

Report on the Health of Children in Care

1st April 2013 – 31st March 2014

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Named Nurse Halton Safeguarding Children

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1. Introduction

This is the Children in Care (CIC) Annual Health Report to the Bridgewater Community Healthcare NHS Trust Board, the Children in Care Partnership Board and Halton Safeguarding Children Board. Following re-organisation within Bridgewater the Named Nurse Safeguarding Children for Halton assumed management responsibility for the CIC Nursing team on 1st October 2013. The CIC team are now part of the Safeguarding Children Nursing team in Halton.

As a result of the change in management this report will focus primarily on the period of activity in relation to service provision between 1st October 2013 and 31st March 2014. The number of CIC in Halton has significantly increased over a 2 year period from a low in end March 2012 of 124 children to **213** end March 2014. The number of Children in Care from other local authorities remains fairly static at **150 - 160**.

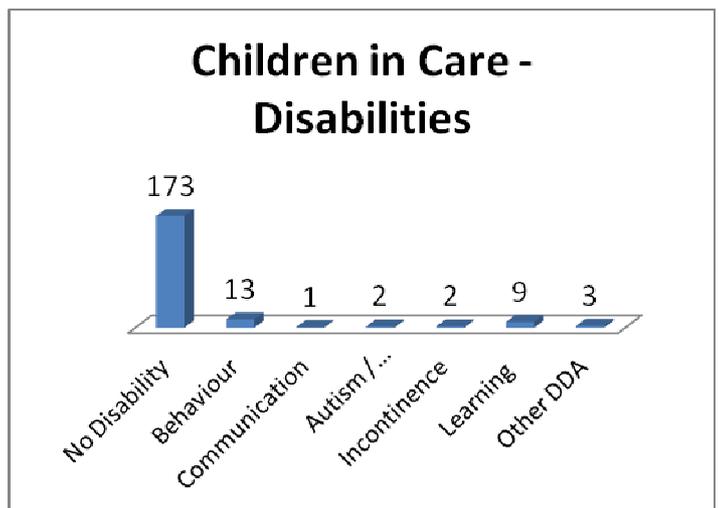
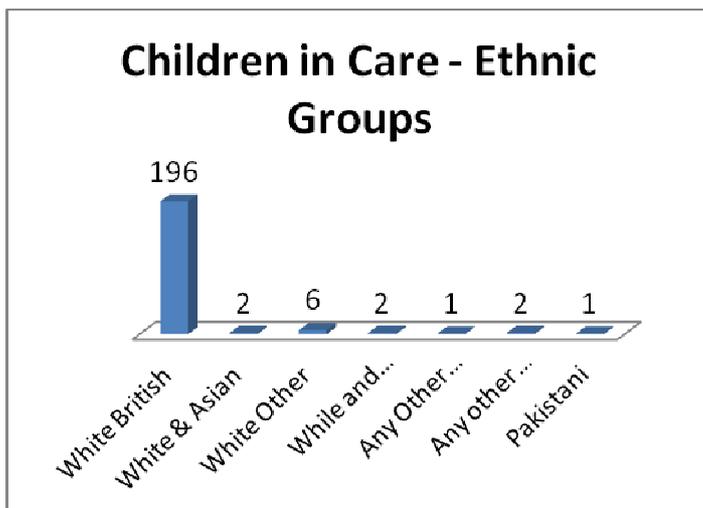
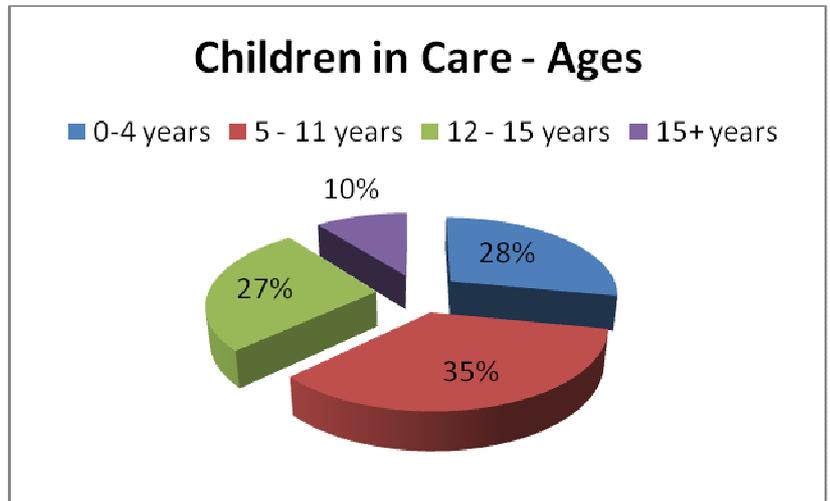
Service delivery is underpinned by the Department of Health (2009) “Statutory Guidance on Promoting the Health and Well-being of Looked After Children”. Also guidance produced by NICE (2010) “Promoting the Quality of Life of Looked after Children and Young People”.

Bridgewater health care practitioners are commissioned by Halton Clinical Commissioning Group (CCG) to deliver safe and effective care to CIC which is measured by key performance indicators. Service delivery in Bridgewater is also monitored by the Care Quality Commission.

This report includes information regarding CIC placed by Halton Borough Council and also children and young people placed within Halton boundary by other local authorities.

2. Profile of Children in Care in Halton

The CIC population varies from day to day however in quarter 4 out of **210** children **93** were **male and 117** were **female**. The average age for coming into care was **6.63 years** an increase in age profile from **5.79 years** on the previous year.



The majority of the children (**130**) were placed in foster care. In relation to ethnicity, **196** out of **210** children are white British. **173** children out of **210** had no recorded disability.

3. Roles and Responsibilities of Health Practitioners

The CIC Nurse and administrator are now based in Lister Road, Runcorn with the Safeguarding Team. This has benefited CIC as the CIC Nurse now provides a service exclusively for children and young people in Halton Borough.

The Safeguarding Children Senior Administrator is now the line manager for the CIC administrator and has oversight of all the administration systems and

processes within our team. This ensures that CIC team are able to monitor service delivery effectively and that the organisation fulfils its statutory obligations to CIC.

The CIC Nurse ensures that Children in Care have their health needs identified through the assessment process. This is achieved through having oversight of the health assessments and health plans and undertaking a quality assurance role in respect of service delivery.

The CIC Nurse has a significant caseload of over 50 CIC including Care Leavers, young people over 16 years, children in alternative education provision and Children in Care from other local authorities (CICOLA's) who do not receive a service from a Health Visitor or School Nurse. Safeguarding supervision is provided to the CIC nurse by the Nurse Specialists Safeguarding Children within the team.

The CIC Nurse acts as a health advisor to CIC, social workers, foster carers and also to other health professionals. The CIC Nurse undertakes a facilitative role between Health services and Children's Social Care in Halton and throughout the country when required to do so. The CIC nurse also delivers training to health practitioners, social workers and foster carers.

The CIC nurse attends the regional North West Health Care Partnership Meeting the function of which is to share and disseminate good practice in relation to CIC.

As a member of a larger Safeguarding Nursing team the CIC Nursing team receive additional support. The Named Nurse Safeguarding Children is the line manager for the CIC Nurse. Also the Named Nurse has management oversight of service delivery and undertakes a quality assurance role on behalf of the organisation to ensure that CIC receive a quality health service from Bridgewater practitioners.

4. Community Paediatricians

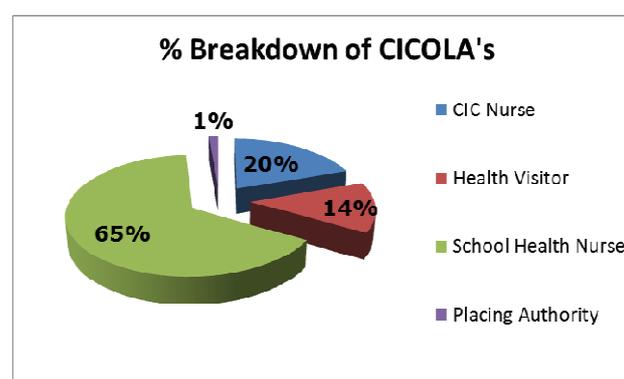
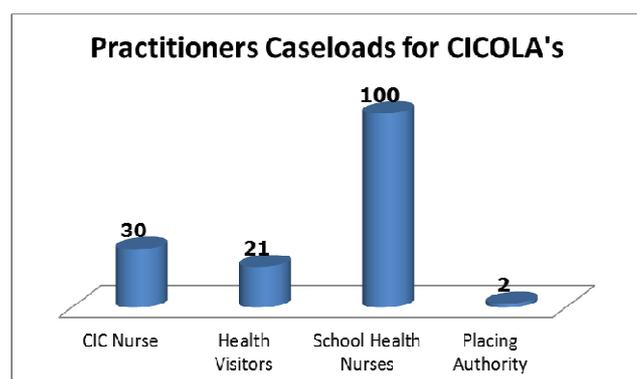
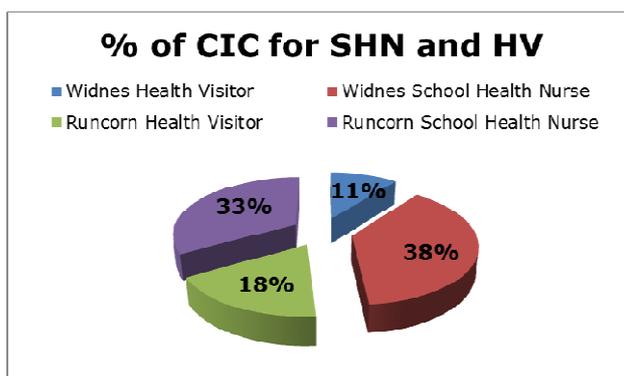
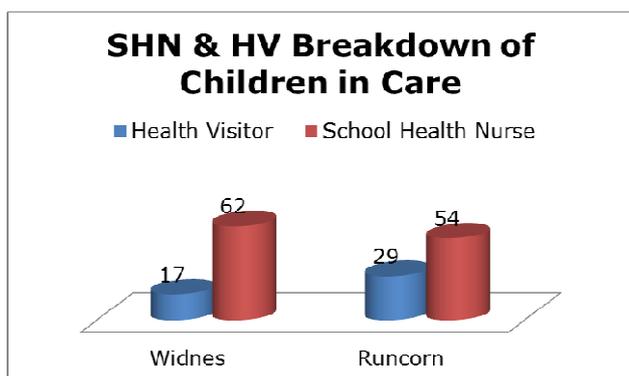
In Halton, Initial Health Assessments (IHA's) are undertaken by the Community Paediatricians. At the IHA a health plan will be formulated and should include

the voice of the child. IHA's should be undertaken within a statutory requirement of 28 days of a child coming into care.

5. Health Visitors and School Nurses

Review Health Assessments (RHA's) are undertaken pre-school by Health Visitors every 6 months. School age and over 5's are done by School Nurses annually. (See charts showing distribution of CIC and responsible practitioner) However these assessments will be undertaken/reviewed more frequently if any health needs are identified. The voice of the child/young person is captured in the review health assessment.

Statutory health assessments are important and research suggests that they identify health need and health neglect that might have otherwise gone unrecognised (DOH 2009). In Halton the Safeguarding team are seeking to improve health outcomes for CIC by close monitoring of health needs and a child's journey through the health system. This is achieved through scrutiny of health assessments which undergo a quality assurance process. This entails the identification of health need and tracking of health outcomes for each child or young person. Also included is the delivery of safeguarding supervision to health practitioners by the Nurse Specialists Safeguarding Children for all CIC.



6. Activity from 1st April 2013 – 31st September 2013

An audit of CIC IHA health assessment process was undertaken by Cheshire and Merseyside Commissioning Support Unit at the request of Bridgewater in September 2013. The audit considered data from April 2013 until July 2013 and examined the time-frame from the notification of a child coming into care to the production of the Initial health assessment report for the child's social worker.

The audit identified room for improvement in the communication process between Children's Social Care and Bridgewater health practitioners. This would allow for a more timely notification from Children's Social Care of a child coming into care which was on average **39** days. As a result of this delay no initial health assessments were completed within timescales. The audit also highlighted the time taken for a completed IHA report to be sent to Children's Social Care which was on average **23** days.

A further audit was undertaken by the Named Nurse in October 2013 to look at the whole process including both initial and review health assessments. This identified further areas for improvement and an action plan was put in place.

7. Activity from 1st October 2013 – 31st March 2014

8. Notifications and Initial Health Assessments (IHA)

From 1st October electronic data collection systems were established to capture activity and identify target areas for improvement. Since then there has been progress in all areas. Notifications are now in the main received within timescales. On receipt of this information from CSC, 100% of all children new into care are immediately allocated an appointment for IHA. The average time for an appointment between April 2013 and July 2013 was **58** days. This

year in the same period the average wait is **16** days and ensures that CIC are seen within the statutory 28 days of coming into care.

9. Review health assessments (RHA)

There was some delay in RHA's being undertaken and the delay was due to a variety of factors including out of borough placements or health staff not informed of change of placement , In quarter 4, **72%** (55) children had an RHA within timescales. Due to similar reasons as stated above. This has continued to improve and will remain a priority for health practitioners in Halton.

10. Health Profile of Children in Care in Halton

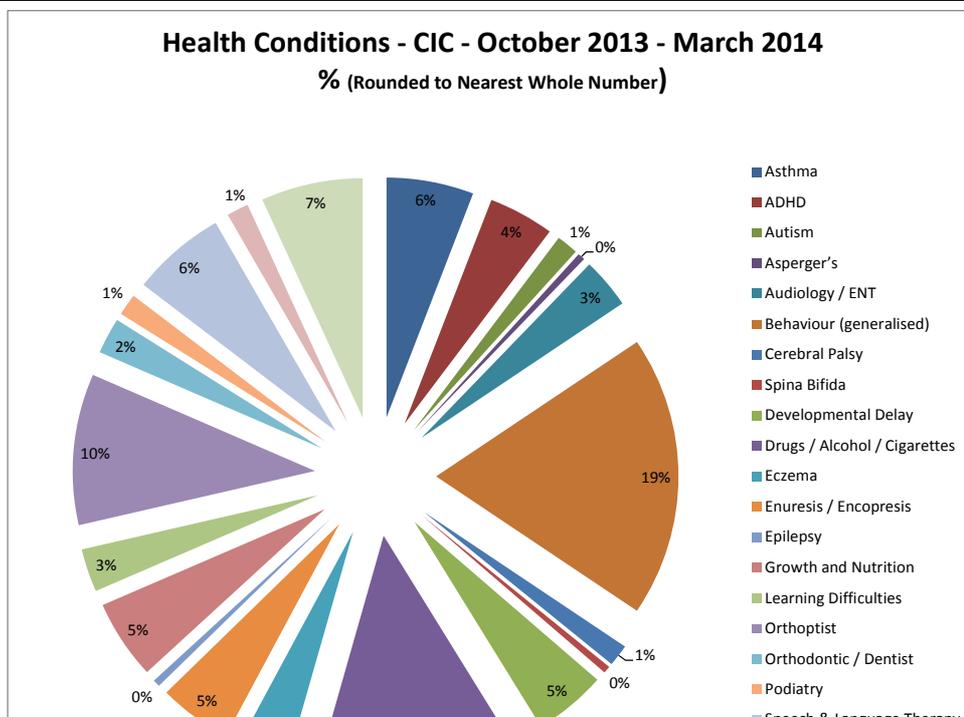
An audit of the information from health assessments October 2013 – March 2014 has identified a variety of health conditions/health needs of CIC. Some children and young people are living with more than one condition. Children's health needs and progress are currently recorded in their health plan. However there is at present, no data available electronically in relation to measuring and tracking their health outcomes.

It is proposed that in future, individual children and young people's health outcomes will be recorded by their health professional and the information forwarded to the Children in Care Nursing team. The team will undertake management overview of each child's health plan where there are unmet health needs to ensure this data is available in future.

The chart below outlines the identified health conditions present at either the initial or review health assessment. The number of children with a disability is unknown in the main due to reporting and absence of diagnosis at the initial/review assessment. Disability may become apparent following health assessments.

Health needs will be addressed by the health professional, GP or specialist services. Referrals will be made to the most appropriate service/agency.

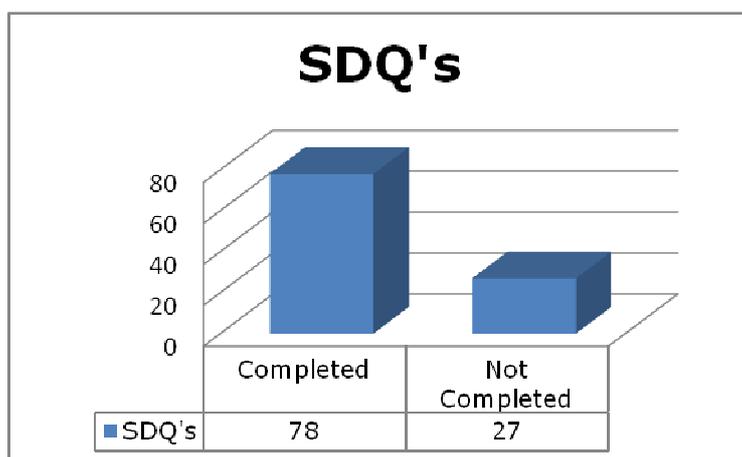
	Health Condition	Number Diagnosed	%
1	Asthma	12	5.82%
2	ADHD (Attention Deficit Hyperactivity Disorder)	9	4.36%
3	Autism	3	1.45%
4	Asperger's	1	0.48%
5	Audiology / ENT	7	3.39%
6	Behaviour (generalised)	39	18.93%
	<i>The behavioural issues range from temper tantrums, head banging, rocking and soiling in the younger children to emotional outbursts, aggression and self-harming tendencies in the older children and young people. It is also included absconding or missed from care episodes with increased risk for the Child or Young Persons safety.</i>		
7	Cerebral Palsy	3	1.45%
8	Spina Bifida	1	0.48%
9	Developmental Delay	10	4.85%
10	Drugs / Alcohol / Cigarettes	27	13.10%
	<i>Admitted to smoking cannabis</i>	10	
	<i>Admitted to smoking cigarettes</i>	16	
	<i>Admitted to inhaling aerosol gas</i>	1	
	<i>Please note the majority of young people who smoked cigarettes also smoked cannabis</i>		
11	Eczema	7	3.39%
12	Enuresis / Encopresis (bedwetting & soiling)	10	4.85%
13	Epilepsy	1	0.48%
14	Growth and Nutrition	11	5.33%
15	Learning Difficulties	6	2.91%
16	Orthoptist (Vision)	21	10.19%
17	Orthodontic / Dentist	5	2.42%
18	Podiatry	3	1.45%
19	Speech & Language Therapy	13	6.31%
20	Sexual Health	3	1.45%
21	Specific Health Conditions	14	6.79%
	<i>Chromosomal Disorder</i>	3	
	<i>Undescended Testicles</i>	2	
	<i>Monitoring due to premature</i>	2	
	<i>Psychological Assessments</i>	2	
	<i>Cardiology Review</i>	1	
	<i>Nut Allergy</i>	2	
	<i>Tongue-Tied</i>	1	
	<i>Talipes / orthopaedic</i>	1	



11. Behaviour and Emotional Wellbeing

Some children and young people in care experience emotional distress and subsequent behavioural problems as evident in the 20% identified through health assessments. However it should be noted that according to National Institute of Clinical Excellence (NICE), 66% of children in care have unmet mental health needs. As a consequence early identification of problems through vigilance will help improve outcomes for children. Mental health needs are assessed as part of the health assessment, self-report from children and young people, from carers and social workers. A Strengths and Difficulties questionnaire (SDQ) is a screening tool and is completed for all children over 3 years to assess behaviour problems, emotional issues, peer problems and hyperactivity. Young people over 11 years may be asked to complete an SDQ and in some cases teachers are requested to complete a questionnaire for a particular child.

For the **105** children in the cohort for the returns 92% of SDQ's were returned. **20** were exempt as they were under 4 and over 17. **2** were exempt for medical reasons and **5** were not returned. The average score for these was **12.7** which was a decrease on previous years. (See graph below).



SDQ's – 92% Returned

Out of the 105 children for SDQ's the rationale is as follows:

- 20 Exempt – Under 4 and Over 17
- 2 Exempt – Medical Reasons
- 5 Not returned

Average Score 12.7 decrease

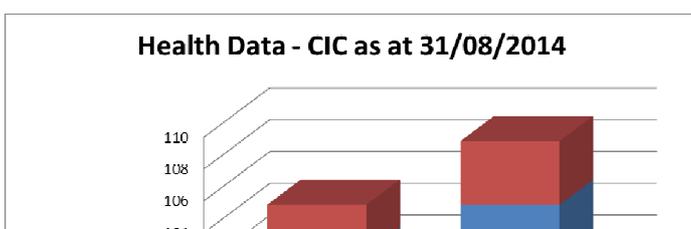
If a child has a score of over 13 the Children in Care Nurse will have a discussion with the child's social worker and if necessary a referral will be made to Barnardo's Go4Ward Emotional Health and Wellbeing service who provide a tier 2 emotional health service for Children in Care in Halton (not CICOLA's). For children under 3 years emotional health and behaviour questionnaires are completed by carers. Children assessed with mental health needs who require tier 3 or specialist CAMHS provision (tier 4) will be provided with those services by the Five Boroughs Partnership. According to data provided by Barnardo's (2014) from April 2013 until March 2014 (Barnardo's 2014) **47** children (24 males and 23 females) were referred to the Go4Ward Service by social workers, carers and school health nurses. **9** of the **47** children were reported as having a disability as a result of behaviour. As expected, behaviour issues were predominant in **36** cases. Also issues with family (**18**) and anger (**16**) were recorded.

12. Immunisation

Some children when they enter care are not always up to date with their immunisation. Carers are asked to ensure that children attend the GP or practice nurse to complete the course. Also the CIC Nurse and the School Health Nurse will also address outstanding immunisations and offer to visit the children at home to immunise. The immunisation rate for year ending 2014 was **97%** of all children were immunised. Out of **105** children in this cohort **3** refused. (See graph below)

13. Dental Services

All Children in Care are provided with dental care by registered dental practitioners or the Priority Dental Scheme at Widnes Healthcare Resource Centre and Hallwood Health Centre. Out of **105** children receiving dental treatment **96%** were in the care of a dentist. Information for **4** children was not available at the time of this report.



Immunisations – 97%

Out of the 105 children receiving immunisations 3 refused

14. Sexual Health Services

Health professionals will offer appropriate sexual advice and guidance and signpost young people to the various sexual health services available in Halton.

15. Substance Misuse Services

Drug and alcohol brief intervention and advice is provided by health professionals undertaking health assessments. Children and young people can also self-refer to Young Addaction who are responsible for service delivery in Halton.

16. Training

A comprehensive training package for health care has been developed by the CIC Nurse for foster carers. “Passport to Health” is a course delivered by the CIC Nurse which incorporates healthy eating and physical activity. Further courses such as common childhood ailments and teenage adolescent behaviour are also offered throughout the year.

For private providers caring for the CICOLA’s the CIC Nurse undertakes Medicine Management advice and training. Also bespoke training on request and include healthy lifestyles for young people.

The CIC Nurse also undertakes training with professionals including social workers and health professionals in relation to processes and procedures. The CIC Nurse also participates in the multi-agency training delivered by the Conference and Reviewing Managers.

17.Asthma/Allergy training

The School Nurse allergy lead in Bridgewater also provides allergy and asthma training to foster carers. This includes allergy training in relation to managing conditions when children are undertaking out of door activities such as outings with scouts. The Nurse will also formulate and monitor allergy care plans for children with allergies and will liaise with the child/young person's social worker.

18.Care Leavers

There are **66** Care leavers in Halton at end of March 2014. All Care Leavers are offered an appointment with the CIC Nurse to discuss how best to capture their health history. The young person is provided with a health summary to ensure that they have all relevant health details when they are no longer in care.

19.Children and Young people placed in Halton by other local authorities.

As previously stated the number of CICOLA's in Halton has consistently been above 150 – 160. The CIC Nurse works in conjunction with Halton Borough Council Children's Commissioners and Education Services to ensure that all children/young people placed in Halton are accounted for by both health and social care. There are some loopholes despite legislation and on occasion children may be living in Halton of whom we are not aware as we do not receive notification from the placing authority.

20.Multi agency meetings to promote the health and well-being of CIC

The CIC Nursing team and Named Nurse are actively involved in multi-agency forums such as Healthy Care, the Emotional health and wellbeing meeting and the CIC Partnership board.

21.Plans for the future

- Continue to monitor and audit the health assessment process.
- Refine data collection systems to capture information about health outcomes including CICOLA's.
- Update our training programme to ensure all professionals are aware of the CIC processes and procedures.
- Undertaking a CQUIN action plan (Commissioning for quality and Innovation) the focus of which is on the quality of service delivery and good outcomes for CIC. This involves use of a personal action plan for each child when health needs are identified and progress will be tracked by the use of a RAG system of rating progress and outcomes.

22.Conclusion

There has been considerable improvement in children receiving a timely service to ensure that their health needs are identified and addressed. Communication has improved to the extent that the majority of notifications for children new into care are received within time-frames. 100% of children placed in Halton Borough are allocated an appointment for a health assessment as soon as notification is received by the CIC nursing team.

Within Bridgewater various forums monitor the action plan for CIC which include both the Safeguarding Operational Group and Safeguarding Assurance Group. The latter group reports to Bridgewater Board.

There is still room for improvement and we will continue to ensure that CIC are offered a service of the highest quality to meet each child/young person's needs. The child's voice and wishes and feelings will continue to be captured as part of the assessment. This will help to influence service delivery in the future.