Carpe diem!

Addressing unmet health needs in looked after and neglected children

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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

31\textsuperscript{st} January 2013

<table>
<thead>
<tr>
<th></th>
<th>LAC Home</th>
<th>Res School</th>
<th>Res Unit</th>
<th>Secure</th>
<th>Foster</th>
<th>Kin</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Edin</strong></td>
<td>386</td>
<td>22</td>
<td>60</td>
<td>12</td>
<td>606</td>
<td>288</td>
<td>1374</td>
</tr>
<tr>
<td><strong>East</strong></td>
<td>58</td>
<td>15</td>
<td>12</td>
<td>0</td>
<td>99</td>
<td>30</td>
<td>214</td>
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<tr>
<td><strong>Mid</strong></td>
<td>80</td>
<td>18</td>
<td>16</td>
<td>0</td>
<td>111</td>
<td>70</td>
<td>295</td>
</tr>
<tr>
<td><strong>West</strong></td>
<td>154</td>
<td>35</td>
<td>14</td>
<td>2</td>
<td>158</td>
<td>92</td>
<td>455</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>678</td>
<td>90</td>
<td>102</td>
<td>14</td>
<td>974</td>
<td>480</td>
<td>2338</td>
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</tbody>
</table>
Edinburgh Child Protection

- January 2013
  - 151 IRD
  - 1125 Open cause for concern
  - 50 CPCC
  - 290 children on child protection register
CEL16 (2009)


- 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

LAC Children within Edinburgh 2011

Areas of Health Concern

- Physical
- Emotional Behaviour
- Sexual NAS
- Development
- Hospital Follow
- Dental
- Immunisation
- Vision
- Audiology

Figure 1

Health Needs Identified At Medical Assessment

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>99</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>64</td>
</tr>
<tr>
<td>Combination</td>
<td>22</td>
</tr>
<tr>
<td>No Concern</td>
<td>263</td>
</tr>
<tr>
<td>Medical Concern</td>
<td>42</td>
</tr>
<tr>
<td>Behavioural Problems</td>
<td>32</td>
</tr>
<tr>
<td>More than one concern</td>
<td>22</td>
</tr>
<tr>
<td>Poor dental hygiene</td>
<td>3</td>
</tr>
<tr>
<td>Poor growth</td>
<td>3</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>1</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>1</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>10</td>
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<tr>
<td>Developmental Delay</td>
<td>2</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>3</td>
</tr>
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</table>
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
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

Number of Children

Age (years)
Health Problems Identified

78% of children had identifiable health problems

Medical/Growth

Emotional

Developmental

10

5

3

2

5

12

7

1
<table>
<thead>
<tr>
<th>Action</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed Medication</td>
<td>5</td>
</tr>
<tr>
<td>Blood Tests</td>
<td>3</td>
</tr>
<tr>
<td>Xray</td>
<td>1</td>
</tr>
<tr>
<td>Formal Developmental Assessment</td>
<td>10</td>
</tr>
</tbody>
</table>
Follow up

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

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Medical Referral</td>
<td>5 (11%)</td>
</tr>
<tr>
<td>New CCH Referral</td>
<td>14 (31%)</td>
</tr>
<tr>
<td>New Referral Other (SALT/Physio/OT/Audiology)</td>
<td>9 (20%)</td>
</tr>
</tbody>
</table>
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 *

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