Whittington Health
NHS Trust

HARINGEY

Children and Young people's Service

Annual Report

Children in Care Service

April 2021- March 2022

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Whittington Health
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Haringey Children in Care Service

Annual Report

2021-2022

1.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 have their physical, emotional, and mental health needs assessed and health plans describe how identified needs will be addressed to improve health outcomes. Their health should be reviewed at their health assessment and advised regarding their health to enable their carers and themselves to enjoy healthy lifestyles. 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 Legal Status

The legal status of CIC differs although most children are looked after under a care order. This is a court order placing a child in the care of a local authority. They can be placed in care under a voluntary agreement, this allows a local authority to provide accommodation for a child where there's parental consent, or when no-one with parental responsibility is in place for example if the young person is an unaccompanied asylum-seeking child. A placement order is a court order allowing a local authority to place a child for adoption or detained for child protection or under youth justice legal statuses. Nationally the number of children looked after under a

care order has been rising in recent years, and the number looked after under a voluntary agreement under S20 of the Children Act has been falling.

2. Haringey CIC

2.1 Haringey

Initial health assessments are carried out by paediatricians and Reviews for the over 4's are carried out by the nurses in the CIC team. If a permanency plan is required or the child is under 4 years, then a Dr carries out the assessment. Each child is allocated a nurse and for continuity we aim for the allocated nurse to see all children on their caseload each year. We discuss the children where possible prior to the assessments and inform Social Workers if assessments are delayed. On occasions joint visits are made. The team continues to work hard to engage with young people.

Approximately 19% of children live within the borough 81% living out of borough. The young people and carers choose whether to come to the clinic or wish the nurse to complete a home visit to complete the assessment.

In 2021 the NCL commenced a scoping exercise to review the core offer for CIC across the CCG benchmarking against the NICE guidelines (2021). This involved Designated Professionals, Commissioners, and social care across NCL.

The Designated Doctor and Designated Nurse for CIC are statutory roles and take a strategic lead for the health and wellbeing of CIC within the borough. They provide clinical expertise to partner agencies and the CCG on the health needs. Haringey currently does not have a Designated Doctor which impacts on the capacity of the Designated Nurse for CIC.

2.2 Data

At the end of March 2022 387 children were in care (rate of 64 per 10,000). The number of unaccompanied asylum seeker (UASC) children has stayed as 26 within our 0.07% quota of 42. In 2021/22, 151 children have started to be looked after. The rate of children becoming looked after per 10,000 has increased from 24 to 25.4. Haringey's rate is now higher than the London average which is 21 in 2020/21.

In the last 12 months 153 children ceased to be looked after, In the past year there were 50 children (33%) who ceased to be looked after and returned home to live with their parents or relatives., (Source Haringey performance report).

96% of children in care for 12 months or more have had a health assessment. (Those in youth offending institutes are not CIC prior to being remanded are not the responsibility of the CIC team).
75.6% have had a strength and difficulty questionnaire completed. This is collected by First Steps.

2.3 Aims

The CIC health 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, special guardians, connected persons and adoptive parents)

2.4 2021-2022 Key Priorities

1. To raise the uptake of dental checks.

Progress: This has proved difficult we now have The Health Smile Programme for children in London.

2. To raise the Immunisation uptake of Children in care.

Progress: This area remains a challenge

3. To ensure The Children in care in and out of borough continue to receive health assessments face to face or remotely when face to face is not possible.

Progress: This has been achieved

4.Ensuring access to appropriate and timely mental health and emotional well-being support.

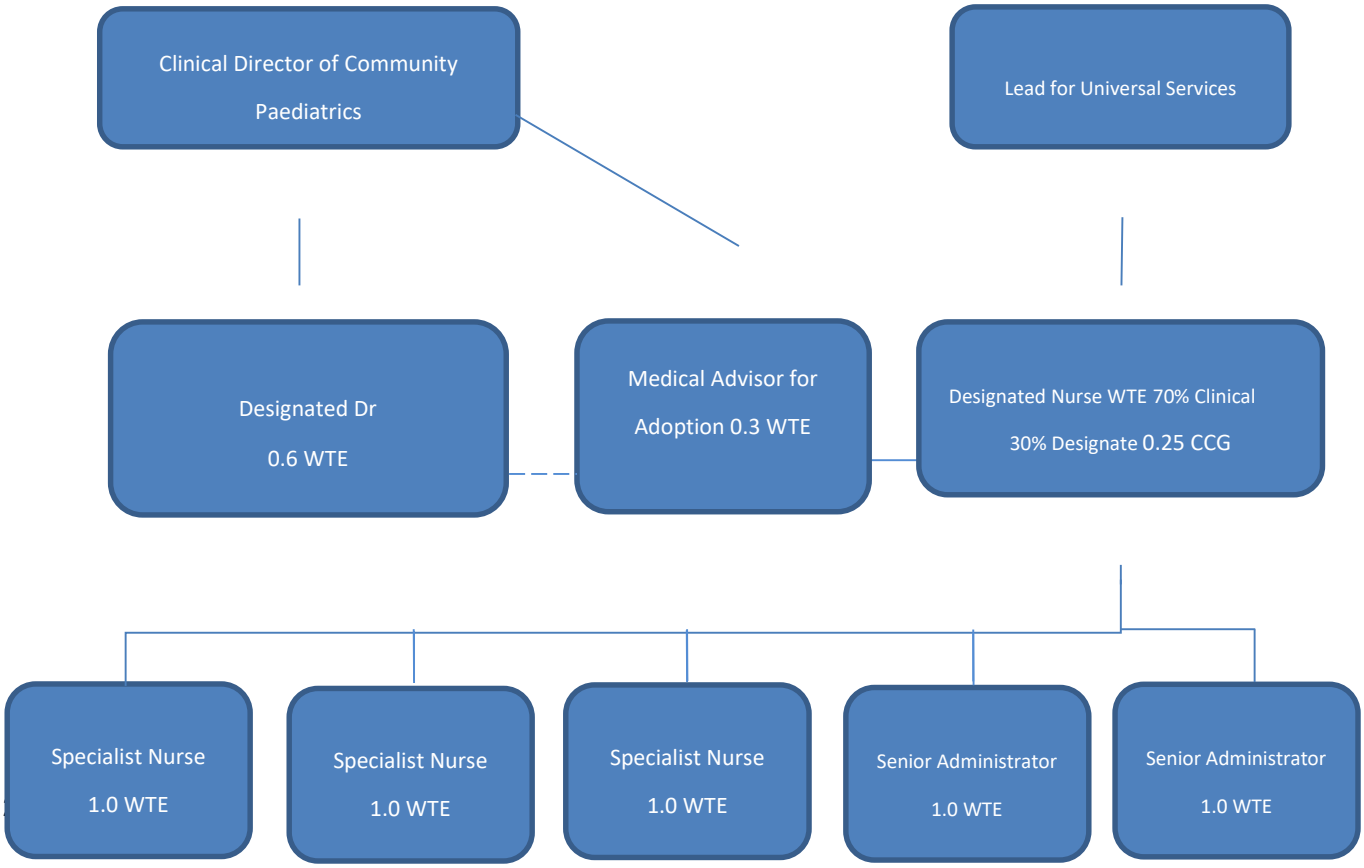
Progress: We have met with the Vulnerable children's commissioner, raised concern via safeguarding and assurance group and with providers of mental health services to ensure Children in care are prioritised and to develop a pathway for Children in Care.

5.· Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs. This has been raised and is recommended in the Nice Guidance.

6· Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers. · Where there are gaps in provision of health services and support for looked after children services, to promote recruitment into vacant posts.

Progress: This has been raised within the NCL CYP Transformation meetings.

2.5 CIC team Structure



2.6 What happens when a child is taken into care?

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 GPs to obtain a health history and to enquire if they wish to contribute to the report. Consent is received from the Social Worker, parent or young person depending on the legal order and an appointment booked for the next available appointment.

2.6a Initial Health Assessments

The health assessments usually take place at Tynemouth Road health centre which is the CYP children's hub in the East of Haringey (the team moved premises on 1.2.2022) 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 a paediatrician. When a young person refuses an assessment or

is missing, and it is clinically appropriate, the doctor then completes a desktop report[1] with all the health information available.

During the year we completed face to face assessments where possible, during the lockdown periods due to corona virus we completed many assessments via video link.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to local services. Those well-known to another Paediatric team may be seen by their paediatrician. Following the assessments for those who are unaccompanied asylum-seeking children's referrals are made to UCLH for infectious disease screening. Some require referral for specialist mental health support and have post-traumatic stress disorder. Appointments are also offered to a local sexual health clinic.

In some cases, young people preferred to have the assessments remotely It is not always possible to be sure the child was able to talk to us confidentially during a remote assessment, where they can raise any concerns regarding their health or placement. We found as a team working remotely was not a satisfactory way of assessing development in younger children and some had not had face to face assessments with other health professionals.

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 or the child is under 4 years. Each child is allocated a nurse and for continuity we aim for the allocated nurse to see all children on their caseload each year. We discuss the children where possible prior to the assessments and inform Social Workers if assessments are delayed. On occasions joint visits are made. The team continues to work hard to engage with young people.

The CIC team liaise with health professionals responsible for the children's health to ensure the health reports incorporate up to date information from professionals involved in their care. This is important when children move placement to ensure that all involved in the child's care have a comprehensive health history and current health care plan.

2.8 Plans for 2021-2022 Key Priorities

Carers continued to have difficulty in getting dental appointments and annual statistics report 77.7% of Haringey CIC had had an up-to-date dental check. Following NCL Designated doctors for CIC escalating this as an issue to NHS England with regards to concerns regarding CIC not receiving checks and many foster carers having difficulty in getting a dental check The Health Smile programme was set up across London and surrounding boroughs.

Immunisation rates remain low with 73% being fully immunised. Not all children eligible were up to date with immunisations. Some children had also declined immunisation. We are aiming to audit immunisations next year and try to improve the uptake with our Islington partners who have experienced similar difficulties.

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[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.

Ensuring access to appropriate and timely mental health and emotional well-being support. We have met with the Vulnerable children's commissioner, raised concern via safeguarding and assurance group and with providers of mental health services to ensure Children in care are prioritised and to develop a pathway for Children in Care.

Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs. This has been raised and is recommended in the Nice Guidance.

Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers. · Where there are gaps in provision of health services and support for looked after children services, to promote recruitment into vacant posts. This has been raised within the NCL CYP Transformation meetings.

3. Performance– Quarter 1 2021/22

	Activity	Quarter 1 April	May	June	Total Q1
Initial Health assessments	Number of new into Care notifications	5	11	9	25
	Total number of children seen in current month	6	7	12	25
	Number completed within 20 days (based on 'date seen')	6	5	12	23
	Number completed over 20 days (based on 'date seen')	1	1	0	2
	Number due	32*	39**	49***	**119**
Review Health assessments	Total number of children seen per month	42	27	32	**101**
	Number completed within timescale this month	22	14	23	**59**
	Number of children not seen on time	3(2 refusers)	4(2 refusers)	6(1 refuser)	**7** (3 yp not seen + 4 refusers)

	Children in Care service
Successes	• Out of 25 IHA, 22 were seen face-to-face, 3 attended via attend anywhere • Out of 101 RHAs, 98 where seen face-to-face, 3 were see virtually • 6 out of boroughs RHA's completed
Challenges	• 1 child unable to have an IHA due to being missing from placement • Booking appointments and late RHA's are due to Covid (staff and children isolating)

* 7 children were seen in early in March 2021** 16 children were seen early in April but were due in May 2021
*** 13 children were seen early in May but were due in June 2021

Children in Care Service – Quarter 2 2021/22

	Activity	Quarter 2			
		July	Aug	Sept	Total Q2
Initial Health assessments	Number of new into Care notifications	22	15	14	**51**
	Total number of children seen in current month	12	9	9	**30**
	Number completed within 20 days (based on 'date seen')	11	3	2	**16**
	Number completed over 20 days (based on 'date seen')	1	6	0	**7**
Review Health assessments	Number due	35	36	30	**101**
	Total number of children seen per month	38	27	21	**86**
	Number due completed within timescale	35	27	27	**89** (some seen last quarter)

6 children with outstanding RHA's from previous Quarter were seen. 6 assessments due this quarter were completed last quarter. 2 due next quarter were seen.

	Children in Care service
Successes	Two assessments were completed via video call the rest were seen face to face in the clinic or at the client's home. 6 children with outstanding RHA's from previous Quarter were seen. 6 assessments due this quarter were completed last quarter. 2 due next quarter were seen.
Challenges	We have a vacant Designated Dr post. At the end of the quarter there are 7 overdue RHA's. 3 refusing health assessments the others will be completed ASAP.

Children in Care Service – Quarter 3 2021/22

	Activity	Quarter 3			
		Oct	Nov	Dec	Total Q3
Initial Health assessments	Number of new into Care notifications	11 2 seen by OOB team. 3 had CP medical s	6	15	**32**
	Total number of children seen in current month	5	14	9	**28**
	Number completed within 20 days (based on 'date seen')	1	7	4	**12**
	Number completed over 20 days (based on 'date seen')	4	7	5	**16**
Review Health assessments	Number due	38	36	32	**103**
	Total number of children seen per month	40	29	20	**89**
	Number due completed within timescale	36 (including 4 seen due from	29 (3	24 (5 seen last	**8** not seen end of

		previous quarter)	seen last month) 7 not seen	month) 7 not seen	quarter

Children in Care Service – Quarter 4 2021/22

	Activity	Quarter 4			
		Jan	Feb	march	Total Q4
Initial Health assessments	Number of new into Care notifications	5	6	5	
	Total number of children seen in current month	12	5	13	**30**
	Number completed within 20 days (based on 'date seen')	5	4	10	**19**
	Number completed over 20 days (based on 'date seen')	7	1	3	**11**
	Number due	30	30	24	**84**
	Total number of children seen per month	19	45	17	**81**
	Number due completed within timescale	16	21	12	**49**
					End of quarter 7 not seen

	Children in Care service
Successes	Nurses saw some children who had overdue health assessments.
Challenges	Several appointments had to be rescheduled due to Covid. Doctors and administrators and nurses worked hard to catch up those who had to reschedule. Unable to calculate immunisations this data has not yet been entered by nurses. At the end of quarter there are overdue RHA's. There is a delay in reports being completed due to staff absences and vacant administrative posts.

4. 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.

5. Work of the Medical Advisor to the Adoption Panel

Where the care plan is to achieve permanency through adoption, the children will have a have a Permanency Medical Assessment. The Medical Adviser then produces a written summary of the child's health background, current health and development status and future health and developmental prognosis. When a match is being considered, the Medical Advisor meets with the prospective adopters to discuss the health and development of the child as well as any significant family history that may have implications in the future for the child. Health

information on the adoptive applicants is evaluated by the Medical Advisor to inform the panel of its implications in relation to adoption. This may include seeking further information and disclosure of medical information from consultant specialists to clarify issues that have been raised and may have an impact on the Forever Family.

Haringey Social Work Adoption team are part of the regional adoption panel, Adopt London North, which includes six North London Boroughs. The Medical Advisor acts as a full panel member to advise the agency

and prospective adopters on medical aspects of adoption and may therefore be required to advise on cases outside of Haringey.

Over the last year, 8 meetings with prospective adopters have taken place and the advisor has attended 4 panel meetings. They have also provided teaching on the health and developmental needs of Looked after children as part of adoption preparation training for prospective adopters

6. Liaison and work of the team

The Designated Doctors post has been vacant since August 2021.Since then the Community paediatric medical Team have been providing medical support and supervising the paediatricians who complete the Initial and Review health assessments for the under-fives. A locum consultant paediatrician has joined the team and completes health assessments. He also analyses adult health assessments completed by GP's providing reports and evidence-based comments so that social care panels can reach appropriate decisions with regards to approving foster carers and special guardianships.

7. From First step (Wendy Lobato Service Manager)

First Step is a Tavistock and Portman NHS foundation trust service commissioned to provide services for all children in Haringey's care. We administer the Strength and Difficulty Questionnaire for the Local Authority; offer consultation to social workers with regards to any concerns regarding the emotional, psychological and mental wellbeing and health of the children in their care. We facilitate and chair complex professional and family network meetings with the child's needs, wellbeing and interests at the heart of these meetings. We attempt to signpost for longer term assessment and input, when required.

At First Step Plus we work closely together with the social work teams and networks for children in care with high level of needs who have unfortunately not settled in a placement and as a result experience additional significant trauma since in care. Further, these children's needs are often unassessed and unattended to. Often our work starts by creating, together with the social work team, a key adult network around the child.

One of our key beliefs at First Step has always been that a stable and good home with warm and caring relationships builds the foundation to emotional wellbeing and is the key to address any underlying mental health difficulties. Case work at First Step / First Step Plus over the last year has remained challenging, with a high number of children continuing to be in Haringey's care; high turnover of social care colleagues, difficulties in finding and holding enough high-quality long-term foster and residential placements for our children and young people. Working together with our colleagues from Health and Education remains key in these times.

The First Step / First Step Plus Team has continued to enjoy and benefit immensely from collaborative work with the LAC health team. Whilst the change of physical location of the LAC health team has been a loss and lessened opportunities for catching up in the clinic at Bounds Green, we work to continue our close working together relationship. We highly value the health team's involvement in our thinking; and attendance in our network meetings, and that they make themselves available even at short notice when necessary. Working together we notice time and time again how closely physical and mental wellbeing go hand in hand with each

other. An example of this would be the significant anxiety created for a foster family for a child who had significant dental problems and had not received immunisation when coming into their care, or a teenage girl with a skin problem and whether this relates to self-harming or a dermatological problem.

We look forward to continuing our collaboration with our colleagues in the LAC health team.

8. Corporate Parenting

The Designated nurse continued 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.

8.1 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.

8.2 Care leavers

Care leavers are aged 16 or over who have been looked after by the local authority for a relevant period of time since their 14th birthday and with a period of care taking place on or after their 16th birthday.

Information about services that may assist the care leavers to transition to adulthood and independent living is given by social care. It includes financial support, housing, health, education, and training. This ensures that all care leavers have a clear idea of what services are available to them and can highlight any gaps in provision or support that the young person may need. An app is available 'skills for life for young people' to access the information which includes health information and how to access it. A health summary is also sent to the young person by the CIC nurse.

9. Supervision

The nurses discuss cases of concern at team meetings and during 1:1 meeting with the designated nurse. Clinical supervision is received from a psychologist from The Parent Infant Psychology Service which is attended by Clinicians in the team. 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.

10.Strategic work of the Team

The Nursing team represented CIC on the following groups and committees**.**

Name of group/committee	Representative	Frequency
Whittington Health Safeguarding committee	Designated Nurse	Quarterly
Whittington Health Haringey Quality and Performance Meeting	Designated Nurse	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Nurse	Quarterly
Haringey health safeguarding children learning and quality group	Designated Nurse	Quarterly
Haringey Complex care Panel	Children in care Nurses	Monthly
Haringey Fostering Panel	Designated Nurse	Monthly
Virtual School Management Committee	Designated Nurse	Quarterly
Haringey Exploitation Panel	Designated Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Nurse	Quarterly
Meeting with Aspire (Children in Care council)	Designated Nurse	Quarterly
London Designate Nurse Meetings	Designated Nurse	Quarterly
Designated Meetings across the sector	Designated Nurse	Quarterly

11. Training and Seminars

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

We have provided training on The Health needs of Children in Care via The Haringey Academy to Social workers and foster carers.

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.

12. Risk Management, Incidents and Complaints and Compliments

No formal complaints have been received.

Incidents

An incident occurred following a delay in sharing reports from health assessments for children in care between November 21 and March 22. Reports were not shared with social care, GP's, carers and other health professionals. A 72-hour report and action plan were completed and recommendations put into place

13. Summary

The Designated Nurse undertakes a strategic role on behalf of the NCL and continues to advise the NCL on local and national issues that affect children in care, regular meetings take place within the network, and we continued to problem solve on specific issues.

The Haringey team continued to provide mainly face-to-face appointments sickness within the team and of children and carers delayed the timeliness of assessments being completed with many appointments requiring rebooking.

14. Plans for 2022-2023 Key Priorities

To recruit a Designated and named Dr for Children in Care.

Aim for report recommendations to be available for the first looked after Children review.

To secure funding for 1.0 full time equivalent CIC Nurse as per national guidance.

To raise the Immunisation uptake and dental check-ups of Children in Care.

Ensuring access to appropriate and timely mental health and emotional well-being.

Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs· Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers. ·