



Carpe diem!

Addressing unmet health needs in looked after and neglected children

Dr Jessica Street

Dr Charlotte Kirk

Department of Community Child Health

RHSC Edinburgh

Briefing on Children's Social Work Statistics 2011-12 Scottish Government Publication

- **Overall LAC population:**
 - Nationally - 1.5% of 0-18 yr
 - Edinburgh - 1.6% (1,395).
- **Increase in the LAC population**
 - Slowed now < 1% between 2011 and 2012.
- **Balance of Care:**
 - For the first time nationally the proportion of LAC at Home is less than that with Foster Carers with the figures being 31.7% and 32.5% respectively.
- **Balance of Care:**
 - Nationally 25% are with Kinship Carers
 - Edinburgh 20% are in kinship care.
- **Age of LAC population:**
 - Nationally children < 5 yr starting to be Looked After has been increasing (from 25% in 2003 to 38% in 2012)
 - Current LAC population aged under five is 21%.
 - Edinburgh the figure is 23%.

Lothian Looked After Children

31st January 2013

	LAC Home	Res School	Res Unit	Secure	Foster	Kin	Total
Edin	386	22	60	12	606	288	1374
East	58	15	12	0	99	30	214
Mid	80	18	16	0	111	70	295
West	154	35	14	2	158	92	455
	678	90	102	14	974	480	2338



Edinburgh Child Protection

- January 2013
 - 151 IRD
 - 1125 Open cause for concern
 - 50 CPCC
 - 290 children on child protection register

CEL16 (2009)

- Implementation of Action 15 of the Looked After Children and Young People: We Can and Must Do Better Report (2007)
- A number of actions including:
 - Nominate an NHS Director with LAC Responsibility
 - Boards identify all looked after children in their area
 - **Reg 3(3): Local authority must offer every looked after child a health assessment (including those looked after at home)**
 - Offer every looked after child a mental health assessment
 - Ensure Care Plan is delivered

Health Issues in LAC

- Simple Physical
 - Incomplete immunisations, asthma, dental caries, refractive errors, scabies, head lice, conductive hearing loss
- Complex Physical
 - Foetal alcohol effects, vertically transmitted infections, undiagnosed & diagnosed disability, consequences of neglect/abuse
- Mental Health
 - Emotional/behavioural problems, self-harm, depression
- Health Behaviour
 - Smoking, inappropriate sexual behaviour/teenage pregnancy

Rodrigues VC. Health of children looked after by local authorities. Public Health 2004 Jul; 118(5):370-6

LAC Children within Edinburgh 2011

Areas of Health Concern

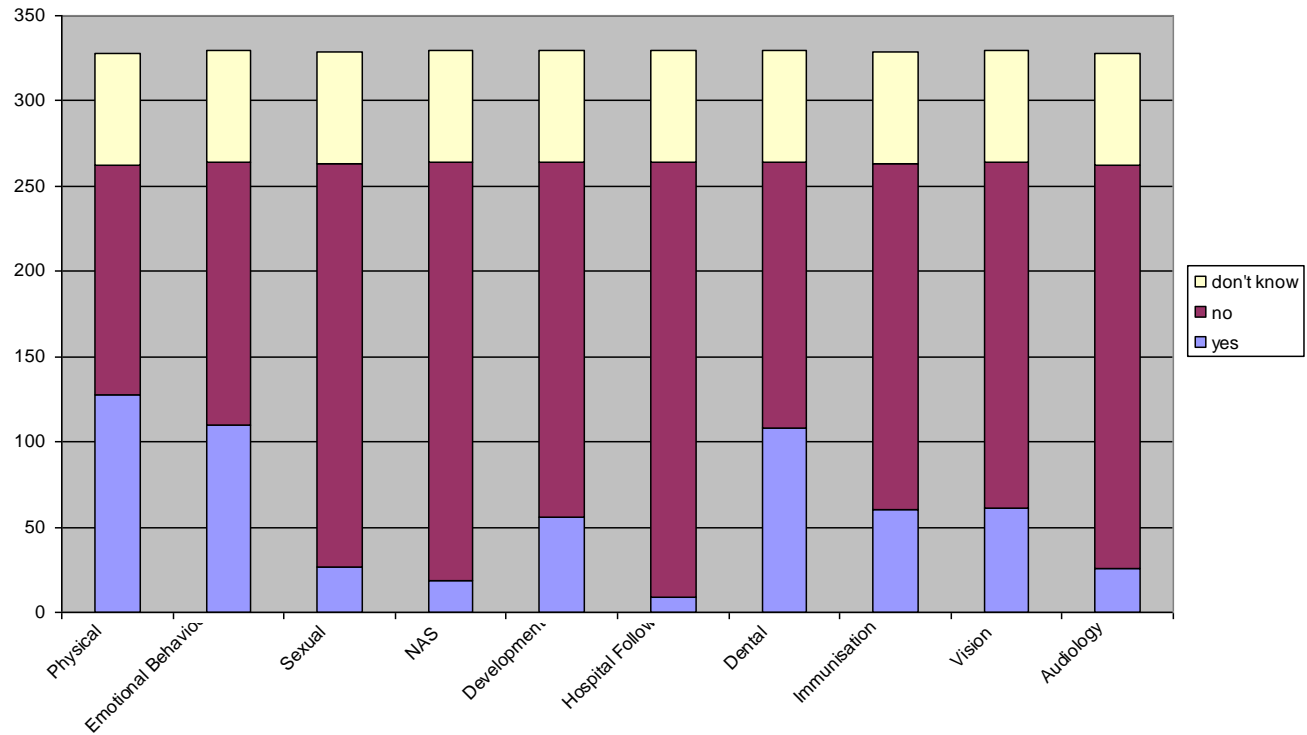
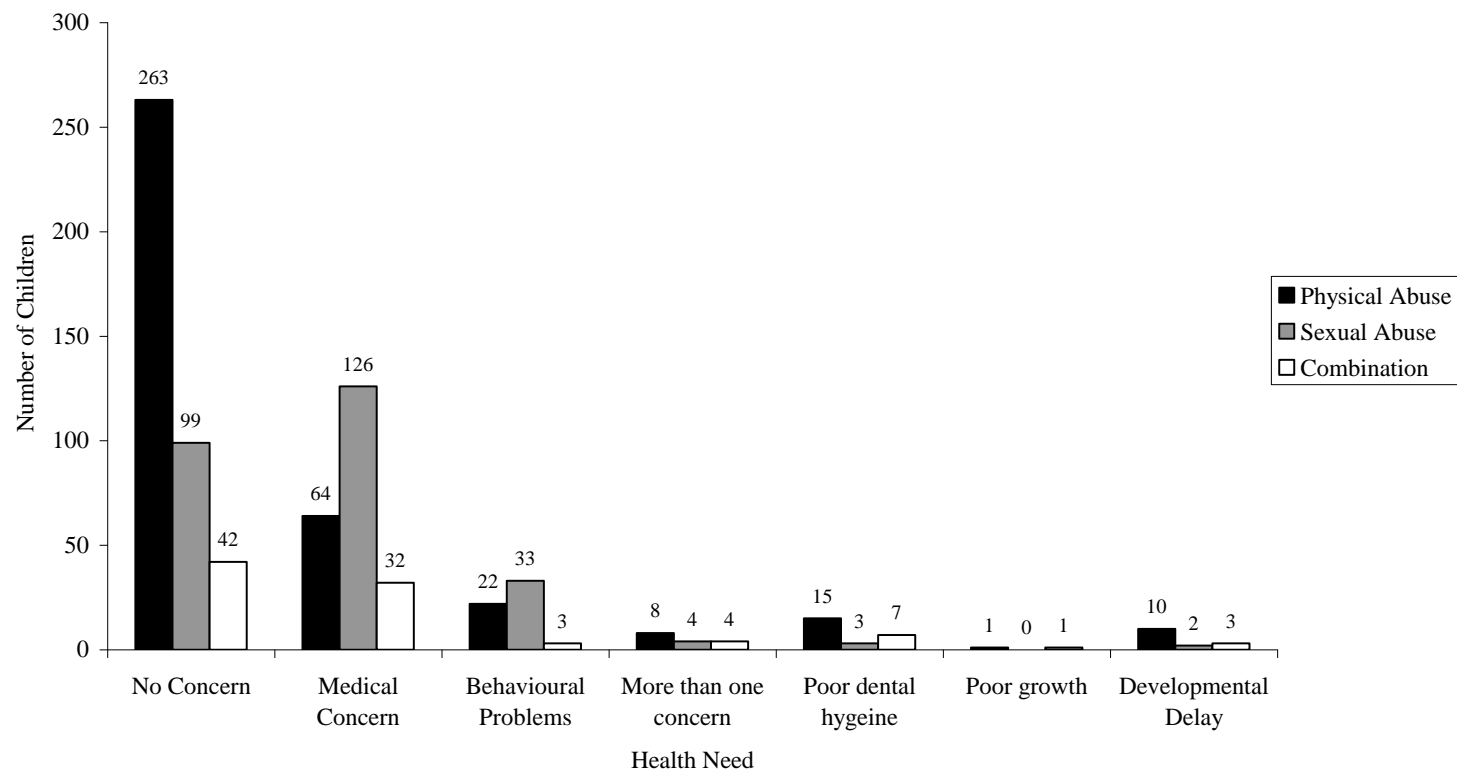


Figure 1

Kirk et al “Child Protection Medical Assessments – Why do we do them?” ArchDisChild 2010;**95**:5 336-340

Health Needs Identified At Medical Assessment

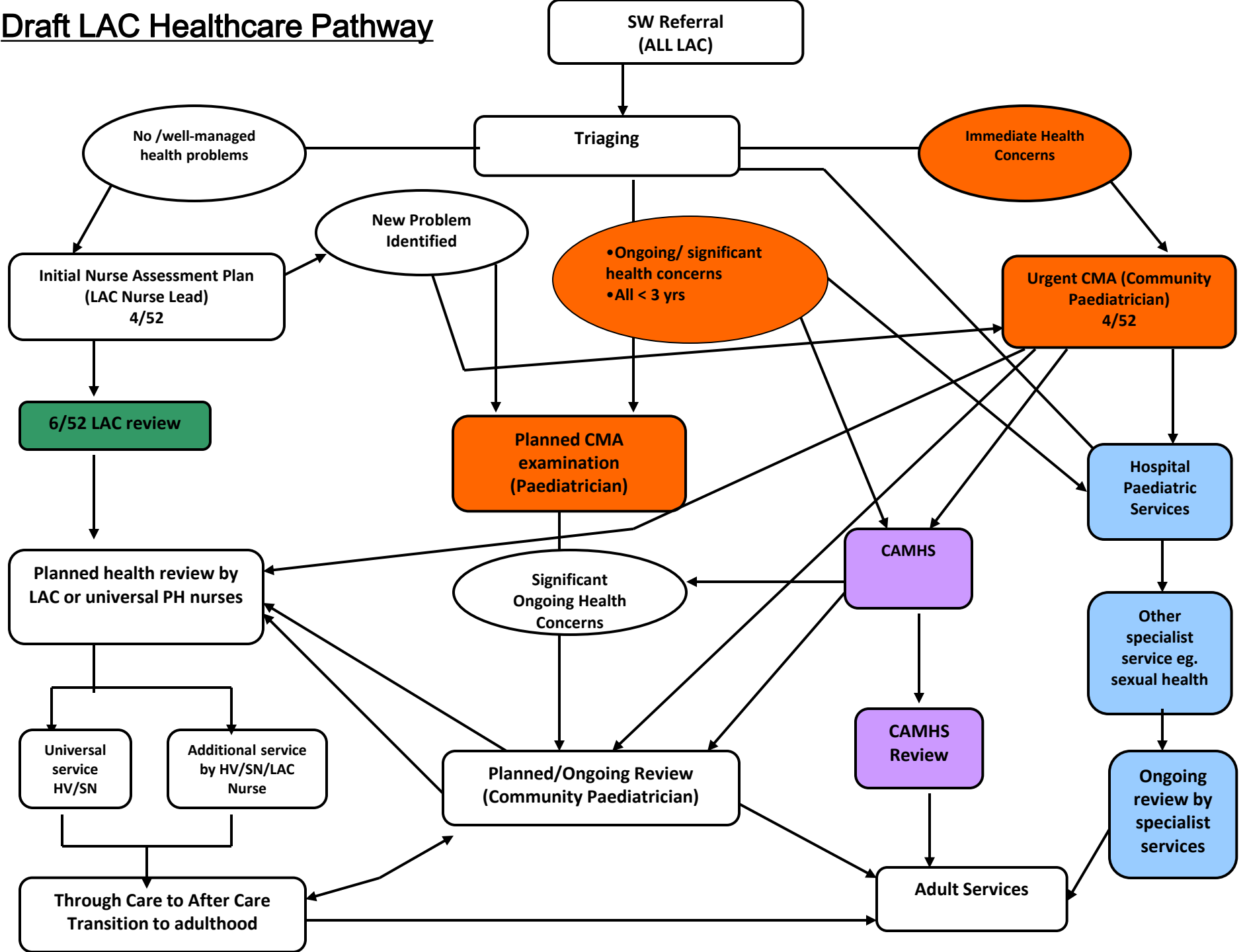




LAC Health Assessment Pathway

- Aim to triage and target those children most in need of detailed assessment
 - Untreated medical conditions
 - Evidence of neglect and poor attendance to health previously
 - Very young
 - Itinerant families
 - Likely to be adopted long term and therefore need in depth assessment

Draft LAC Healthcare Pathway





Pilot VaLAC Clinic

Since April 2011

- Fortnightly clinic at RHSC, changed to weekly in Feb 2012
- “One stop shop”: accurate growth measurement, developmental assessment, phlebotomy, Xray, colposcopy, prescriptions +/- Dentist, central location
- Referral route:
 - IRD: require urgent comprehensive medical assessment
 - Newly Looked After: found to be high priority on triage
- SW/FC involved in arranging appointments and accompanying young people
- Documenting evidence of lack of care



Audit Aims

- Justify the resources required to run the clinic
- Find out how the clinic is used
- How would you design an audit to determine this?
- What outcomes would you measure?

Audit Measures

- Audit period 7/12/11-11/7/12 inclusive
- Justify the resource required to run clinic
 - Attendance rates (? ↑ with statutory requirement)
 - Are we identifying unmet health needs?
 - Which investigations, treatment and management?
 - Does this require RHSC site?
 - Attendance at follow up
- Use of the clinic
 - Referral route
 - Demographics

Attendance

- 49 children in total given new appointment
- 45/49 (92%) attendance, 80% attended first time
- 13/45: Not referred to CCH/Medical previously
- Of remaining 32
 - Prev CCH attendance - 54%
 - Prev RHSC attendance – 66%
- Prev RHSC DNA appt = 62 at cost of £7254
- Prev CCH DNA appt = 17 at cost of £969

(Costings from ISD website: RHSC cons appt average £117 per appt, CCH appt average £57 per appt)



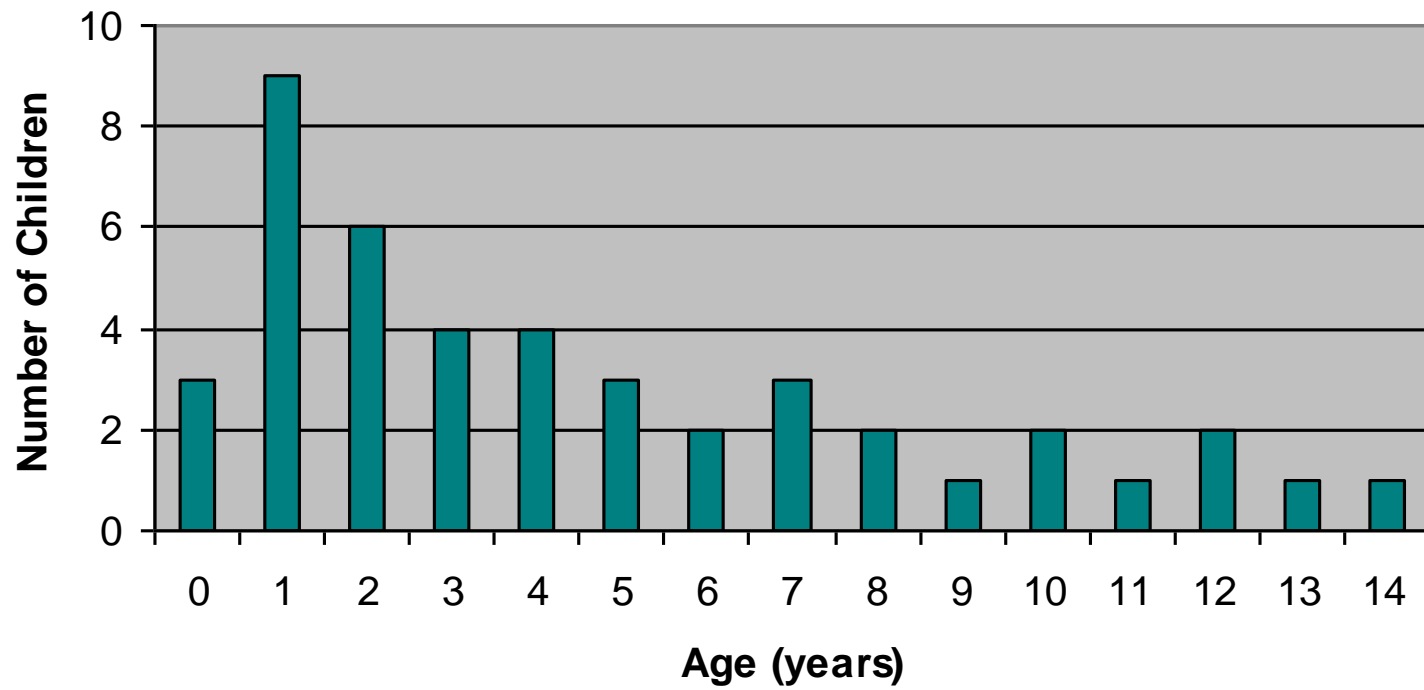
Referral Source

- 12/49 (24%) via LAC pathway
- 37/49 (76%) via IRD
- 21/49 (42%) were LAC at time of referral

- Mean time from IRD to appointment 27 days (9-51)
- Mean time from foster placement to appointment 58 days (37-98)

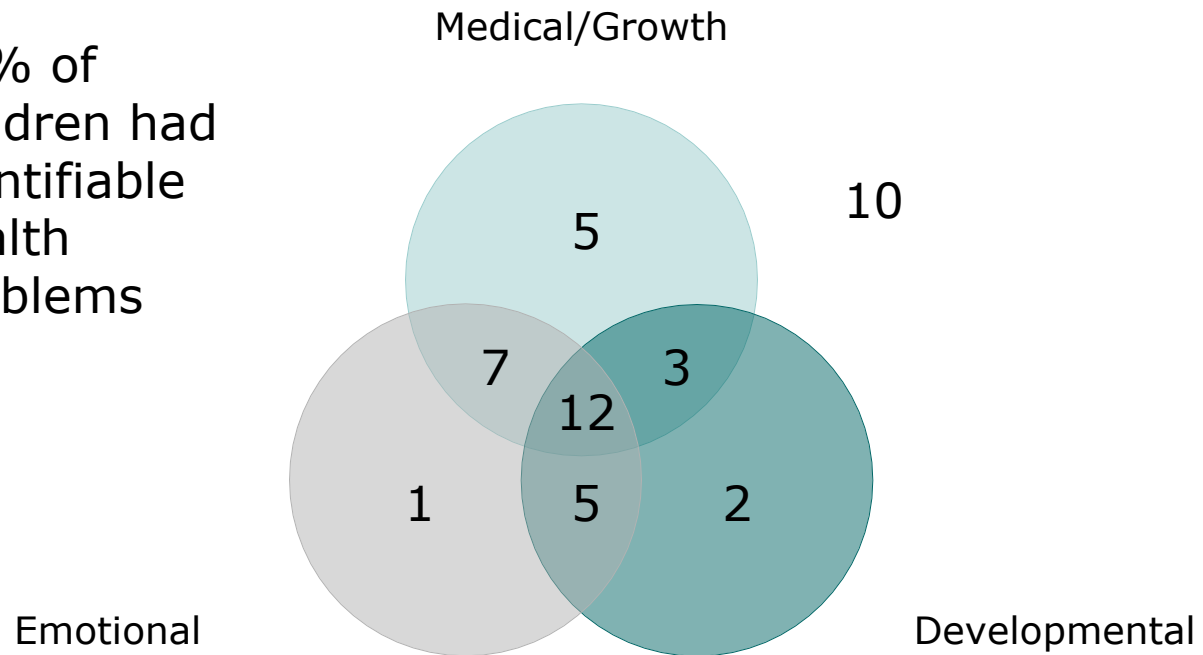
Age Demographics

Ages of Children Attending Clinic



Health Problems Identified

78% of children had identifiable health problems



Investigations

Action	Number of Children	
Prescribed Medication	5	(11%)
Blood Tests	3	(7%)
Xray	1	(2%)
Formal Developmental Assessment	10	(22%)

Follow up

- 22/45 (49%) children were referred for follow up
- 18/22 (82%) attended subsequent follow up

New Medical Referral	5 (11%)
New CCH Referral	14 (31%)
New Referral Other (SALT/Physio/OT/Audiology)	9 (20%)

Documenting Lack of Care

- 48% of children were documented by the clinician to have evidence of suspected neglect
- Dental Neglect
 - 24 children had never seen a Dentist
 - 2 children had previous GA for dental extractions (10,12 teeth removed)
 - 2 were symptomatic- pain/difficulty chewing
 - 5 children had noticeable caries
- The persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development *

*British Society of Paediatric Dentistry: a policy document on dental neglect in children (2009)



Conclusions

- Improved attendance saves time, money and benefits children
- Large proportion of unmet health needs confirmed
- “One stop shop” used well
- Most referrals through IRD process: should change as LAC Health pathway implemented
- The majority of children attended subsequent follow up
- Reports were useful in informing care plans and child protection procedures



What could have been better?

- Qualitative data on clinic
 - Young people's/Carers' views
- Objective measurement of neglect
- Detailed information re follow-up
 - What happened to these children subsequently?
 - Ongoing health information

What Happened Next?





Further Developments

- CEL 16 and funding
- Implementation of LAC health assessment pathway
- Public health assistance with monitoring outcomes



Further Developments

- Valac clinics set up Lothian wide
- Valac group developing
 - Consent
 - Use of LAC health assessment with action points and assign responsibility
- Dental input to Edinburgh clinic
- LAC nurse input to clinic?

References

- Children's Social Work Statistics Scotland, 2011-2012. The Scottish Government ISSN 1479-7569 (online)
- Rodrigues VC "Health of children looked after by local authorities". Public Health 2004 Jul; 118(5):370-6
- Flaherty EG, Weiss H "Medical Evaluation of abused and neglected children" Am J Dis Child 1990; 144: 330-334
- Chernoff et al "Assessing the health status of children entering foster care" Pediatrics 1994; 93: 594-601
- Needell et al "Infants in foster care" Child Abuse Neglect 1998; 22(12): 1179-1183