Kirklees

Children Looked After & Care Leavers

Annual Health Report

April 2022 – March 2023

June 2023

EXECUTIVE SUMMARY

There has been continuing capacity pressures on the team during the year. Alternative working practices such as the hybrid telephone and face to face model for Initial Health Assessments (IHA) have remained, with a recognition that assessments involving older children and those needing interpreters, are less suited to the telephone aspect, so have an extended face to face session.

There has been a significant rise in unaccompanied asylum-seeking children (UASC) coming to the area, impacting on the IHA provision, but despite this, statutory timescale completion has remained very good.

Recognition has been made to the impact on the nursing team of increasing pressures i.e., child health complexities, numbers of UASC, children with risk as a factor moving into the area from other local authorities, communication and requests for support, increased numbers of IHA templates requiring populating, and the electronic administration of SystmOne tasks. This has resulted in postponing some previous preventative work and a need to prioritise activities, including using 'bank' staff to carry out nursing administrative tasks e.g., IHA template preparation and Care Leaver Health Histories.

Dental access has improved and been supported by the 'Flexible Commissioning' programme, enabling all Children Looked After (CLA) and care leavers in Kirklees to access services.

The immunisation rates across all ages have remained excellent, with the usual older-age boosters most commonly outstanding, but close liaison between health & LA teams generally lead to a successful outcome.

'Strength and Difficulty Questionnaires' (SDQ's) return rates used to screen the emotional wellbeing of children aged 4 to 17 years, remain stubbornly low, despite efforts to improve compliance. Discussions continue with the Children's Social Care Service to look at alternative methods of distribution. The inclusion of a trauma screening assessment for UASC by a Locala GP, 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 Placement Support Service.

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. See Appendix 2.

Key Points

201 IHA's (including 18 requests from other authorities) were completed, compared to 146 the previous year. Average 94% completed in statutory 20-day timescales. **27 pre-adoption medicals also took place.**
There was a significant rise in Unaccompanied Asylum-Seeking Children entering care. Up from 19 the previous year to 30. (From 2015 to 21 there was an average of 8 per year.)
The Medical Advisors/Paediatricians completed the following: **253 (up by 17 on last year) adult medical reports for foster and special guardianship orders.** **102 (up by 25) adult & 69 child medical reports for adoption plans** **19 meetings were held with prospective adopters.**
652 RHA's were completed (including 55 requests from other authorities). An average 73% by the exact date due. (Q4 saw a welcome rise to 93% for <5-year-olds in part due to temporary nurse admin. support, freeing specialist nurse time)
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.
Immunisation rates averaged 91% across all ages. Teenage boosters for Diphtheria/Tetanus/Polio & Meningitis ACWY remain the most common outstanding immunisations. The increase in UASC saw catch-up schedules being used more widely.
Children's emotional health has benefited from the development of the LA Placement Support Service. 20 UASC benefitted from a 'Trauma screening & report' project, led by an experienced Locala GP.
34 Ages & Stages Questionnaires (emotional health of babies & young children under 4 years) were analysed with results being shared with the social worker.
130 Care Leaver health histories were written and distributed.
Pre-population of immunisations added to assessment forms improved efficiency.
Mandatory field was added to the LA 'Placement Plan medical consent' to provide assurance.
Specialist nurses are linked to children with disabilities, UASC, care experienced young people, children from other authorities, young babies & children.
Repeat of the 'Health Outcome Audit November 2020-22'. Highlights Appendix 2.
There is a long-standing, dedicated, experienced health workforce in place. Co-located and linked through technology to support collaborative working.

Contents

1) Introduction

1.1 Purpose

This report provides assurance of the work undertaken to meet the health needs of CLA, outlined in 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. Support to care leavers is also outlined. The term 'child' & 'young person' will be used interchangeably depending on the context.

The report covers the timeframe **1st April 2022 – 31st March 2023**.

1.2 Background

'Looked After Children / Children in Care / Children Looked After' are terms to describe children and young people subject to legal 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 'connected persons'. For the purposes of this report the term 'Children Looked After (CLA)' will be used as a preference where possible, in line with National documents.

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)*

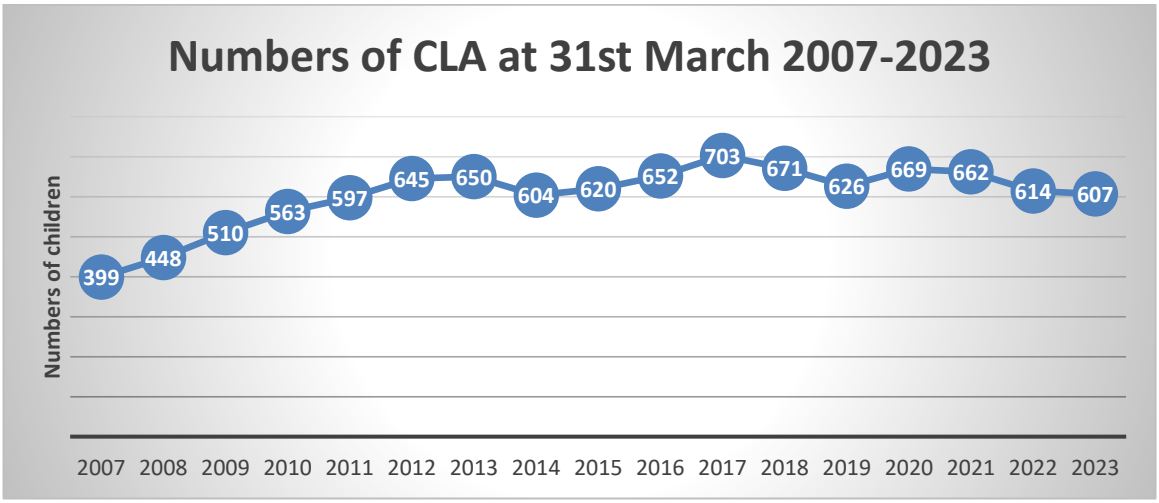
CLA share many of the same health risks and problems as their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the 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 CLA 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 CLA Health Team

The specialist core team consists of the Designated Doctor and a Paediatrician, based within the acute trust (CHFT), and the Designated Nurse & Specialist Nurse's employed by Locala co-located within children's social care.
Support to complete RHA's and provision of the universal child health service, is undertaken by the Locala 0-19 service. Administration support is provided from the Local Authority, CHFT and Locala.

2) Kirklees CLA Health Service 1st April 2022 – 31st March 2023

2.1 Numbers of CLA



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. The specialist health team are no longer involved once an SGO is made. More information from:
Special guardianship guidance - GOV.UK (www.gov.uk)

The National picture has shown a continuing increase in the numbers of CLA in England.

	2017-18	2018-19	2019-20	2020-21	2021-22
Number	75,420	78,150	80,080	80,850	82,170

Unaccompanied asylum- seeking children (UASC)

Kirklees

Year	2015-16	16-17	17-18	18-19	19-20	20-21	21-22	**22-23**
Number entering care	8	9	6	9	8	5	19	**30**

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

On the 3rd May 23 health records showed there were 44 UASC on record and 39 Care Leavers aged 18-21 who had previously been CLA.

Nationally at 31.3.22 the number of UASC rose by 34% from the previous year to 5570, representing 7% of all CLA (i.e., an increase of 1430 children). 95% are male and 87% were over 16 years old. See appendix 1.

2.2 Sex and Age Profile @ 31.3.23

Kirklees	2016	2017	2018	2019	2020	2021	2022	2023	National at 31.3.2022
Male	52%	54.6%	55.4%	55%	55%	54%	55.6%	58%	56%
Female	48%	45.4%	44.6%	45%	45%	46%	44.4%	42%	44%

Age	2016	2017	2018	2019	2020	2021	2022	2023	National at 31.3.22
Under 1	7%	7.3%	8%	5%	6%	7%	4%	5%	5%
1-4	13.7%	12.4%	13.2%	17%	15%	19%	16%	14%	14%
5-9	20.8%	23.3%	22%	20%	18%	16%	15%	15%	18%
10+	58.6%	57%	56.7%	58%	61%	58%	65%	66%	63%

2.3 CLA 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. There were 259 looked after children from other authorities living in Kirklees in March 23.

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs and their foster carers, have access to a CLA specialist 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	**2023**
Number of children with a disability classification on 31st March (based on the LA recording)	39	43	50	46	38	42	46	40	**37**

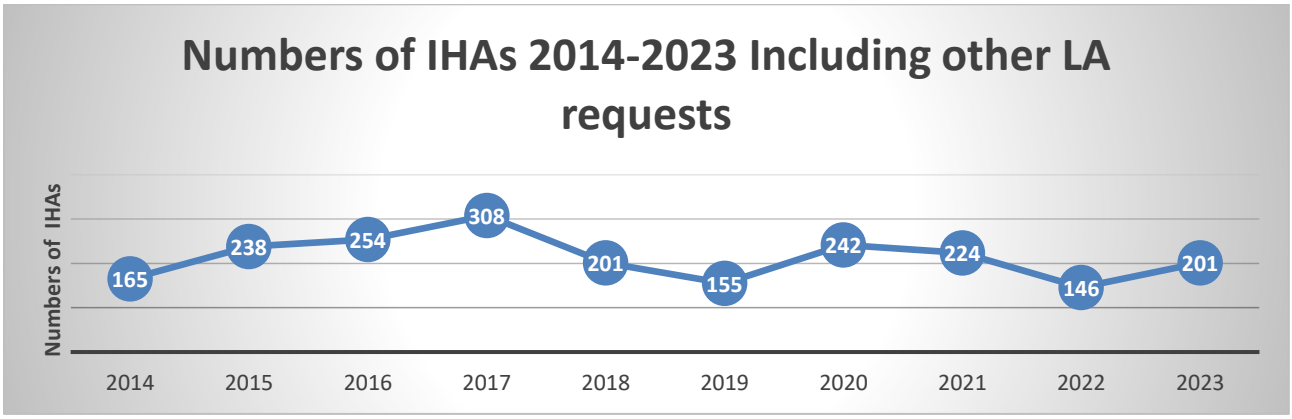
2.5 Initial Health Assessment (IHA) process

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 clinic restrictions associated with the pandemic, except for those age 16+ & UASC.

Six IHA's were completed by another authority on our behalf, due to the distance the child had been placed from Kirklees. In the reciprocal arrangement, 18 were completed by Kirklees for other authorities.



Year	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
% In timescale (average)	87%	98%	98%	98%	98%	97%	95.5%	98%	96%	**94.25%**
No. Pre-adoption medicals	-	-	59	58	57	75	58	62	55	**27**

Breaches x 21. Reasons: placement out of area complicating arrangements within 20-day timescale, informed late by social care, clinic availability due to increased numbers, difficulties arranging with carers.

2.6 Review Health Assessment (RHA) Process

RHA's follow on from the child's IHA at 6 & 12 monthly intervals under and over 5 years old respectively up to age 18.
RHA's are shared between the CLA Nurses, Locala 0-19 Practitioners and Specialist Nurses e.g., Youth Justice, Alternative Provision 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 the completion of RHA's.

Year	15-16	16-17	17-18	18 - 19	19-20	20-21 (Pandemic)	21-22	**22-23**
Total RHAs including other LA's requests.	616	676	730	734	697	694 (+ 62 April telephone RHAs) Total = 756	741	**652**

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	**2022-23**	**Nationally 2020-21**
'Developmental' under 5yrs old	95%	98%	92%	X	83%	**74.5%**	89%
'Annual' over 5yrs old	94.5%	90%	95.5%	X	74%	**72%**	91%

Challenges continued in completing the RHA's in statutory timescales, linked to an increase in; child complexities, UASC, children from other local authorities residing in Kirklees, communication and requests for support, information to inform IHA templates and electronic health record tasks requiring action.

However, there was a significant improvement in timescales seen in Q4 for children under 5 years old, from an average of 70% throughout the year to **93%**. This in part has been due to the temporary help of a 'bank nurse' to support the preparation of the IHA templates for clinic.

Breach of timescales

Reason	**2019-20**	**2020-21**	**2021-22**	**2022-23**
Covid-19/pandemic	NA	151 + April	14	**-**
Issues arranging with carers including cancelled by carers	17	11	21	**32**
Staff capacity Locala	1	3	75 *	**71****
Placement moves	3	4	5	**8**
Carer holidays/respite	3	-	4	**9**
Client/family/staff sickness	2	-	4	**17**
Bereavement carer/family			3	**-**
Declined by child/young person	7	1	3	**-**
CLA health team issue	1	4	2	**-**
Other			2	**12**

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.*
***Capacity issue remains throughout the last year. All viable RHA's were completed.*

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

	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%
2022-23	**57**	**78%**

The local team continue to travel a reduced distance (25 miles) to complete our RHA's due to capacity issues. The lost benefits of travelling further to assessments include financial, quality and timeliness.

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

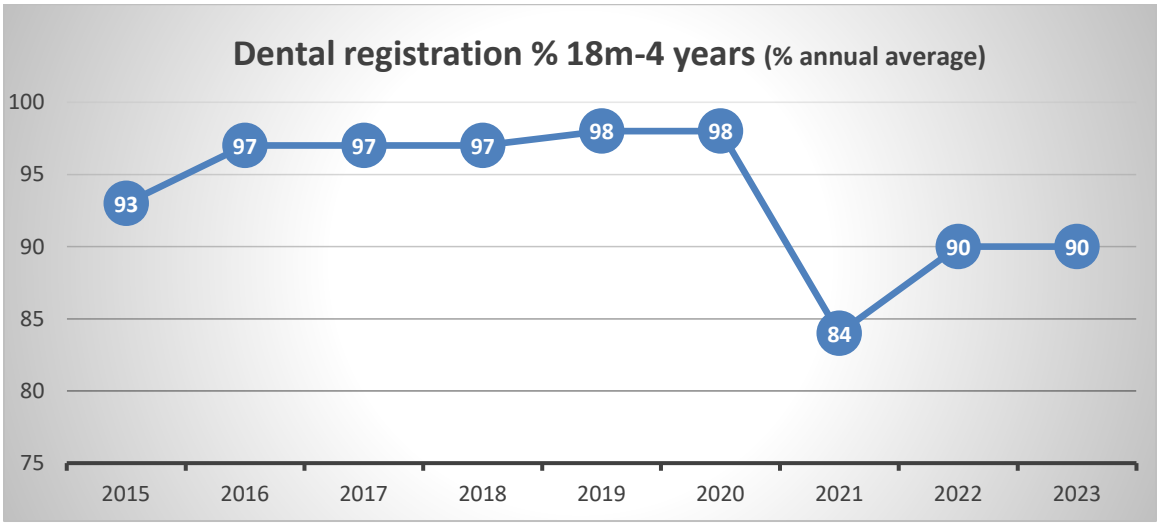
	2019-20	2020-21	2021-22	**2022-23**
Number	74	40	80	**55**

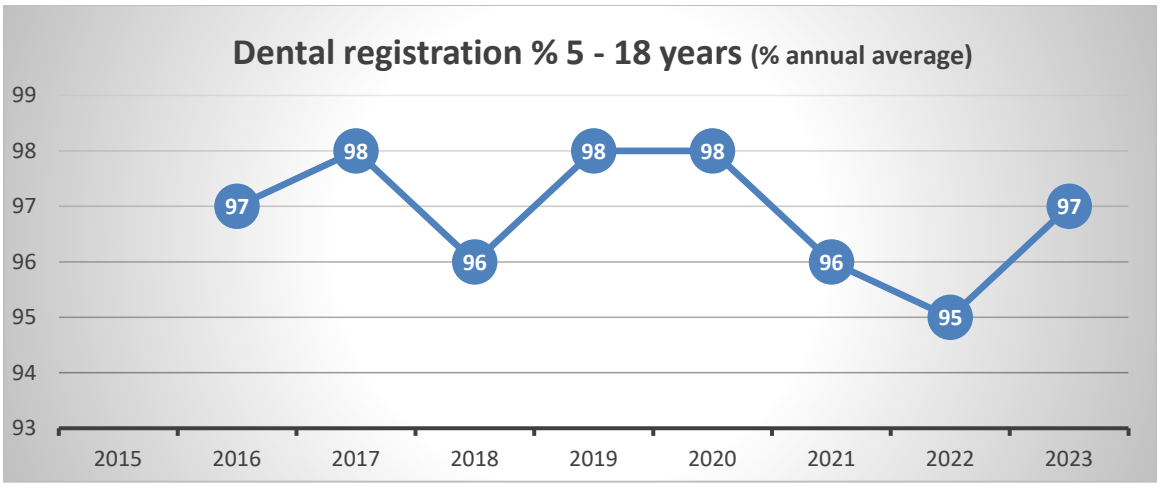
55 requests were made for Kirklees nurses to carry out RHA's on behalf of other LA's. 66**%** were completed by us in timescales. Most common breach reasons Capacity x8, Late request x 5, staff sickness x5.

2.7 Dental

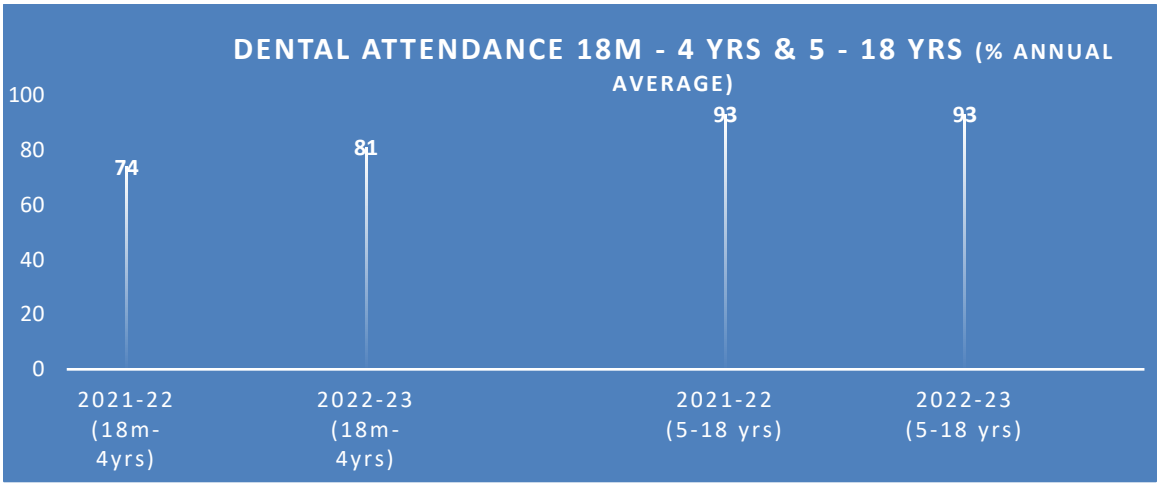
Dental Registration

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





Dental Attendance



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	2023	Nationally 2021-22
Up to date (< 5 years)	93%	98.75%	98.5%	98%	98%	98%	98%	97%	96.5	85%
Up to date (> 5 years)	93%	92.75%	89.25%	91%	92%	94%	92%	86%	85.5	85%

Types of outstanding immunisations

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Meningitis (Men ACWY)	22	26	11	15	18	24
Diphtheria/Tetanus/Polio (DTP)	13	22	16	29	23	28
Measles/Mumps/Rubella (MMR)	4	4	8	12	4+2 parental refusal	2+3 parental refusal
Pre-school booster					2	3
Catch up schedule UASC.						3
Human Papilloma Virus (HPV) girls and boys	3	10	5	14	13x2nd doses 8xboth doses 4 parental refusals	6x2nd doses 11xboth doses 6 parental refusals

(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.

3 parents refused consent for all immunisations.

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).

At 31.03.23 there were 443 Kirklees looked after young people, who had been in care for at least 12 months and eligible to be included in the data collection**. 0.9%** (n4) down from **1.4%** (n7) were identified through their last RHA as having a probable substance misuse 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 outreach worker summary

"The Base have received 27 referrals for CLA and Care Leavers in the last year, compared to 17 the previous year. With the majority of these 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. To target those issues, a resilience worker is employed as the Emotional Wellbeing and Mental Health Lead.

The Base continues to target local authority (LA) and private residential care homes, offering professional's training and drop-ins alongside Locala sexual health. They provide interventions, advice, guidance, and consultation. All LA and 15 private residential care homes have been targeted with placements taking on group work offers, professionals training and referrals.

The Base and Locala Sexual Health have also piloted the first face to face Drop-In at No.11 since the pandemic, which has a focus on providing support to Care Leavers who we may not get referrals for".

2.10 Sexual Health – Outreach worker summary

"The Locala sexual health outreach and prevention service, targets vulnerable groups and individuals to offer interventions, contraception, treatment, and sexual health screening. This is in a community setting rather than mainstream service with a full-time nurse prescriber providing clinical interventions.

Strong links have been maintained with key partners with a linked sexual health engagement worker offering support and advice for residential staff and CLA nurses.

Monthly joint drop-ins at No11 with The Base were trialled for care leavers in Huddersfield due to low referral numbers.

Monthly online training for professionals around sexual health and the C-card scheme are available with many residential staff and leaving care teams accessing this training.

All Local Authority (LA) care homes and 15 private care homes have been targeted and offered joint drop-in sessions from sexual health and The Base, with 4 referrals generated.

The sexual health outreach and prevention team had 21 referrals for children looked after and care leavers in the last year".

2.11 Emotional and Mental Health

'Looked after children', have consistently been found to have much higher rates of mental health difficulties than their peers (DfE 2015).

The 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.

A trauma screening project was introduced within PSS in 2022 for UASC, led by a specialist doctor. See Section 4.

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 'borderline' 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.

Carer scores (*National data not available for 22-23).*

	Kirk. 19-20	Nat. 19-20		Kirk. 20-21	Nat 20-21		Kirk. 21-22	Nat. 21-22		**Kirk. 22-23**
Average returned forms	74%	81%		69%	80%		59%	77%		**65%**
0-13 satisfactory	50%	49%		47%	51%		51%	50%		**46%**
14-16 Borderline	13%	13%		13%	12%		12%	12%		**12%**
17+ cause for concern	36%	38%		40%	37%		37%	37%		**42%**

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.

2022-23 Ages and Stages – Social and Emotional Questionnaire (ASQ - SE)

The ASQ–SE is embedded in practice 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.

34 questionnaires were returned to the team health visitor for scoring and analysis. Any relevant aspects are shared with the social worker and independent reviewing officer.

Key observations:

- There were issues with the 'completed date' section not being filled in by carers, which influenced the scoring (as a matter of a few weeks can make a difference in the development and presentation of a young child). A clear alert on the form has resulted in increased compliance.

- Gaps have been noticed between the completion date and the receipt of the form, and on at least 2 occasions a 2-month gap was noticed. Discussions are in progress to consider improved methods of distribution alongside the SDQ.

- An endearing response on one form was from the section; "what do you enjoy about your child?", this was forwarded to the social worker and IRO, as the child was placed with her biological mum, and mum had written some particularly lovely comments.

- Some carers had included concerns around physical health issues – these were considered with information from health records and shared with their health visitor.

Some notable results:

Score	Details/comments
I Low score	Despite scoring well, the child was noted to be displaying some significant behaviours which were a concern to mum (placed with parent). CLA nurse liaised with HV who had requested Paediatric referral – this was declined. Ongoing support from HV and referral to Occupational therapist done.
1 High score	Behavioural issues identified noted to be around Family Time. SW and IRO informed of findings.
2 High scores	Liaison with social worker and IRO suggesting referral to Placement Support Team due to presentation/outcome of ASQ
1 very high score	Liaison with SW. Discussed during Pre-adoption medical. Suggest considering referral to PST
1 very high score	Ongoing issues raised. CLA nurse liaises regularly with carer and SW. Has ongoing support from placement support team. Known concerns but ASQ tool useful in focusing on specific behaviours.
1 Incomplete	1 questionnaire incomplete but CLA nurse knows child and able to fill in the gaps from recent health assessment.
1 high score	Issues around behaviours and sleep – presented at emotional wellbeing clinic and supported (this was already in place)
1 very high score	Known social, emotional, and developmental delay – under care of appropriate professionals already so no further action needed but useful in identifying specific areas of delay.
1 very high score	RHA completed by CLA nurse rather than HV, at HV request due to complex presentation. ASQ SE and ASQ 3 (development) used to aid the assessment and very useful. Subsequent referral to Paediatrician completed.

2.12 Care Leavers

The CLA 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 and a specialist nurse from the team is assigned to be the main contact. Links are held with other specialist health teams overseeing vulnerable children e.g., youth justice, alternative education, 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. CLA and Care Leavers are given priority for this service).

There is an expectation that each care experienced young person will receive a 'health history report' when they reach 18. This provides personal information and links to services in their area. This year it has been necessary due to competing priorities, to utilise an additional 'bank nurse' to complete the reports on behalf of the team.

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. The Medical Advisors work in this area can be 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	2022-23
308	318	318	286	348	337	226	234	181	236	253

Number of Adult Medical Reports for OneAdoption West Yorkshire

2018-19	2019-20	2020-21	2021-22	2022-23
95	99	67	77	102

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	2022-23
163	138	117	135	168	142	122	113	98	69	49

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). The information collected at the Initial Health assessment is crucial as that is the best opportunity to meet with birth parents and collect additional information about the pregnancy and the child's birth, in addition to health information about birth parents and their wider family.

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.

It's not clear why the number of adoption medical reports has fallen so much. There has been a national increase in Special Guardianship Orders in recent years. The majority of these are to connected carers aiming to keep the child in the wider birth family or with friends of the family.

For some children there is twin-tracking, where adoption is only one possible outcome. Meetings with potential adopters happen further down the line when there is a Placement Order allowing Children's Social Care to place the child with approved adopters of their choice. This is why we write more reports than we have meetings with prospective adopters. We meet all adopters who are hoping to adopt Kirklees children prior to their matching panel, to ensure they have detailed knowledge of the child's current health, health history, family health and any potential risks for the future we are aware of. The reports are made available to the Adoption Panel.

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	2022-23
44	43	36	43	45	27	37	29	24	26	19

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.

2.14 Training

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

An adaptation of the foster carer training has provided a flexible format for new and experienced carers, either face to face or on-line. Continence nurses are invited into the face-to-face session and have proved a popular guest speaker.

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

- Pre-population mechanism introduced to health templates to speed completion.

- Mandatory field and update of electronic medical consent in LA Placement Plan. To ensure consent signed at earliest point and clarity for any aspect not agreed to by the person with PR.

- Following a presentation by an Oldham CLA health practitioner at a national network meeting, regarding free prescriptions to CLA & Care Leavers, an enquiry was made to see if the WY ICB would follow several other ICB's, in considering this intervention for free prescriptions, dental service, and ophthalmology services. There was recognition that these children & young people have protected status in the equality act, and as they have less favourable health outcomes and mortality rates compared to their peers, that extra effort should be made to support them. Many young people are entitled to free prescriptions due to benefits etc. but for those in work from 16 or full-time education after 18 there was evidence that some do not access their medication, dental work or optician checks due to the cost. This idea is now being considered.

- An audit was completed in November 22 to establish the notification processes in West Yorkshire CLA health teams when children move placement. It was delivered at the Integrated Designated Professional Network (IDPN) in Jan 23.

  Conclusion:
  Each WY team places a reliance on Children's social care to inform them of placement moves of CLA in a timely manner. Close agency collaboration promotes good practice, but this is dependent on the individual arrangements of teams, location and agreed protocols.
  Alternative sources of information sharing, reinforce and support recording and subsequent actions.

  There is assurance that WY CLA health teams work in conjunction with their CLA administrators, to disseminate information to host health teams and to follow-up missing information from originating areas. Close relationships between health and LA teams enhance partnership working.

  The use of SystmOne and secure email allows a prompt and safe method of exchanging information, with the electronic health record acting as a safe storage point.

  There is no WY formal escalation route for non-compliance of notifications, but a consensus is that the senior nurses would currently action this.

Consideration could be made to producing an 'Escalation Process' across WY. but due to the number and range of CLA teams in the UK, it would need to incorporate some flexibility in its approach.

4) Trauma screening for UASC

During 2022 an experienced local GP offered Kirklees UASC the chance to be part of a pilot project to assess, identify and document historical trauma, and describe how it may be continuing to impact on a young person. Recommendations were made, and with consent the findings were shared with children's social care. It was also used to identify those who have experienced human rights abuses, assisting decision makers in the asylum process.

The stand-alone appointment (lasting up to 1.5 hours) involved a psychological assessment and physical examination if indicated, producing a comprehensive report. Follow up and therapy were not included. 20 UASC from Kirklees had a report written and the outcomes are currently being evaluated as the project ended.

The doctor has continued to offer a limited screening process, linked to the GP practice, with a hope of further local funding/commissioning based on the evaluation.

5) Proposed Action Plan 2023-24

- To consider the development of an UASC IHA assessment form.
- Audit to look at the demographics of young people who have admitted to vaping at their RHA.
- To raise awareness of the opportunity by Integrated Care Boards to provide free prescriptions, Optician & Dental support, to care experienced young people who are working and not claiming benefits. These individuals need to ensure their optimum health is maintained, especially for anyone with a compromised medical history, who may avoid addressing need for fear of the cost.
- 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.

6) References

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

Children looked after in England including adoption: 2021 to 2022 - GOV.UK (www.gov.uk)

Appendix 1

National data for the period **1st April 2021 to 31st March 2022**, (DfE 2022).

No. of CLA	82,170 an increase of 2% on 2021, continuing the rise in previous years
No. UASC	5570 (1430 in this year). This figure represents 7% of all CLA. 34% increase on 2021. There was a drop of 20% during pandemic of 2020. 95% male 87% over age 13.
No. Adoptions	2950 modest increase of 2% given the 18% decrease during the pandemic affected by court cases progressing slowly or paused. The decrease generally since a peak in 2015 follows 2 Court rulings to place children with relatives where possible.
Dental attendance	40% decrease in attendance in 2021-22. Improved in 2022 to 70%
Immunisations	85% reported as being up to date with their immunisations
Special Guardianship Orders (SGO)	3870 an increase of 1% 87% of SGO's to relatives & friends & 11% to former foster carers
Ethnicity groups	Children from Black, Mixed and Other ethnic groups were over-represented in the numbers of children in care. Children of White ethnicity account for 73% of children looked after, 10% were Mixed or Multiple ethnic groups, 7% Black, African, Caribbean or Black British, 5% were Asian or Asian British, 4% other ethnicities and ethnicity was not known or not yet recorded for 1%.
Reasons for being a CLA	Most common reason is risk of abuse/neglect 66%

Appendix 2 – Health Outcome Audit November 2020-22

(Full report available on request)

Background

CLA are known to have greater health needs than their peers in the general population. The health team, have an aim to improve the health and wellbeing of the children, when they enter the care of the local authority and continue to support them throughout their time with the service.

Neglect is one of the most common reasons for a child to be brought into care, with health as a key aspect. Statutory health assessments take place at regular intervals, to enable the health practitioner, social worker and those caring for the child, to ensure every opportunity is taken to improve and address any issues.

Aim

1) To present the health status of children as they entered care from November 2020 to November 2022 at their IHA. Comparisons may be made with a previous audit from Feb 2019-July 2020 if relevant.

2) To illustrate the health outcomes for those children who remained in care, at their first RHA (6 monthly under 5 years old and annually for over 5 years old).

It was necessary to collect data over a large enough timescale, to capture the outcomes of children aged 5 to 18 years who have annual assessments.

Some children left care before their first RHA, and therefore could not be included in Section 2 to measure their outcomes. However, their inclusion in Section 1 provides a valuable insight into the health status of children at the point of entry into care and allows access to a larger cohort of children.

A Health Care Plan is always developed at the IHA, ensuring previously and newly identified issues are highlighted with clear expectations, to support ongoing care.

Methodology

The manual tool for collecting the data was replaced in 2019 with a SystmOne electronic questionnaire, providing an efficient method of recording.

The questionnaire has five health categories representing the most common issues for all aged children, and five additional categories for older children. A score of 1, 5 or 10 is allocated depending on the findings, with a lower score depicting a healthier child. (See appendix for original template and categories)

A drawback to the electronic questionnaire is the use of small ‘Radio buttons’ to capture the answers, which can inadvertently not record, affecting the score. In addition, the current two-part hybrid model of IHA assessments completed on different dates, carries a risk of accidental duplication in recording. The effect of the issues is that several questionnaires were eliminated from the audit.

Children taken into care directly from birth from hospital were omitted from the study, due to only being in the care of statutory medical and social organisations.

The outcome measurement tool is embedded in the health assessment process and takes place at each IHA and first RHA.

SUMMARY HIGHLIGHTS

Section 1 – IHA only
(Some comparisons with the last audit Feb 2019-July 20)

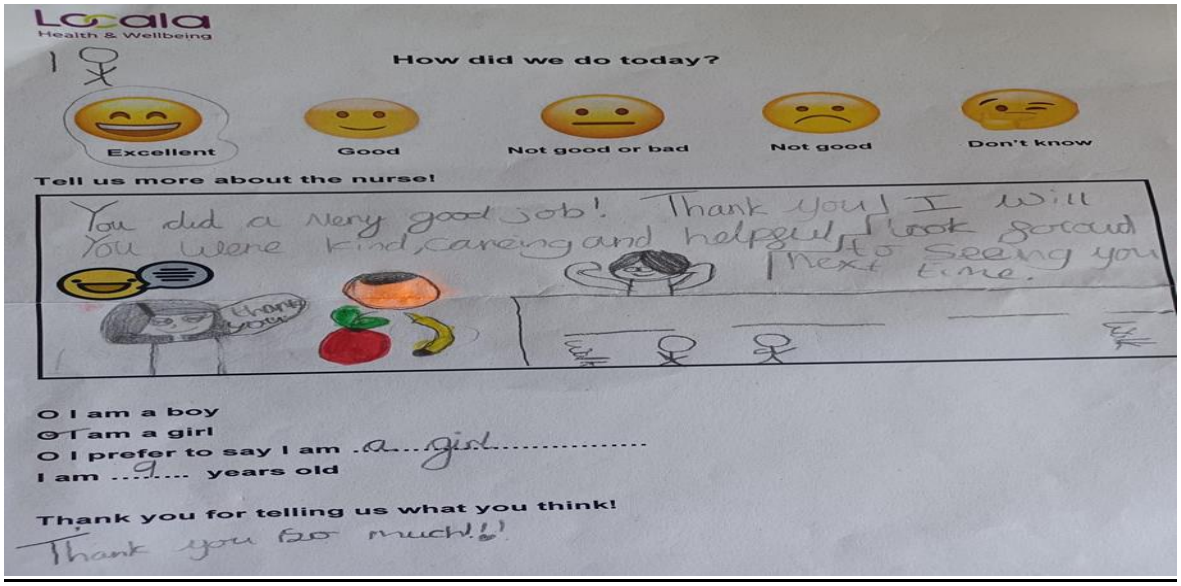
As children came into care, less were up to date with their scheduled immunisations compared to pre-pandemic times.
130 (46%) out of 284 children across all ages had no dentist as they came into care. Compared to 143 (44%) in the previous audit.
More children than in the pre-pandemic era, across all ages, were identified at the IHA as having a chronic health condition either 'not managed' or 'not taken to appointments' or had 'a new diagnosis at the IHA'.
Emotional and behavioural issues were slightly reduced than in the previous audit, with more children accessing services when needed.
A small increase in young people at risk of exploitation were seen, with a number referred to relevant agencies from their IHA.
Most of the young people seen at their IHA, had no recognised sexual health issues or they were already accessing support.
A small number of young people had alcohol/substance misuse issues noted at their IHA. Most were engaging with support or minimal use. Outreach support was available to others.
Most young people who attended their IHA did not smoke. There has been an increased use of vaping among young people, including those who do not usually smoke tobacco.

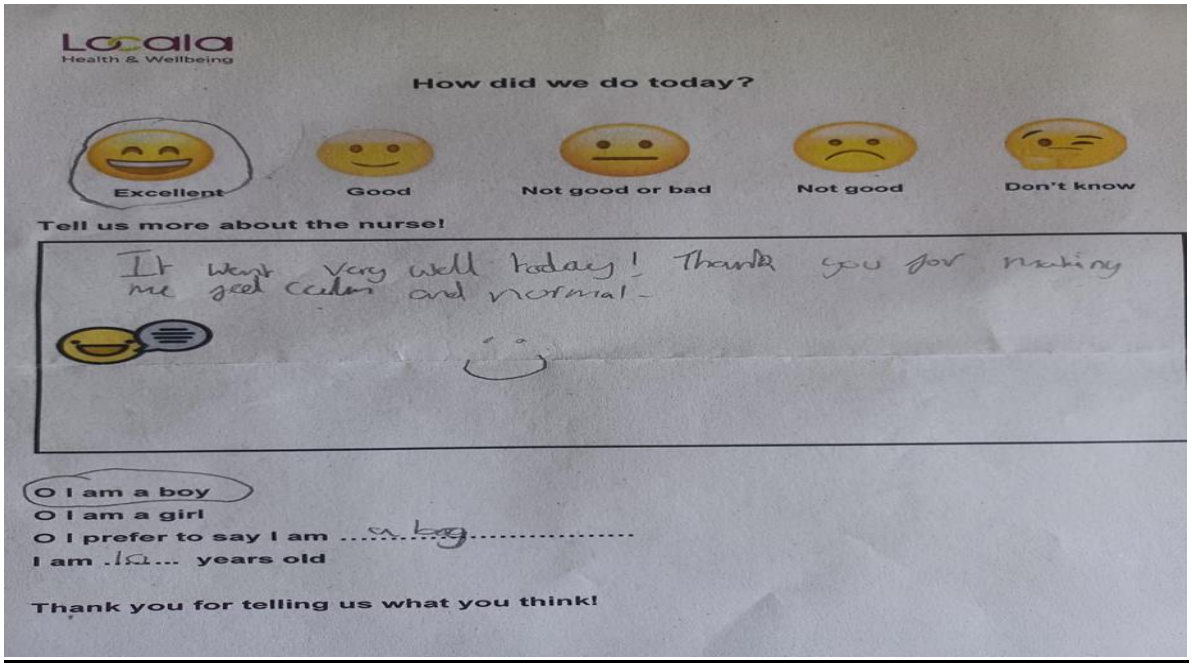
Section 2 – IHA to 1st RHA

This was an outcome measure from when they first entered care to when they were assessed at their next review health assessment at either 6 or 12 months depending on their age.
i.e., What difference was made to their health from being in care?

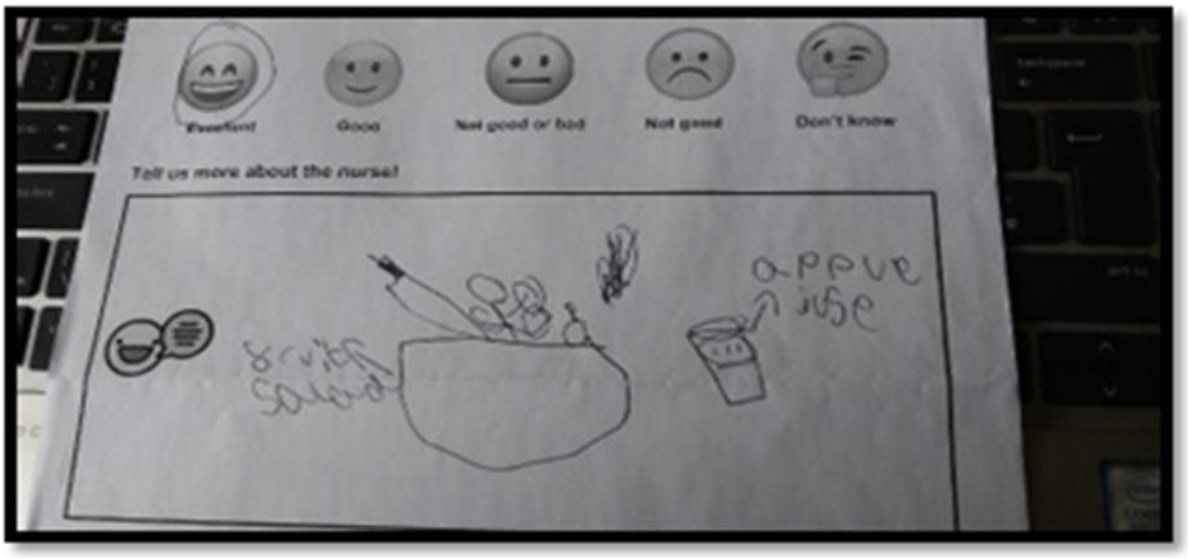
Significant improvements of immunisation compliance seen across all ages at point of 1st RHA
The 'Flexible Commissioning' project has had a positive impact on vulnerable children accessing dental registration. All children age 5+ were registered with a dentist by their 1st RHA. Young children's figures were slightly slower to show an improvement, as they had less time to access dental care before next RHA & still affected by dental service recovery post pandemic.
Significant improvements in chronic illness support seen by 1st RHA.
Small increase in children over 5 years old with learning and development needs from IHA to 1st RHA. This may be linked to placement moves, school change or a new issue identified.
Significant improvements were seen in young children who entered care with emotional & behavioural issues in first 6 months of being in care. Older children who had been identified with issues were accessing appropriate support.
Young people known to have been at risk of exploitation on entering care, reduced their risk during their first year and a couple were newly identified as being at risk as they entered care, and accessed support.
Young people who required direct sexual health support as they entered care, no longer needed this at the point of their 1st RHA.
The number of young people with identified substance misuse issues as they entered care, reduced their use in the 1st year.
Most young people in care do not smoke tobacco or vape, but a rise in use the use of vapes has been seen recently.

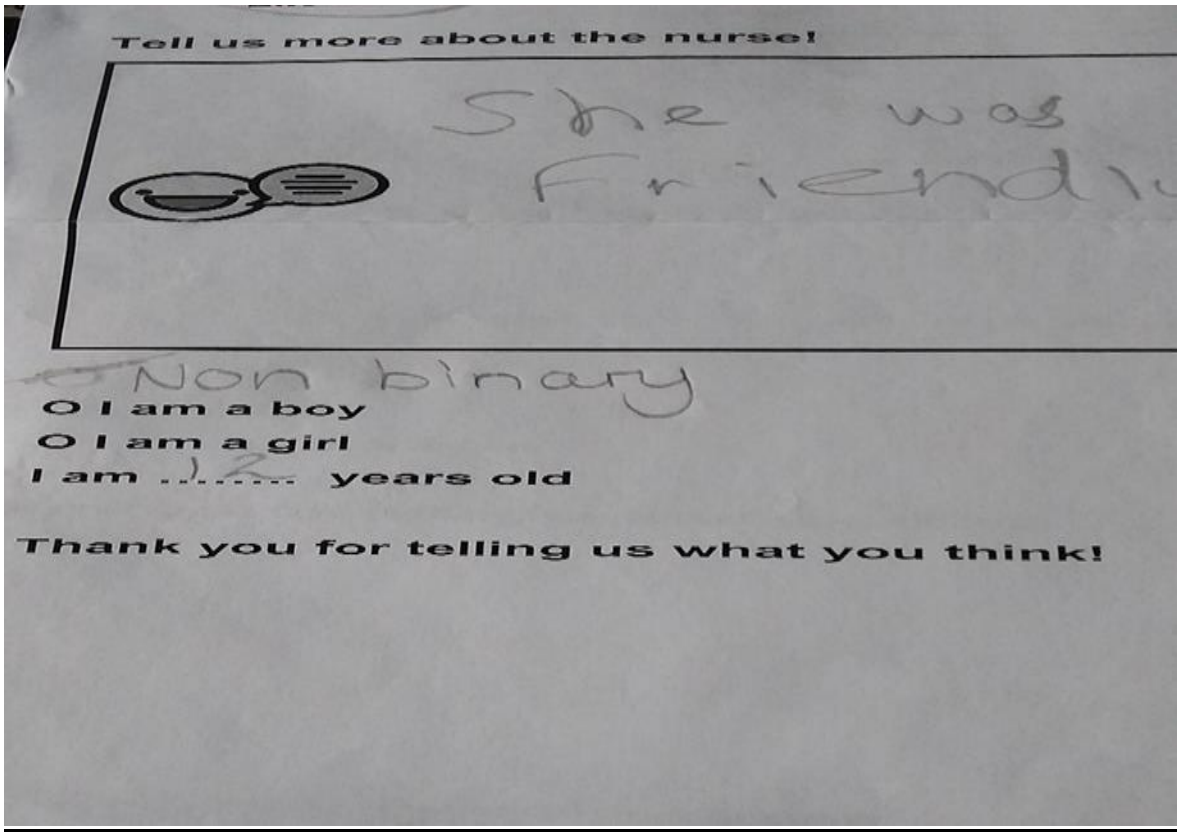
Appendix 3 Feedback examples





Joanne, it was lovely to speak to you earlier ☺
Thank you very much for completing A's RHA- it was extremely comprehensive, really captures her daily lived experience and her voice, you did very well to capture all her health needs so well- it was lovely to hear that she is happy living with her Aunties! This was a high-quality RHA so thank you very much- please pass this on to your manager.
Many thanks **Rhianne Robinson-Parsons**
Lead Nurse for Children in Care in Liverpool





Dr Gill Parry & Gill Addy

Designated Doctor & Designated Nurse

Looked After Children & Care Leavers Team