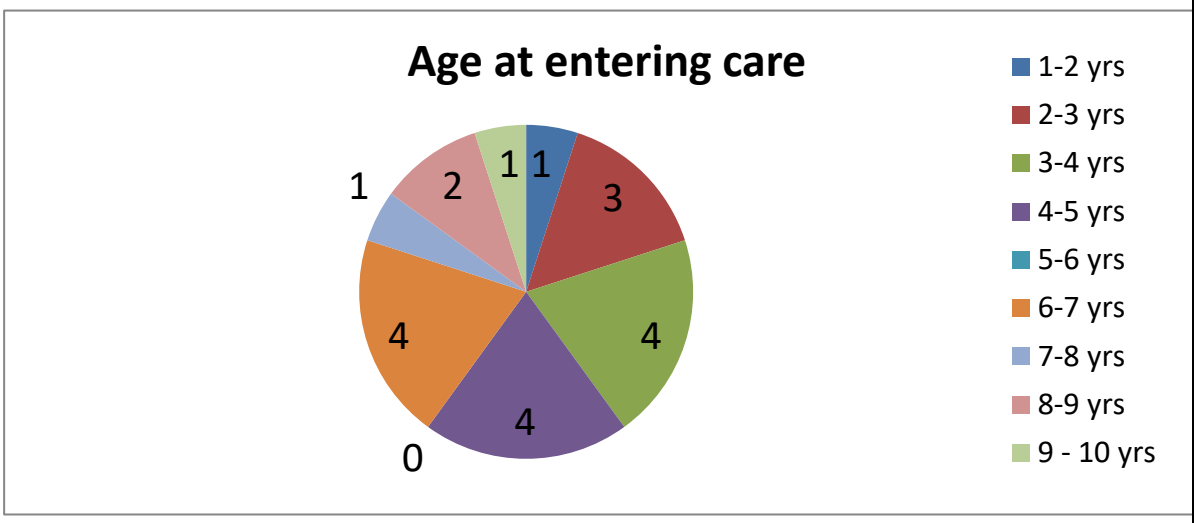
Longitudinal Audit of the Health Outcomes for a cohort of Children in Care 2005 - 2020

Dates of audit: 2005 - 2020	**Date of completion:** July 2020
Completed by: Heather Peet – Designated Nurse for LAC	
Title:	
Audit of the health outcomes for a sample of children in care (of Derby City Local Authority) over a time period of six to fifteen years.	
Purpose:	
To ensure all Looked after Children's health needs are assessed at the time of entering care, subsequently met and ascertain whether are any consistencies, inconsistencies within their health that may influence decisions about how to support children meeting their health needs and also identify any gaps in service provision.	
Method:	
• All children's names/details that came into care between 2005 and 2014 were collated • Children were randomly selected from this collated list, ensuring that there was a cross range of ages of children and various time periods within the last fifteen years Please note: there has been careful consideration to ensure any of the children within this audit cannot be identified and remain anonymous throughout • SystmOne clinical health record reviewed to identify the child's health needs upon entering care by the means of analysing the Initial Health Assessment documentation • SystmOne documentation reviewed to identify the actions undertaken with/for the child following the Initial Health Assessment to ensure their health needs are met • SystmOne documentation reviewed for each child's first Review Health Assessment to ensure any health actions have been progressed and/or completed • SystmOne documentation reviewed on a random basis over the subsequent six monthly or annual Review Health Assessment for each child (on average analysis of alternate years depending on the duration of the child remaining in care) • SystmOne documentation reviewed of the child's latest Review Health Assessment to ascertain the health needs for each child within the audit, identify any outstanding needs and any actions taken • Collation of the findings and subsequent analysis presented within this report	
Findings:	
To have an understanding of the findings initially the cohort of twenty children in care within this audit needs to be identified and placed into context. As previously mentioned the children in care within this audit have been in care for a period of between six and fifteen years and cover a time span of 2005 – 2014, including those children placed in and out of the City. All the children identified remain in care at the time of the initial scoping for this audit. As part of ensuring a thorough analysis of the findings this wide time span was utilised to assess whether the health provision for children in care had changed, improved or deteriorated over the past fifteen years, in relation to statutory health assessments, service provision and interventions available for children to support their health needs. **Understanding the cohort** Chart 1: The ages of the children at the point of entering care (20 children) Continued overleaf…	

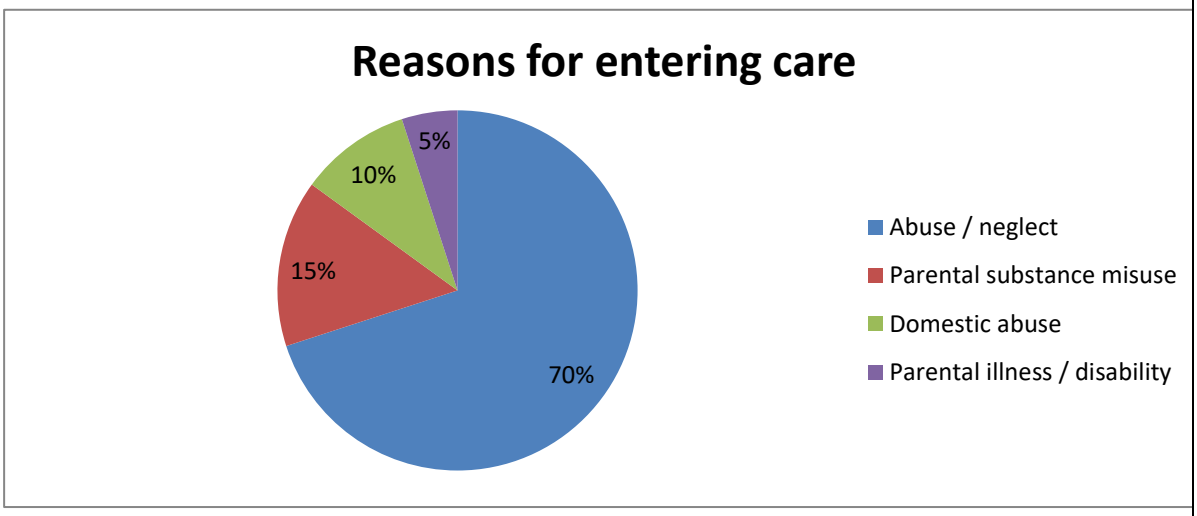


The ages of children within this audit varied between 1yrs and 9yrs old, which allowed a cross section of the potential unmet health needs identified at the Initial Health Assessment.

All the children in care had entered care under an Interim Care Order, this was not an intentional selection but as a result of the randomisation of the selection process.

Reasons for entering care:

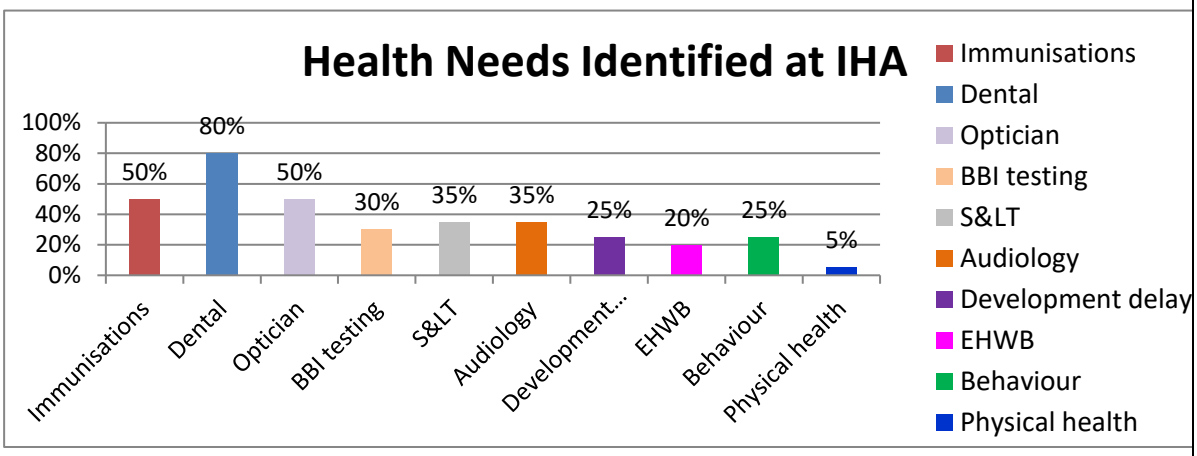
Chart 2: Overview of the reasons for the children entering care



The highest proportion of children entered care due to abuse and neglect, which be an indictor to the high level of health need for this cohort of children when they entered care. Upon analysing the findings of the identification of unmet health needs at Initial Health Assessment, there were no children with all their health needs met prior to entering care.

Chart 3: The percentage of children within the 20 children entering care who have specific health needs identified at the point of having their Initial Health Assessment

Continued overleaf….



From the chart above it is clear that children entering care had a multitude of health requirements identified at the Initial Health Assessment and that prior to entering care their health needs had not been met. Most children within the audit cohort had more than one health issue that needed intervention from a variety of health professionals.

Chart 4: The different health professionals the children had been referred to following their Initial Health Assessment

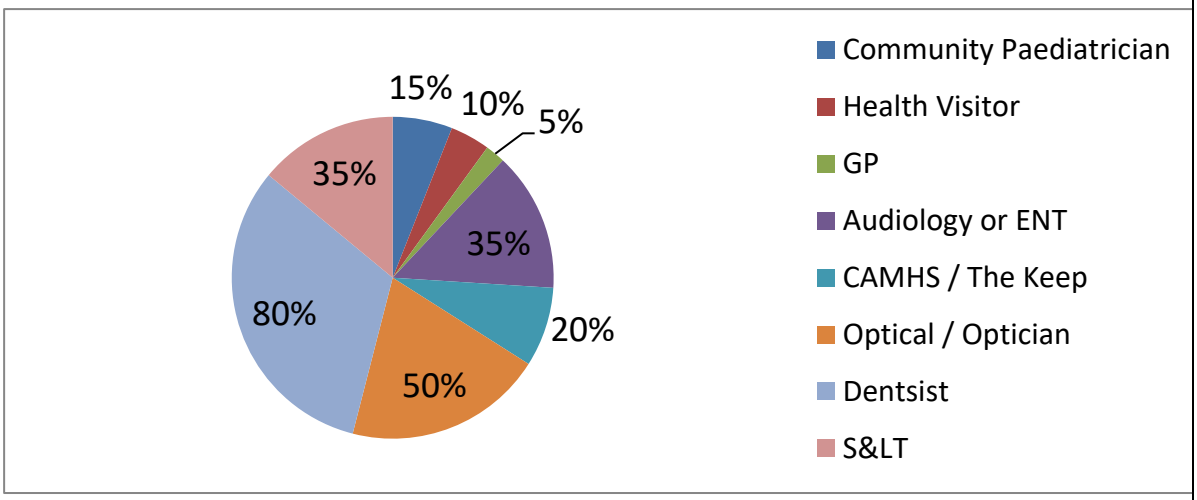


Chart 4 demonstrates that children within the cohort were referred to a variety of health professionals in order for the health to be assessed or for their health to reach that of their peers. It should be acknowledged and appreciated the potential emotional impact on children who require multiple health appointments in order for their health to be optimised and how unsettling having to have appointments with different health professionals in often clinical environments.

The next stage of the audit identified whether the unmet health needs had been met, progressed and / or improved at the first or subsequent Review Health Assessment.

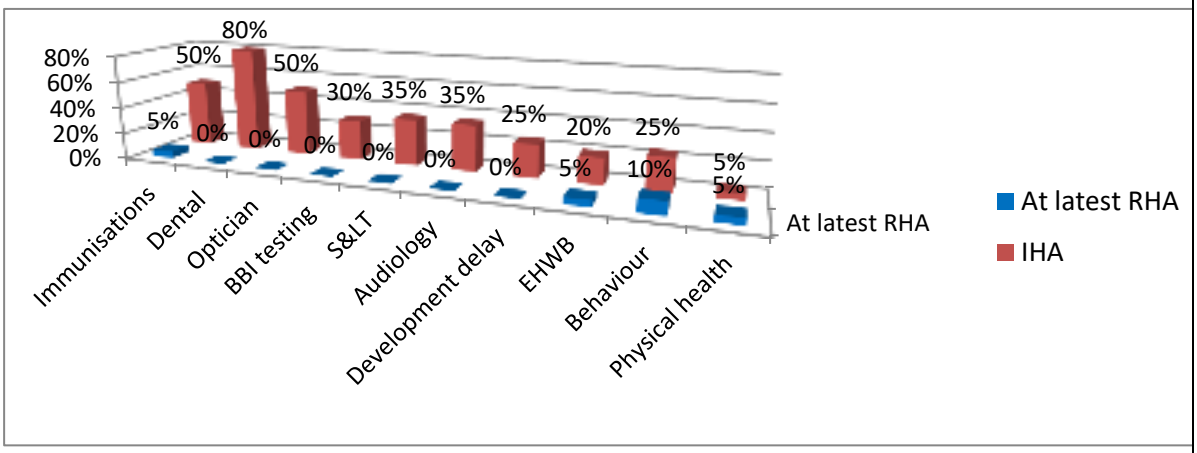
At the time of the second Review Health Assessment (either one year or two years later, depending on whether the child was aged under 5 years old) **100% of the cohort had their health needs met or improved.** All the children were up to date with the childhood immunisations, seen by a dentist and optician, had any outstanding audiology screening/tests, their Blood Borne Infections testing completed and were under the care of appropriate Specialists.

The health management and support for the children within this audit continued to be monitored as per statutory guidelines throughout their journey. Upon subsequent Review Health Assessments any health changes or unmet need for the children was identified and appropriate referral made to

existing service provision. This included Child, Adolescent Mental Health Services, 'The Keep', Community Paediatricians and the 0-19yr Public Health Service in the area where the child resided.

Exploring the current health needs for this cohort of children in comparison to their Initial Health Assessments, indicated the children within this cohort were healthier, with fewer unmet health needs and had support in place where appropriate.

Chart 5: Explores the difference in unmet health needs between the Initial and the child's latest Review Health Assessment.



Upon analysis of the unmet health needs identified at the latest Review Health Assessments the level of unmet health need is minimal. One young person was refusing to have their teenage immunisation boosters but was currently being supported to overcome their needle phobia. The other children identified with an emotional health and wellbeing, behavioural or physical health issue had the appropriate health professional supporting them and the young people were being prepared for their transition into adulthood and adult services. However, it is interesting to note that two young people had become obese during their time in care, however it is difficult to determine the definitive reason for their obesity as both young people were taking medication that could influence weight gain.

Within the audit there were clear, concise Health Care Plans developed and evidence that the actions were consistently monitored at Review Health Assessments. Due to the time period that this audit has covered (2005 – 2013) there was evidence of improved documentation for Initial and Review Health Assessments upon introduction of the BAAF package of health forms and following the development of the existing Children in Care Health Team. It was also interesting to note the quality and compliance to statutory timeliness comparisons between Health Assessments undertaken (Initial and Review) within this time period and those completed more recently has significantly improved, with a much greater focus on the voice of the child. This may be linked to the dedicated Children in Care Health Teams development of more recent years, a greater emphasis on quality documentation, a documentation redevelopment and the shift from a 'medical' approach of health assessments to a holistic assessment with the child at the centre.

Action taken:

- The findings of the audit will be discussed at the next Corporate Parent Committee and the DHcFT Children in Care Operational meeting with the Named Nurse, Designated Doctor and Medical Advisors
- Designated Nurse to share the findings as appropriate with Local Authority Children in Care Management Team and / or Directors as requested
- Designated Nurse and Designated Doctor to continue to monitor quality and compliance with statutory guidelines in relation to Initial and Review Health Assessments and strive for 'good standard' at all times

Summary:

It is evident that the health service provision for Children in Care is meeting the overall health needs of children and supporting those children with longer term issues with the most appropriate intervention to support their own health needs for the future. There is clear evidence that the quality and timeliness of statutory health assessments has improved significantly over the past fifteen years and that health assessments now not only focus on the physical health but that of emotional, health and wellbeing, identity, spiritual, sexuality, gender, relationships, risk factors and all the wider determinants of health.