City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Children's Services to the meeting of The Corporate Parenting Panel to be held on 8th March 2021

Subject: Y

This report provides the Corporate Parenting Panel with up to date information in respect of access to health care for children in care.

Summary statement:

This report provides the members of the Corporate Parenting Panel with an overview of performance in respect of a number of key, health-related indicators as well as information in respect of several key areas for development.

EQUALITY & DIVERSITY:

Children in care sometimes have additional physical or emotional health needs arising from their life experiences, including neglect and experience of trauma. As good Corporate Parents we have a duty to ensure that these needs are addressed in a timely way when children have entered our care in the way that we would want to do for our own children and so that they are not disadvantaged by their former experiences.

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Portfolio:

Children and Families

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 This report provides the members of the Corporate Parenting Panel with an overview of performance in respect of a number of key, health-related indicators as well as information in respect of several key areas for development.

2. BACKGROUND

2.1 When a child enters care the council and our health partners have a statutory duty to assess their health and development. This is to ensure that we are fully aware of any health problems that they may have because without this we cannot take steps to help them. This Initial Health Assessment will then be followed by a review assessment at yearly intervals for as long as the child is in care.

2.2 When a child is accommodated under S20 Children Act 1989 we require parental consent for these assessments. When we are sharing Parental responsibility via a Care Order or Interim Care Order this consent can be given by a manager in social care/

2.3 Adverse experiences can mean that many children in care experience problems with emotional wellbeing and mental health. Neglect and abuse can also cause lasting physical ill-health and additional needs. Children often enter care with a poorer levels of physical and mental health than other children and nationally two thirds of children in care have at least one physical health complaint, and nearly half have a mental health issue. Some children with specific medical needs have had these needs neglected by their birth families causing conditions to deteriorate. As corporate parents we want our children to have the best start in life, to be healthy and to receive the care and support they need in order to thrive.

2.4 Within Children's Social Care there are a number of key performance indicators that help us to measure how well we are achieving our aim in ensuring that children in care have access to health assessment and support.

2.5 The percentage of Children in Care who have had their annual health assessment has fallen slightly towards the end of last year although at the time of writing the data suggests that this is increasing again. A number of factors can impact on this figure to a lesser or greater extent and examples include:

- Disruptions caused when a child moves to a new placement, particularly if this is out of the district.

- The increasing number of children who need to be in care and the pressure that this places on all services

- Older young people who often do not consent to an initial or annual health assessment taking place

- Rising numbers of children in care resulting in challenges in the availability of paediatricians

- Delay in the child's social worker obtaining the necessary consent and providing

this to health colleagues

- The impact of the pandemic on the ability of carers to take children for routine appointments of this nature when self-isolating or shielding.

Percentage of Children in Care who had an annual health assessment (children who have been CIC for 12 months) in the year															
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	**Trend**	**Bradford Target**	**Statistical Neighbour Average**
91.0%	91.5%	92.3%	93.3%	91.7%	91.1%	92.4%	91.6%	89.3%	89.6%	89.4%	90.3%	85.7%		92.0%	-

2.6 We have been working with our health partners in relation to streamlining the system by which consent for these assessments is obtained and shared with medical staff as a means of increasing the speed with which the initial health assessment can be undertaken. Discussions have taken place between the Council and health commissioners and providers in relation to the availability of doctors and medical staff to undertake these assessments given the increasing numbers of children in care and the impact of the pandemic.

2.7 Many children who enter care have experienced poor parenting and neglect. As a result, it is not uncommon for their teeth to have been neglected and in some cases dental neglect is one of the most visible outward signs that a child is being neglected.

2.8 As a result, making sure that our children in care have access to a dentist is a key priority for us. This can be affected by all of the factors mentioned above. In particular encouraging older teenagers aged 16 and 17 to visit a dentist when they do not have toothache is a challenge.

2,9 Performance in this area has declined significantly since the beginning of last year when over 95% of our children had seen a dentist in the past year. This is clearly linked with the national lockdown and the availability of dentists for routine examinations and the ability of carers to take children to the dentist during the periods when they have been open. This is a national trend but one which we do need to address. We are able to access child-level data to identify which children or young people need to visit a dentist and will be working with their carers to ensure that this happens as soon as possible.

2.10 An area of performance that has improved significantly is in relation to the completion of Strengths and Difficulties Questionnaires (SDQs).

2.11 An SDQ is an assessment that is completed for any child in care aged between 4 and 15 old. When a young person reaches sixteen then an SDQ is no longer required. The need for an SDQ reflects the fact that many children who enter care have had adverse life experiences including instability, trauma, neglect or abuse. This can affect them throughout their childhood and into adulthood and it is vital that we can be receptive to the signs of this kind of harm. It is also vital that our pathway for access to support in relation to the whole continuum of emotional wellbeing is accessible and responsive to the needs of our children.

2.12 The SDQ is a statutory assessment that enables a simple score to be assigned to a child or young person's level of emotional wellbeing. The different domains within the SDQ tool include the extent to which a child displays certain symptoms of emotional distress or trauma, the quality of their peer relationships, their behaviour etc. The score then enables us to be alerted to a child who needs additional emotional support and also enables improvements or deteriorations to be identified and action taken.

2.13 Our performance has now improved significantly and over 87% of our relevant children and young people have an up to date SDQ. This has been maintained despite the pandemic.

2.14 When a child or young person is given an SDQ score of 17 or higher this results in an alert to the child's social worker, their IRO and the LAC Health Team enabling us to be sighted on the outcomes and to then work with the child, their carers and other professionals to try to provide the right kind of help.

2.15 We are currently working with our health partners to identify ways to collate the data from SDQs more effectively in a way that can help us to see trends that are affecting our entire population of children or those that are affecting specific groups. We can then use this information strategically when targeting or commissioning services.

2.16 In addition we want to use this data to get a sense of how the pandemic may have impacted on our children in care other than on an individual basis.

3. OTHER CONSIDERATIONS

As corporate parents to our children in care and care leavers it is ours and our partners' responsibility to ensure that our children in care receive access to health assessment and treatment. We know that some of these processes are only provided for children in care and potentially can make them feel different to their peers who are not in care, however it is also vital that we do provide the right kind of support to address the emotional and physical harm that some of them have experienced prior to coming into care. It is our role as corporate parents to ensure that our children in care have their needs met as if they were our own children.

4. FINANCIAL & RESOURCE APPRAISAL

- None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

- None

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- None

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

- None

7.3 COMMUNITY SAFETY IMPLICATIONS

- None

7.4 HUMAN RIGHTS ACT

- NA

7.5 TRADE UNION

- NA

7.6 WARD IMPLICATIONS

- NA.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

- NA

7.8 IMPLICATIONS FOR CORPORATE PARENTING

The contents of this report relate specifically to Corporate Parenting responsibilities and our duty to maintain and promote the health of our children.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

The report is for information only.

8. NOT FOR PUBLICATION DOCUMENTS

- None

9. OPTIONS

9.1 The report is for information only.

10. RECOMMENDATIONS

10.1 The report is for information only.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None