

## Haringey Children in Care

### Overview:

The Whittington Health (WH) Haringey Children in Care team is part of the WH Haringey Children and Young People's Service (CYPS) and is based at Tynemouth Road Health Centre. The team consist of a Designate Doctor, who has recently joined the team, a Named Doctor, and an adoption advisor. The doctors are experienced consultant paediatricians. Other doctors working in the team are paediatric registrars who are supervised by the consultants. We have a Designate Nurse, and have funding for 4 Children in Care nurses.

The Designate Nurse manages the service. The role involves partnership working and liaising with the Doctors, CiC nurses, administrators in Whittington CYPS, First Step, Haringey Social Care, The Virtual School, Haringey's Safeguarding Childrens Partnership, North Central London Integrated Care Board (ICB) and other Designated Nurses and Doctors.

Initial Health Assessments (IHA) continue to be completed by the team of paediatricians at Tynemouth Road Health Centre. Social workers are required to attend the Initial Health Assessment to support the child, and to ensure that the paediatrician is updated on any concerns that may impact on the child's health. Prior to assessments, previous medical records are requested from child's GP and other health professionals involved. If a permanency plan is required, then the adoption advisor will oversee the assessment and a permanency report is completed. Completed reports are circulated to professionals involved in the child's care and recommendations made.

Following the IHA, children under 5 receive six monthly Review Health Assessments (RHA) by the Children in Care team, over 5-year-olds are seen annually. RHAs are usually performed by nurses, who will travel to where the child is placed. Doctors may perform the RHA of certain children with additional complexities. Social Workers are informed of review assessments, as well as if assessments are delayed. On occasions joint visits are made to see children and young people to complete assessments, especially if there has been lack of engagement.

There are currently 4 young people declining to be seen for review health assessments.

**The Plans and Key Priorities for 2022-2023 were:****1. To recruit a Designated and Named Doctor for Children in Care.****Completed****2. Aim for all IHA report recommendations to be available for the first Looked After Children review.****Not completed.**

The Initial Health Assessments do not always take place in time for a report to be completed before the first Looked After Children's review. Delays can result due to the volume of children requiring assessments in a month. Delays occur if the CiC team are not informed children have entered care or the consent form is not obtained from whoever holds parental responsibility, which delays an appointment from being booked. We are introducing a new consent form which will assist the process, as social workers will obtain consent for the IHA when a child enters care. Close links exist between the performance team and the CiC team, who alert us to children entering care as soon as they are made aware. There can be a delay in receiving the official notification which includes both children entering care and changing placement.

**3. To secure funding for 1.0 full time equivalent CiC Nurse as per national guidance.****Completed, Interviews have taken place.****4. To raise the Immunisation uptake and dental check-ups of Children in Care.****Not completed – work in progress****Immunisations:**

65% of children in Care for over 12 months are up to date with immunisations on 31.3.2023.

Currently the SW and IRO are made aware of outstanding immunisation when Health assessment reports are completed. The carers and GPs are also informed and SW's should ensure carers attend the GP surgery for any overdue immunisations. Meetings have taken place with public health and the virtual school, and plans are in place for data to be shared with regards to which children are due

immunisations in the new academic year. Arrangements will be made for consent forms to be shared.

### **Dental health checks:**

There has been an improvement in children accessing dental health checks. In mid May 84% children had up-to-date checks 53 children didn't have an up-to-date dental check; the majority are aged 15 plus. SW's update the date of the last dental check when they complete visits and ask the carers for the date of the last visit. Children should be seen 6 monthly.

### **Other Concerns:**

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

There continues to be delays in some Children in Care accessing mental health and emotional well-being support, as mental health teams have long waiting lists. First Step continues to work with the network around children in care and can offer 1:1 support for children recently entering care. First Step provides social work consultations and network meetings and when there is a raised score following a completed Strength and Difficulties Questionnaire (SDQ), or a request from the social worker. First Step also liaise closely with the young adult's service. First Step will support the SW's referral to CAMHS if required. First Step Plus works with children who have had placement moves and when there is a risk of placements breaking down. Mental Health difficulties of Unaccompanied Asylum-Seeking Young People, teenagers, and at the point of entry into care have been highlighted as particular areas of need.

#### **Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments.**

We continue to contact local providers via the Designated networks to prioritise Children in Care. There have been continued concerns with regards the number and health needs of Children in Care and entering care within the last 6 months, with many children having complex health needs that require referral onto other medical teams and hospital follow up.

### **Safeguarding**

There continues to be concerns with regards to the number of Children in Care with missing episodes and those at risk of exploitation. The team have been attending strategy meetings and professional meetings when Safeguarding concerns are

reported, and the Designated Nurse and SW attend the Haringey Child Exploitation Panel where children at risk are referred to.

### **Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are Unaccompanied Asylum Seekers.**

The Unaccompanied young people currently have an Initial Health assessment followed by referral to UCLH Specialist Clinic for Infectious Disease screening and a referral to sexual health clinic as required.

Emotional wellbeing is often a concern. We currently have 32 young people under 18 who are unaccompanied asylum seekers. Doctors completing the IHA's have raised concern regards the emotional wellbeing of unaccompanied young people. Currently referrals to Baobab (young survivors in exile) waiting lists are closed.

### **Data**

(Information from Haringey performance team). At the end of March 2023:

- 370 children were in care (rate of 69 per 10,000).
- 141 of children have started to be looked after in the year 1.4.2022-31.3.2023.
- The rate of children becoming looked after per 10,000 is 26.
- 158 of children ceased to be looked after, 13 children were adopted, which is 8% of the children who ceased to be looked after in the period.
- In the past year there were 45 (28.5%) who ceased to be looked after and returned home to live with their parents or relatives.
- 95% of children in care for 12 months or more have had a health assessment. (Those in youth offending institutes not CIC prior to being remanded are not the responsibility of the CIC team).
- 74% have had a strength and difficulty questionnaire completed. (First Step report on the SDQ's.)

Lynn Carrington

Designated Nurse CIC Haringey. Date: 23.6.2023