

HARINGEY
Children and Young peoples Service

Annual Report
Children in Care Service
April 2018 - March 2019

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2018 - 2019**

Introduction

The Haringey's Children in Care (CIC) annual health report outlines the work undertaken by the team. The objective of the CIC health service is to ensure that all Haringey children and young people in care are physically, mentally, emotionally and sexually healthy and that they are able to make health choices that enable them to enjoy healthy life styles. The team's focus is working together to enable children and young people to reach their full potential and enjoy the same opportunities in life as their peers.

1.1 Context

The report is written in accordance with The Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF 2015). We are commissioned to carry out all initial and review health assessments for Haringey CIC .

1.2 Team Values

Our team values are:

Always show respect and kindness for all

Always go the extra mile for our clients

Always learning and improving

Always enabling and empowering children and young people to achieve their potential

Always put the child and young person first, challenging where needed and speaking up for children.

1.3 National Statistics

Nationally there were 75,420 looked after children in England at 31 March 2018, an increase of 4% compared to 31 March 2017. (Source: Children looked After in England (including adoption, year ending 31.3.2018 Department of Education).

Haringey ranked 5th highest in London in 2017/2018.

1.4 London Statistics

Table 1

Number of Children in Care in Consecutive years

		2014	2015	2016	2017	2018
Haringey		511	453	407	444	429
Islington		305	350	353	340	339
Greenwich		540	520	520	495	492
Lewisham		505	485	460	455	482
Southwark		549	500	477	497	491
Hackney and City		347	348	339	352	349

Table 1: Children looked after by local authorities, rates per 10,000 children aged under 18 years on 31 March each year.

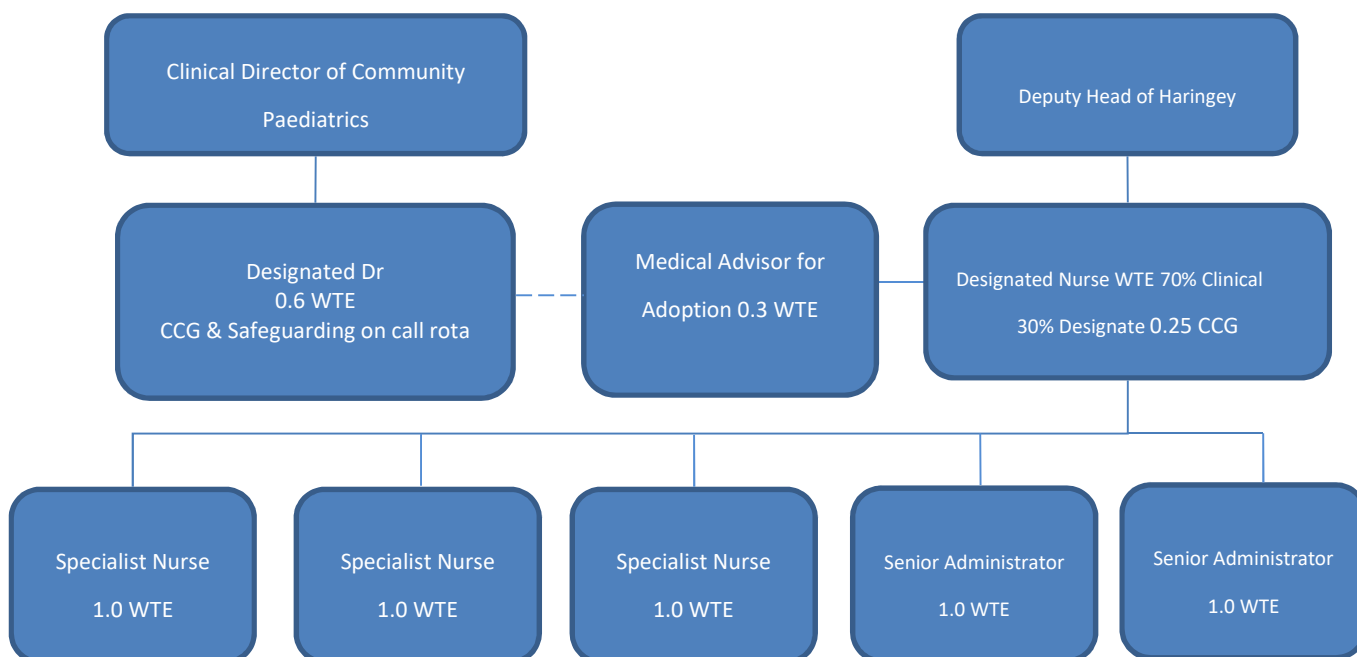
	2014	2015	2016	2017	2018
Haringey	87	76	67	73	71
Islington	79	89	88	83	82
Greenwich	85	80	78	73	72
Lewisham	77	73	68	67	71
Southwark	90	81	76	78	76

1.5 Haringey statistics

On 31st March 2019 there were 427 CIC, 70 per 10,000 of the population. This includes 50 unaccompanied asylum seeking children.

2.0

2.1 Organisational structure



2.2 Service provision

The CIC service aims to meet the health needs of children and young people in care aged 0-18 years by:

Promoting and improving the health and well-being of children and young people in care.
Completing statutory Health Assessments (initial and review), with reports, within the designated timeframe.
Ensuring all young people leaving care have a Care Leavers Summary
Advising Social Workers of the health needs of individual children
Providing health promotion and health interventions
Representing and contributing to Adoption panels and multiagency assessments and reviews
Providing Paediatric Adoption Reports for individual children
Providing medical advice to prospective adopters regarding individual children with whom they have been matched.
Reviewing and commenting on medical examinations for adults being assessed as carers
(foster carers, connected persons and adoptive parents)

How we work and performance

2.3 Referrals

We receive a notification from The London Borough of Haringey when a child is taken into care, moves placement or is no longer looked after. The notification should be received within 48 hours of a child becoming looked after. If an Initial Health Assessment is required we then arrange an appointment for the assessment to take place and liaise with Social Workers, foster carers and GP's to obtain a health history and to enquire if they wish to contribute to the report. Consent is received from the Social Worker or parent depending on the legal order and appointment booked for the next available appointment.

We have met with Independent Reviewing Officers (IROs) who are responsible for chairing the LAC reviews that occur every 6 months and have received positive feedback with regards to the Drs and Nurses reports and recommendations.

2.4 Initial Health Assessments

Assessments should be completed within 20 days of a child entering care, a report is written and health recommendations should be available for the child's first statutory review. Assessments are completed by members of the Community Paediatric Team supervised by The Designated Dr for Children in Care. When a young person refuses an assessment or is missing, and it is clinically appropriate, then the doctor then completes a desktop report¹ with all the health information available.

The majority of the children are seen for an Initial Health Assessment at Bounds Green health centre (BGHC). Children placed at a distance from Haringey or who have mobility difficulties are referred to local services. Those well-known to another Paediatric team may be seen by their paediatrician. During the year there has been an increase in the number of Haringey children requiring medicals from out of borough teams due to the location of the placement.

The unaccompanied asylum seeking children require Interpreters for their assessments and there is rarely any previous health information available. Following the assessment a referral is made to UCLH for infectious disease screening. A number of children have required further referrals due to unmet health needs. Some require referral for specialist mental health support and have post-traumatic stress disorder.

Quarterly data is illustrated on the graph below showing the number of children seen each quarter. The challenge remains that there can be difficulty in arranging convenient appointments and there has been difficulties obtaining consent for some children to have the medicals and a number had to be rebooked due to interpreters not being booked.

¹ A desktop report is written by the paediatrician or nurse. This takes place if a young person does not wish to attend the assessment and it is clinically appropriate. If possible the Dr speaks to the YP and parent to inform the report. The SW is also contacted and health records read though. This is following a recommendation of an SCR of Child O. The report is forwarded to health professionals including the GP and recommendations will be reviewed by SW and Independent reviewing Officers.

Number of children seen each quarter and timeliness of the medicals
April 2018- March 2019

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of children seen for a medical due to CIC status	43 (including OOB children) This includes 1 assessment by the Child sexual abuse clinic.	39 (Including 4 assessments by paediatricians conducting Child protection medicals)	40 (Including 1 assessment by a paediatrician conducting a Child protection medical)	44
Percentage completed within 20 days	65 %	76%	69%	22%
Number completed for other CIC teams	0	2	0	3
Number completed by other CIC teams	3	0	1	1

167 children had medicals. 9 had desktop reports written.

2.5 Young People remanded into detention

Since May 2013, statutory requirements relating to young people remanded into detention (who weren't previously looked after) changed. These young people no longer require a statutory health assessment (Care Planning, Placement and Case Review (England) (Amendment) Regulations 2013). The young people will be seen by the facility they are remanded to or by the nurse working with the youth offending team.

2.6 Work of the Medical Advisor to the Adoption Panel

Children whose care plan is adoption have a permanency medical and The Medical Advisor meets with prospective adopters when a match is being considered to discuss any health and developmental issues relating to the child. During the year, 11 meetings took place. and 22 children were seen. The average time from placement order to match is 297 days above national average for England which is 201 days. The average time from entering care to moving with adoptive family is 534 days above the average for England which is 486 days. The Adoption panel moving from Haringey across NCL in October 2019 Paediatricians will be sitting on panel and will give advice on cases from other areas. A joint audit will take place in quarter 4 to measure the timeliness of children being adopted. The Medical Advisor also reviews GP medical examinations for adults being assessed as Adopters and comments on all Adult Health Reports relating to Adopters which may sometimes include writing to the Prospective Adopters' Consultant Specialist to clarify plans for certain health conditions that may have an impact on the FOREVER family. The Designated nurse attends the fostering panel where foster carer's are approved.

2.7 Review health assessments and follow up.

Reviews are carried out by the 4 nurses in the CIC team or by a doctor if the care plan is adoption. We recruited a nurse in January 2019 following the retirement of Marian Parks. Each child is allocated a nurse and for continuity the same nurse tries to see the same children each year.

97% of CIC had an up to date review assessment on 31.3.2019. The team continues to work hard to engage with young people. We discuss the children where possible prior to the assessments and inform Social Workers if assessments are late and on occasions joint visits are made.

81% of CIC had attended the dentist within the last 12 months, 86% of CIC for over 12 months were fully immunised. The team completed 19 health assessments for children living in Haringey who are placed by other boroughs and we receive payment for these assessments via service level agreements.

Again this year there has been an increase in young people who are missing, at risk of sexual exploitation and criminal exploitation, with an increase in those involved in gangs and serious youth violence. Liaison continues to take place with the professional network via The Multiagency Exploitation panel. The Designated Nurse attends the panel and advises on the health needs of children and young people discussed.

We have 75 Children of school age with an Education and Health Care Plan with varying degrees of Special Educational Needs and Disabilities. 25 young people have a social worker from the disabilities team. The team liaise with health professionals responsible for the children's health care (many are placed out of borough) to ensure the health reports incorporate up to date information from the professionals. This is important when children move placement to ensure professionals involved in the persons care has a comprehensive health history and current Health care plan.

The Designated Dr attends The Complex care panel and advises regarding health needs of Children discussed.

The team continue to run a drop in session at the young adults' service monthly for young people in care over 16. We can offer advice on health including sexual health, healthy eating, independent living skills, smoking cessation, advice on accessing mental health services and advice on substance and alcohol use.

3.0 The Designated Doctor and nurse continue to attend meetings with Corporate Parenting Advisory Committee and Aspire (The young people in care's council). The pledge for Children in care for Health and wellbeing was agreed in 2018 and is documented below.

We, the Council as Corporate Parent, pledge: Health & Well Being

- We will make sure that you receive a health assessment once a year (Under 5's will be assessed every six months) and support you in accessing all health services that you need.
- We will help you understand your own health needs, physical, mental and emotional.
- We will help you access leisure and sports activities, school holiday activities and weekend activities and trips.
- We will ensure that you receive regular dentist appointments.
- We will encourage you to access age-appropriate help with your mental and emotional wellbeing, including CAMHS/mental health services and/or counselling.

4.0 Supervision

The nurses discuss cases of concern at team meetings and during 1:1 meetings with the designated nurse. In addition clinical supervision is received from a psychologist from The Parent Infant Psychology Service which is attended by Clinicians in the team and the trainees are invited. Safeguarding supervision is received from the Named Nurse Child protection. The Designated Nurse receives additional supervision with the other named nurses for CIC in Whittington Health. The Designated Dr attends the Trust Designate safeguarding meeting and North London Consortium Designated meeting. The adoption advisor is also invited.

5.0 Strategic work of the Designated Professionals

The Designated Doctor and Nurse represent CIC on the following groups and committees.

Name of group/committee	Representative	Frequency
Operational meeting (social care and health partners and commissioning)	Designated Nurse Designated Doctor	Alternate months
Whittington Health Safeguarding committee	Designated Doctor Designated Nurse	Quarterly
Whittington Health Haringey Quality and Performance meeting	Designated Doctor Designated Nurse	Monthly
Haringey Clinical Commissioning Group (HCCG) Safeguarding Assurance meetings	Designated Doctor & Nurse	Quarterly
HCCG safeguarding Quality and learning group	Designated Doctor & Nurse	Quarterly
Haringey Complex care Panel	Designated Doctor	Monthly
Virtual School Management Committee	Designated Nurse	Quarterly
Haringey Exploitation Panel	Designated Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Nurse Designated Doctor	Quarterly
Meeting with Aspire (Children in Care council)	Designated Nurse Designated Doctor	Quarterly
London Designate Nurse Meetings	Designated Nurse	Quarterly
NCL Meetings	Designated Doctor	Quarterly

6.0 Training and Seminars

The nurses provide training to foster carers on child development, health needs and minor ailments and treatment.

Training is provided on the health needs of CIC at the Level 3 Safeguarding Training run by Whittington Health.

The paediatric registrars receive training from the team during their placement and Health Visitors and School Nurses visit the service as part of their induction.

7.0 Risk Management, Incidents and Complaints and Compliments

No formal complaints have been received. Datix are completed if there are any reported incidents. Incidents are discussed in team meetings and the team endeavour to learn from the recommendations. Client feedback is collected and changes are made where possible according to the recommendations. Examples can be found at Appendix 1. Several members of staff have received a Greatix award. The Haringey Children and Young People's Community Service learn from excellence and if a member of staff has done something particularly good this is acknowledged via the directorates Greatix system.

8.0 Summary

The CIC Service undertakes a strategic role on behalf of the CCG and continues to advise the CCG on local and national issues that affect children in care. The team have continued to work closely with Social Care, Independent Reviewing Officers, Virtual school and First Step psychological service. The Operational Group meeting and floor walks are used to meet Social Workers to discuss CIC and to ensure information is shared. The Operational meeting provides a safe place to raise systemic challenges and continues to problem solves on specific cases and issues are raised and changes implemented as required to systems/pathways.

There has been a four-fold increase in predicted numbers of unaccompanied asylum seeking young people entering care in Haringey since the beginning of 2019. There is a limited amount of resource available. Consequently, health and social care have undertaken to identify ways of working differently in order to address their needs as fully as possible. Their psychological health has been identified as a priority. A rolling programme of seminars, delivered by all sectors involved with this group of young people, has been launched. This is hoped to address the difficulties they experience commonly and also to provide a nurturing environment for them to meet in and be supported by professionals and support one another.

The voice of the child client feedback is collated following health assessments and we are aiming to collect this electronically this year. Appendix A shows how we acted upon feedback received from Children and Young people, professionals and carers.

Children in Care are considered in the Local CAMHS Transformation Plan. The existing emotional and mental health service for Haringey's looked after population 'First Step' was extended with a further investment to create First Step Plus. This is a service commissioned to stabilize and support Children and Young people in flight through the care system who have had more than 3 placements in the last year. There are transition plans in place for young people transferring into adult mental health services.

8. Plans for 2019-2020 Key Priorities

Consent for Initial and review health assessments are going to be requested by SW when the children enter care. Parents currently consent for emergency medical treatment; so also consenting for the health assessments at this time avoids having to sign two forms and will enable appointments to be booked without delay. This has been discussed and agreed at The Operational Group meeting.

The most common reason children are not seen within 20 days is due to not receiving signed consent or health not being notified by social care that the child has entered care.

An audit of timeliness of the assessments will take place in Quarter 2.

We will continue to develop an integrated multi-agency protocol for unaccompanied asylum seeking children. This will enable professionals to respond in the most thoughtful and helpful way following their arrival in Haringey.

The Designated Dr chairs The Operational Group meeting the group continue to evaluate the CIC pathways and outcomes by strengthening partnership working across social care, health and CAMHS. The team problem solves on specific cases and issues are raised and changes implemented as required to systems/pathways.

We are arranging to have client feedback submitted electronically via Meridian which carers and children will complete electronically.

VALUABLE FEEDBACK THE CHILDREN IN CARE SERVICE HAS TAKEN ON BOARD

YOU SAID

Some of the information
could be shared prior to
the appointment so
reducing the time of the
assessment for the child



WE DID

Nurses gather information from the
Carers over the phone when the
appointment is booked in order to
reduce the time of the assessment

Timing more
flexible around
school



Wherever possible Nurses
are seeing children out of
school hours

Emphasise need
for counselling



We try to encourage
different types
counselling or
therapeutic interventions

VALUABLE FEEDBACK THE CHILDREN IN CARE SERVICE HAS TAKEN ON BOARD

YOU SAID



WE DID

