

7 June 2017		ITEM: 6
Corporate Parenting Committee		
Health of Looked After Children		
Wards and communities affected: All	Key Decision: Non-Key	
Report of: Paula Gregory, Designated Nurse for Looked after Children Thurrock CCG		
Accountable Head of Service: Sheila Murphy, Head of Care and Targeted Outcomes		
Accountable Director: Rory Patterson, Corporate Director of Children's Services		
This report is public		

Executive Summary

This report updates Members of the Committee on the national and local data regarding the health status of Thurrock Looked after Children. The report will focus on new initiatives and developments to improve health outcomes for Thurrock Looked after Children.

1. Recommendation(s)

1.1 The Members of the Corporate Parenting Committee are asked to note this report.

2. Introduction and Background

2.1 Most children become looked after as a result of abuse and neglect. It is acknowledged that children looked after (CLA) tend to have greater health needs compared to their peers who have not been in care. Evidence suggests that almost half of children in care have a diagnosable mental health disorder and two thirds have special educational needs. (DOH, DfE 2015). As corporate parents it is vital we maintain high aspirations to ensure children in care receive high quality health care and support in order to meet needs identified. Statutory guidance states that all children require an Initial Health Assessment (IHA) on entering care and a Review Health Assessment (RHA) each year thereafter. Children under the age of 5 are expected to have a Review Health Assessment twice a year.

2.2 This report will update the committee on the current data available comparing national and local data. The report will highlight the current progress in relation to areas identified for improvement following the CQC inspection in 2015. The report will also inform the committee on the reviewed Strength and

difficulty Questionnaire (SDQ) pathway, which aims to ensure that all children with a high score >17 will be identified and clear pathways are put in place to assess need and implement appropriate care. The report will encompass throughout the new improved partnership working between the Local Authority and Health agencies.

3. April 2017 Thurrock LAC figures

3.1 April 2017 figures identify there are 338 Thurrock Looked after Children, 57 of these children are Unaccompanied asylum seeking children (UASC). 8 children are recorded as disabled. It should be noted that 60% (203) of children are placed outside of Thurrock. 40% of those placed out of area are placed within Essex with the remaining 20% placed outside of Essex borders. Of the 57 UASC 48 are placed outside of Thurrock, with only 9 UASC placed within Essex.

3.2 In relation to meeting health needs, children placed out of area particularly outside of Essex can present a barrier to health care access. There are reciprocal arrangements in place for children placed within Essex and few issues are raised in relation to timeliness and quality of services provided. Requests for health assessments for children placed outside of Essex are more difficult to manage. Some areas refuse to undertake assessments, stating capacity or commissioning arrangements as the issue. This is despite clear statutory guidance being in place highlighting the expectation that all requests for health assessments should be met. Escalation processes are well embedded within Thurrock and recent escalations have been raised to both receiving CCG's and NHSE. Social care is also advised of refusal areas as this should be considered as a factor when placing future children in an area identified as not undertaking out of area assessments.

4. National Statistical Data March 2016, DfE September 2016.

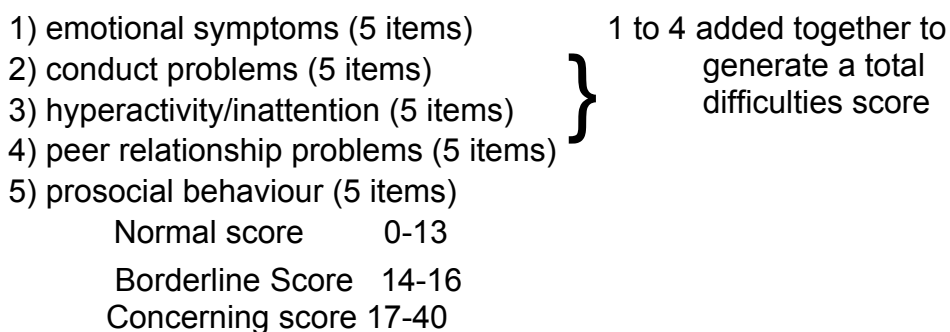
4.1 In September 2016 the Government published the latest figures for all local authorities. These figures are generated from the annual returns submitted by the local authority and are based on data up to 31st March 2016. Reporting is focused on Immunisations, dental checks, statutory review health assessments, developmental checks for under 4 year olds and Strength and difficulty questionnaires (SDQ) data. The figures relate to the cohort of Looked after children who have been in care for at least 12 months or more. Below is the March 2016 data for Thurrock Local Authority. Thurrock have significantly improved from the previous year.

4.2 Thurrock's data for completion of yearly Review Health Assessments has identified a significant improvement on the previous year. March 2016 data identifies 94% have had their RHA compared to 88% in 2015. This is showing a 6% improvement from the year before. National data for March 2016 shows 90% of all looked after children have had their health assessment. This places Thurrock 4% above the national trend which is a reflection on the importance given to improving health outcomes for looked after children within Thurrock.

- 4.3 Thurrock data for children with up to date immunisation status identified 89% of looked after children were up to date compared to 85% in 2015. This again shows an improvement albeit a small one. There is an ongoing focus on the need to encourage uptake of immunisations. It is important to note that immunisations are not compulsory and parents can refuse to consent for these to be given. 31% of the current cohort of looked after children are placed under a voluntary arrangement and parents retain full parental responsibility. National figures for looked after children regarding immunisations show 87% compliance again showing that Thurrock is 2% above the national trend.
- 4.4 Thurrock data for children with up to date dental checks identified that 97% of children were up to date with their dental check compared to 92% in 2015. National data shows that only 84% of Looked after children are up to date with their dental checks highlighting again that Thurrock is above the national trend.
- 4.5 Thurrock data showed that 100% of all under 4 year olds who had been in care for at least 12 months had their developmental checks completed. This compares to 83.3% for Thurrock in 2015, again showing marked improvement.

5. SDQ Pathway

- 5.1 The SDQ screening tool is a behavioural screening questionnaire currently used for Looked after Children aged 4-16 years old. The government reporting mechanism only requests scores for children who have been in care for at least 12 months. However, DfE guidance clearly identifies that it is best practice for all Looked after children to have their SDQ score assessed. All versions of the SDQ ask about 25 attributes, some positive and others negative.



- 5.2 Thurrock data for March 2016 identified that 150 of the 155 children eligible had their SDQ score submitted, representing 99% of the cohort. The average overall score showed a score of 13.9. However, it is important to give some context to this figure as it suggests there is no need for concern. When the figures are analysed in more detail this identified that 50% showed a normal score, 10% showed a borderline score and 40% showed a concerning score. This identifies that 60 children had a score indicating

levels of emotional stress. As already stated CLA due to their past experiences are more likely to suffer with emotional mental health issues. Therefore, it is important that the Local authority and Health partners work together to respond effectively and appropriately to evolving emotional and mental health issues in Looked after Children. The SDQ screening tool is only part of this picture but should be regarded as an important indicator and an initiator of further investigation and care.

- 5.3 A clear responsive SDQ pathway is currently under development. This will ensure all Looked after children have their SDQ score monitored. For new children entering care, the first questionnaire will be given to the carer, teacher, young person as required at their second review with an expectation that it is completed and returned within 2 weeks. Any scores over 17 will be shared with the social worker and the CLA Nurse team. In order to monitor concerning SDQ scores, children will be presented at the newly developed CLA Health steering group. The CLA Health steering group meets the first Wednesday of every month with representatives from social care, health, education the Independent Reviewing Service and Emotional Well-being and Mental Health Service (EWMHS). Cases are presented by the child's social worker and the child's needs are assessed and actions are agreed using a multi-agency approach. This approach is still in its infancy but early feedback is positive in relation to children already discussed.

6. Emotional Well-being Mental Health Services

- 6.1 Looked after Children are identified as a vulnerable group in relation to referrals to EWMHS. The service is required to carry out an initial assessment of the child within 7 days of referral. This is currently being monitored to ensure this is being delivered. The Designated Looked after Children Nurses across Essex championed this to be included within the referral pathway for EWMHS
- 6.2 In October 2015 the Care Quality Commission reviewed the health component of safeguarding and looked after children services in Thurrock. It focused on the experiences and outcomes for children within the geographical boundaries of the local authority area and reported on the performance of health providers serving the area. Recommendations formed an action plan addressing the issues identified. Issues identified are below with a short synopsis of current developments.
- 6.3 It was identified within the Single Inspection Framework (SIF) that initial health assessments were not being completed within statutory timescales. Initial Health assessments should be completed within 20 working days of a child becoming looked after, paperwork should be received within 5 working days of the child becoming looked after. Areas highlighted as needing attention were, delay in receipt of paperwork from social care, notification processes and children placed out of area where the assessment had drifted. This issue has yet to be fully resolved and is monitored by the LSCB as this was a focus of the CQC/Ofsted review. This is likely to be a focus of any subsequent review.

7. Actions taken

- 7.1 Social Care, NELFT and Thurrock CCG have worked collaboratively to address this issue.
- Training has been provided to social care teams by the CCG in relation to the IHA paperwork.
 - IHA paperwork is now easily accessible on the Liquid Logic social care system.
 - Weekly meetings were initially in place to monitor assessments and paperwork being received within 5 working days. Meetings now held 2 weekly.
 - Generic GCSX account created for all assessments to be sent from and to, ensuring that data is sent securely.
 - Improvement of CLA health team oversight of IHA's and chasing of assessments and improved escalation pathways
 - Key performance indicators in place with the provider and CCG in relation to IHA's in order to monitor and gain assurance.
 - Escalation procedures in place for any identified delays.
- 7.2 The CLA Health team receive weekly children looked after lists electronically every Monday via secure email and also adhoc placement notifications as required. This is working extremely well. The health team then notify the area the child is placed, sharing relevant health information with the receiving area. Early and accurate notification is essential particularly in relation to children with complex health needs who may require referral to health services in their new area. Ensuring good transition of health care is essential.

8. Emotional well-being mental health service to contribute to assessments

- 8.1 EWMHS share the same electronic records system as the CLA Health Team. Therefore, the CLA Team is aware if EWMHS are involved with the child and will liaise accordingly to gather information for the health assessment.

9. Effective quality assurance of health assessments and the voice of child to be evident in all health assessments.

- 9.1 A quality assurance tool has been implemented for all review assessments, this is completed by the practitioner completing the assessment and is in place across Essex. The voice of the child forms part of the assurance tool. 20% of all assessments are audited by the CLA Nurse to ensure quality. The CLA Health team quality assure all assessments completed outside of Essex to ensure they conform with standards expected. Initial health assessments are peer review audited by the Consultant Paediatricians across Essex. The CLA Health Nurse and Designated Nurse

also liaise with the Children in Care Council to seek their views and opinions in relation to health services and provision.

10. GP's to contribute to Health assessment process

- 10.1 GP's are now routinely requested to supply information prior to the child being seen for their health assessment. This information informs the professional undertaking the assessment of, recent GP attendances, medication and or concerns. This added information contributes to achieving a high quality assessment.

11. 16+ cohort of Looked after children

- 11.1 This cohort of children can often be one of the most vulnerable groups. Health assessments may be viewed as an intrusion or invaluable by the young person and sometimes they will decline their assessment. The CLA Nurse in Thurrock will always attempt to see the young person face to face to discuss the options and benefits to encourage the young person to take part in their assessment. All 16+ young people receive a summary of their health care history and information on local health services.
- 11.2 National data for young people aged 16+ completing their health assessment is significantly lower than other age groups. National figures show that only 83% of 16+ have had their health assessment, only 77% have had their dental check and only 78% are up to date with their immunisations. Feedback from the CLA Health team in Thurrock identifies that whilst some 16+ do decline their assessment; this number is not high and is not increasing. There have recently been a number of young people who have participated in their health assessment who are known as particularly difficult to reach. This is in part due to the LAC nurse's tenacity and skill in developing relationships with young people and offering accessible and flexible appointments. Non completion forms are completed for all children who decline their health assessment and this is shared with Social Care.

12. Unaccompanied asylum seeking children (UASC)

- 12.1 Amongst the 16+ age group there is a significant number of unaccompanied asylum seeking children (UASC). April 2017 figures show that 79% (45) of Thurrock UASC are 16+. This cohort of children can enter care having endured particularly traumatic experiences impacting on both their physical and mental health. The importance of an early IHA is integral in relation to assessing need and ensuring the right services are in place. Unfortunately, a high number of UASC are placed out of area which can impact on the timeliness of assessments. The CLA Nurse and Community Sexual Health Nurse recently delivered a sexual health session to 4 UASC in a semi-independent placement. The session was reported as extremely successful and also has the benefit of the UASC knowing who their CLA Nurse is and how to access her.

13. Reason for Recommendations

- 13.1 To ensure members are adequately informed of the challenges and successes in delivering appropriate health care to looked after children.

14. Consultation (including Overview and Scrutiny, if applicable)

None.

15. Impact on corporate policies, priorities, performance and community impact

- 15.1 The content of this report is compatible with Health and Well Being Strategy
Provide outstanding services for children in care and leaving care

16. Implications

16.1 Financial

Implications verified by: **Nilufa Begum**
Management Accountant

Financial implications is LAC being placed out of borough, this is a high pressure to the Social care budget as the placements tend to be very costly. UASC numbers are going down gradually thus pressure will decrease, however were at a break even stage with Unaccompanied asylum seeking children, if the number of UASC increase there will be severe impact on the social care budget for 2017/18 financial year.

16.2 Legal

Implications verified by: **Lindsey Marks**
Principal Solicitor, Children's Safeguarding

Section 22(3) (a) Children Act 1989 imposes a duty upon Local Authorities to safeguard and promote the welfare of the children they look after regardless of whether they are placed in or out of the area or the type of placement. This includes promoting a child's physical, emotional and mental health.

16.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development & Equalities Manager

There is recognition of the increased risk of both physical and mental health needs of unaccompanied asylum seeking children. The authority considers the potential barriers of accessing statutory health needs when placing children outside of area, particularly outside of Essex (SET).

16.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

- None

17. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- **DfE September 2016 Children Looked after in England**
<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016>
- DoH, DfE 2015 Promoting the Health and Well-being of looked after children.

18. **Appendices to the report**

- None

Report Author:

Paula Gregory
Designated Nurse for Looked after Children
Thurrock CCG