** | 5 | 4 | Covid household x 2, child illness x 2, difficulty arranging with carer x 2, inability to engage with YP, placement move, |
| Number late completed 31+ days | 1 | 2 | Child in hospital, relative carer-non engagement, difficulty arranging with carer |
| **Total completed outside statutory timescales** | **21** | **9** | The reason for higher numbers of late RHA's by LAC nurses, is their focus on children who are harder to access, placed outside Kirklees, CWD, young people in semi-independent living, young people left school, NEET, ill individuals, those not engaging, and residential placements. |

## Conclusion

The audit has not found any preventable issue with completing RHA's in statutory timescales. The data shows common breach reasons across both sets of practitioner teams.

Most late assessments were completed in under 9 days from the statutory target date. The breaches were in part connected to team capacity and the pandemic effects, but mainly because of the growing flexibility to work around the commitments of children and their families. Some factors were unavoidable e.g., hospital admission, difficult access i.e., refuge accommodation and children moving placement.

An opportunity to improve an aspect in the findings would be to promote an understanding of the statutory duties of the health team with carers through their training schedule, enhancing a mutual understanding of roles and responsibilities. However, the flexibility with young people should continue, even if it causes a breach of timescales, to allow them to guide their assessment process and encourage engagement.

*Footnote*

*From September 2021 to March 2022, an arrangement was agreed to complete review health assessments in the month they were due, instead of the exact 'due date' within that month. This was to ease pressures on the health practitioners and support their wellbeing. This flexibility had negligible impact on the children and carers but made a significant difference to the staff. It allowed them to consider working and school patterns, locality travel, family commitments and negotiate visits related to covid restrictions and illness. It was necessary to re-introduce statutory guidelines to comply with the governance of looked after children's assessments.*

*Glossary - CWD – Children with disabilities, YP-Young person, NEET – Not in education, employment, or training, KPI – Key performance indicators set by the commissioners.*


Dr Gill Parry & Gill Addy

Designated Doctor & Designated Nurse

Looked After Children & Care Leavers Team