Health Report on Looked After Children for the Corporate Parenting Panel

This report is provided by the Designated Professionals to update and inform the Corporate Parenting Panel about the health of looked after children and young people in Harrow.

There has been a considerable amount of work involving the Designated Professionals, the LAC Lead Nurse and the CLA Service Manager within Social Care to address the issues raised in previous reports and implement the local Protocol for Statutory Health Assessments for Looked After Children. The following have been achieved.

- A clear pathway for health assessments with clear roles and responsibilities, defined in the final draft of the Protocol for Statutory Health Assessments for Looked After Children agreed in January 2013
- A process at NWLH that enables two IHA and Health Plans per week to be completed within 12 working days of receipt of the referral from the LAC Lead Nurse. This allows health plans to be sent back to the LAC Nurse and be available at the child's first LAC Review, if referrals are received within 5 working days of the child coming into care.
- IHA and health plans are monitored by the Designated Doctor when the IHA is carried out by the GP or LAC Lead Nurse. The Designated Doctor reviews the health plan completed by the LAC Lead Nurse and completes the health plans for IHA carried out by GP's
- The Designated Doctor provides advice and support to health professionals carrying out IHA and health plans
- A GP Practice has been identified to carry out the IHA for unaccompanied minors which allows for continuation of care
- A clear process for completion of the RHA within the agreed timescales
- A process for RHA and health plans to be quality assured by the Designated Nurse and a template has recently been developed to enable the Lead Health Professional to monitor new health needs that may have been identified
- A process is in place to ensure the health assessments for children and young people placed out of borough have the same essential information provided for completion of the assessment

In March 2013 there were 167 looked after children in Harrow indicating a slight increase. Of these, 58 are placed out of the borough. 32 of these are placed within a 20 mile radius in neighbouring areas of Brent, Ealing, Hillingdon and Hertfordshire. 26 of these children and young people are placed much further a field in areas such as Wales, Southampton, Morpeth, Peterborough and the West Midlands. Harrow CCG remains responsible for these children/young people and funding for out of borough health service provision is overseen by the Designated Nurse. The LAC Lead Nurse has responsibility for maintaining the health records for these children and for keeping regular contact with the Lead Health Professional out of borough.

There are 22 unaccompanied minors.

Current statistics provided by the Local Authority indicate that the number of LAC in care for longer than a year with an up to date health and dental check is 92%.

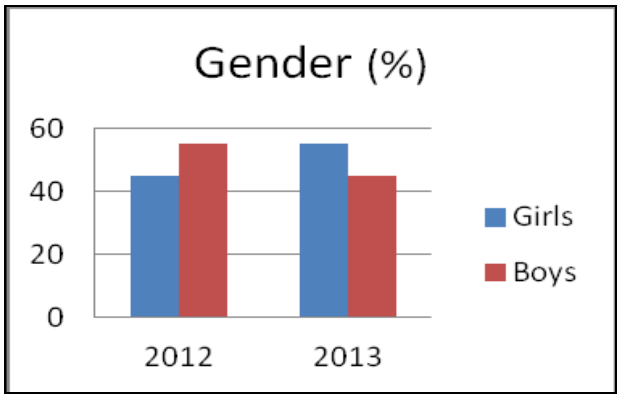
Initial Health Assessments

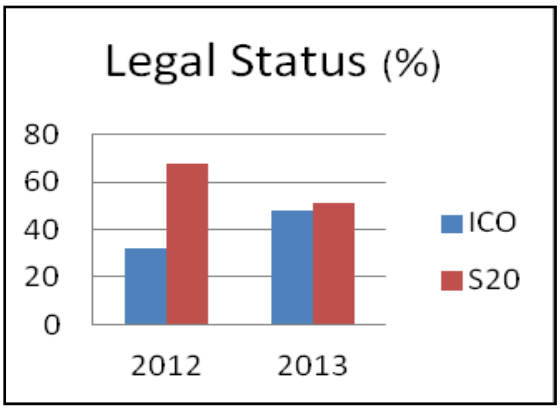
Between January-March 2013 a total of 29 IHA were carried out. The majority (83%) were carried out by a Paediatrician, a small number were carried out by GP's (13%) and the LAC Lead Nurse carried out 3%. The Designated Doctor drew up the health plans for more than half of LAC seen at NWLH and for all the LAC seen by GP's. A breakdown of this group shows that there were 16 girls and 13 boys. Children seen were very young: 9 under 1 year (31%), 7 between 1-4 years (24%), 2 between 5-9 years (7%), 5 between 10-14 years (17%) and 6 above 15 years (21%).

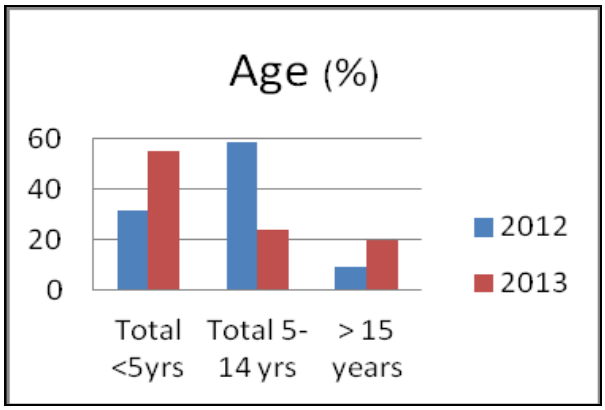
Fifteen were placed in care voluntarily under section 20 but 14 children were under an Interim Care Order granted to the Local Authority.

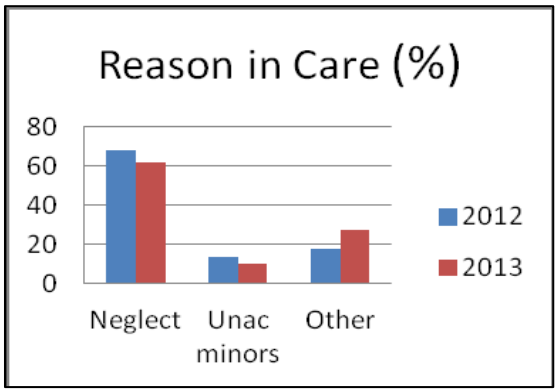
There was a wide ethnic background with 8 White British, 7 Black African, 4 White European, 6 Asian, 2 Afro-Caribbean and 2 Mixed Race.

The main reason for entering care was neglect-18 children, but there were other reasons such as a new born with severe disability relinquished by her mother, a physical assault and one whose behaviour was beyond family control as well as 3 unaccompanied minors, a group of siblings from abroad whose mother required admission to a Psychiatric Unit and 1 with concerns of sexual abuse. There were more girls than boys seen and younger children.









LAC Clinic appointments and timeliness of the IHA and Health Plans

The LAC clinic continues to offer two weekly appointments to cover the estimated number of 8 children per month who come into care in Harrow. The clinic is run by paediatric registrars under close supervision from four consultant paediatricians who complete the health plans. A total of 13 clinics took place and 30 appointments were offered. 80% of appointments were attended.

NWLH met the 12 working day target between receipt of referral and health plan in all cases where the IHA took place within 5 working days of referral. However, there is still an issue with the timeliness of the IHA. Missed appointments and batch referrals did not allow appointments within 5 working days of referral and there was delay to initiate referrals which allowed only 5 health plans to be completed within 28 days of the child entering care.

Quality of IHA

IHA were holistic and considered the overall health and development of children and young people seen in the LAC clinic. However, assessments could only give a snapshot of the child or young person's health as there was no health information from the children's GP and only in a minority of cases parents attended the IHA. The lack of health information available remains a concern and impacts on the quality of the IHA. Social Workers should continue to encourage parents to attend the IHA and a process to fast track GP information and GP records should be in place. Social workers should access support from the LAC Lead Nurse to address difficulties in obtaining health information.

Overall the health findings were similar to those found in the cohort of children seen previously in the LAC clinic (see DD report November 2012). However, there were more children with medical or developmental needs requiring paediatric follow up (25%); all of whom were under 3 years of age. A further 20% of children had medical needs including asthma, eczema and migraine requiring GP review. Therefore 45% of the total number of children and young people seen by paediatricians had medical needs.

The emotional well-being of LAC was a concern in all cases as children and young people had experienced complex life events and were facing separation from their main carers. However, older children and young people were not keen to discuss emotions and did not appear prepared for their IHA. Efforts were made to address lifestyle issues during the IHA but this was limited as most LAC denied any problems and felt they did not require health information.
Health plans were holistic and relied heavily in a robust working together between social worker, LAC Lead Nurse and Lead Health Professional (Health Visitor for LAC under five years and School Nurse for children over five years).

The assessments carried out by GPs were comprehensive. The undertaking of the IHA of unaccompanied minors by a single GP practice should help develop increasing expertise in the understanding and management of the health needs of unaccompanied minors. A multiagency working group has been established to look at the health needs of these young people and it is hoped that training will be provided to the GP and Social Workers working with the unaccompanied minors to develop understanding of their needs. The GP is recognised as being the most appropriate professional to carry out the IHA because it is the first step in establishing a good, supportive relationship between the professional and unaccompanied minor.

The Designated Doctor received one IHA and health plan completed by the LAC Lead Nurse on a young person who was in care; the feedback form completed by the young person highlighted a positive perception of the IHA.

The implementation of health plans relies on robust liaison and working together arrangements between the Social Worker, Lead Health Professional and LAC Lead Nurse. Easy access to GP care and CAMHS is also essential to address the health needs identified by foster carers, relevant professionals or children and young people themselves.

January 2013- March 2013 highlights a positive trend in the implementation of the protocol for IHA included in the local Protocol for Statutory Health Assessments for Looked After Children. All referrals for IHA were made with written consent, most appointments were attended, most health plans were drawn up promptly following IHA, a few health plans were available within 28 days and there is currently no backlog of IHA referrals. However, further progress must be achieved as every LAC should have their IHA and health plan completed within 28 days of entering care.

Review Health Assessments

The emphasis has largely been on ensuring the IHA are carried out according to the new Protocol which has resulted in the RHA receiving less attention. However between 1st December to the 31st March, 35 RHA have been completed, although only 11 of them were completed within timescales. 17 of them were completed by the LAC Lead Nurse (the more difficult to reach), 8 were completed by the School Nurse, 6 by the Health Visitor, 2 by the GP's and 2 by LAC Nurses out of borough.

Quality of RHA

The Designated Nurse has put in place a quality assurance process for RHA, which has been refined as issues have been identified. The health plans reviewed are largely completed by the time they are shared with the Designated Nurse and have very often been uploaded on to the electronic record (Rio) so it is not possible to change the documentation. As a result of this a template has been developed to provide feedback to the professional completing the health assessment. The majority that have been completed and reviewed have been done by the LAC Lead Nurse, and a few from LAC Nurses in other areas. There is a marked improvement in the completed RHA from the LAC Lead Nurse which have become much more detailed in the information they hold. On many completed for older children there is evidence of the Strengths and Difficulties Questionnaire being used and referred to. This is a positive improvement in practice and it is uploaded on to the electronic record (Rio) for the School Nurses to refer to also. There is still a need for a deeper understanding of the health needs of looked after children and using the health plan to ensure they are met by all Lead Health Professionals completing a RHA or Improved RHA are giving Lead Health Professionals a deeper understanding of the health needs of looked after children and are contributing to more comprehensive health plans.

The majority of RHA that have been assessed have been for young people, particularly the ones who are more difficult to engage with. The young people do show a reluctance to talk openly about their feelings and expressing their thoughts freely, but the LAC Lead Nurse does give them the opportunity to talk to her. There has been a concern with the pathway for the Designated Nurse to receive all completed RHA, including those carried out by School Nurses and Health Visitors and those from out of borough. This has now been clarified by the LAC Lead Nurse and the expectation is that the Designated Nurse receives all of them in a timely manner.

Health Passports

In December 2012 the first steps were taken in respect of developing a health passport for Care Leavers as it was felt by Ofsted that there was a need for health information to be provided at the time of leaving care. The Designated Nurse and the LAC Lead Nurse met with the Participation Officer from the Local Authority to discuss the best way of involving young people in determining what the health passport should look like. It is very important that the views of young people were sought to understand what they wanted and how it should be presented. In January 2013 the LAC Lead Nurse attended an evening cooking event with young people and the Participation Officer to discuss health issues, encourage young people to participate in the development of health passports and be a part of the project. There was a positive response and this was followed with a Healthy Minds event with young people to discuss the passports and share ideas about relevant information needed and share some examples. In early April the LAC Lead Nurse and Participation Officer met with the group of young people to look at a draft copy of the health passport and agree the next way forward for the Health Passport project. The plan is to produce a draft copy of the passport paperwork and begin piloting the scheme by the end of April.

Audits

The Designated Professionals will be requesting audits from the health providers involved with the health assessment pathways to ensure that it is embedded in practice and that it is making a difference to the health outcomes for looked after children. The audits will follow children/young people through their journey as they enter into care, through their first LAC Review and subsequent health assessments. This will allow the Designated Professionals to know that the pathways are being followed, resulting in a better outcome for this vulnerable group. The Designated Professionals will also ask for an audit of all the looked after children placed out of the borough to ensure they share the same pathways and have their health needs met. These will be carried out in May 2013 and feedback will be provided in a report to the Corporate Parenting Panel.

Why is the role of the LAC Lead Nurse or Lead Health Professional important?

Finally it is important to remember why the health role is so important and why we have to continue to strive for a better service:

Comments from young people in care about health assessments to the LAC Nurse:

JT, female, 17 years (at final health assessment before turning 18)
'I just want to hug you to say thank you. It feels like you've watched me grow up. You've always been there for me'

TR, male, 17 years (persistent non-engager, not attending health assessments)
'I didn't realise I could talk to someone about these things' - following hour long discussion about sexual health and relationships.

SH, 15 years, female (regarding difficulties in foster placement - which helped to result in a change of placement)
'I just needed to be listened to - at least you understand what I'm trying to say'

KB, 12 years, female (proudly showing sports certificates at health assessment)
'I didn't think anyone would be interested like you are'

'I want to invite all the important people in my life. You've been like a mum to me'
(11th assessment before turning 18)

Conclusion

Health and Social Care have worked well together to make the health assessment pathway far more robust and accountable. The next stage is now for the Designated Professionals to be provided with assurances from the health providers that the journey for looked after children through the health services has improved and is making a difference in children's health outcomes.

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