

# Practice guide

Family Help & Children's Social Care

Children in care - health and dental support, Sefton

## Background, purpose and rationale

We know some children become cared for due to abuse and/or neglect and whilst they face many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Delays in identifying and meeting the health needs of cared for children, especially emotional well-being and mental health, can have far reaching effects including their chances of reaching their potential and leading happy lives as adults.

## What we did to improve children's outcomes and experiences

The Integrated Care Board (ICB) worked with the Initial Health Assessment (IHA) provider to introduce a hybrid IHA model, recruiting and training of GPs to complete IHAs. This has included trialling Saturday morning Dr/Nurse IHA clinics to increase the number of children that could be seen. Our approach includes consistently making reminder calls to carers 2 days before the IHA appointment. Sefton's IHA provider has worked with children to develop a child-friendly IHA leaflet and are further developing a YouTube resource to be narrated by some of our young people. IHA appointment letters are now addressed directly to children and young people to engage them, with a £10 Costa voucher for children aged over 11 as an incentive for attending.

The Cared for Children health team continue to manage the Review Health Assessment pathway including requesting RHAs from health teams in other areas and returning RHAs. Weekly meetings between the Service Manager for Corporate Parenting, Designated Nurse, Named Nurse in the provider team and Virtual Headteacher were established to address any issues or challenges with Review Health Assessments (RHAs) or communication with Social Workers (such as following a change of social worker). The provider service has also strengthened the decliner pathway used when older teenagers do not want to engage directly with an RHA.

The Integrated Care Board worked with NHSE Dental commissioners to introduce the Cheshire and Merseyside Children in Care Dental Referral Pathway. We have continuously promoted this within Children's Social Care, the Cared for Children health team and with Independent Reviewing Officer service. Service Managers and the Designated Nurse regularly identify children whose Children's Social Care records have not been updated with recent dental attendance. A case management system guide was developed so that staff understand where to correctly record dental attendances, with Business Support Administrators supporting the updating of records.

Two joint social care and health Strengths and Difficulties Questionnaire pathways were developed for children who are new into care; and for the annual SDQs thereafter. Supervising Social Workers support completion of the first SDQ within 3 months of children entering care, supported by IRO oversight. SDQ information leaflets for foster carers and residential providers were developed to highlight their roles in completing the main carer SDQs. An SDQ training package and 7-minute briefing were also developed, with a prompt added to the termly Personal Education Plan process. A case management system guide supports social workers to meet pathway responsibilities to record health events, including SDQs. We are currently trialling SDQs workflows to support improved recording for children living outside Sefton.

Weekly meetings between the IHA provider and community health teams, and Service Managers and the Designated Cared for Children Nurse are accompanied by monthly performance monitoring meetings between the ICB and IHA provider. IHA and SDQ performance is reported bi-monthly into the Corporate Parenting Board via a scorecard with all actions monitored via the Cared for Children Health and Wellbeing Working Group.

### What was the impact?

Recruitment of GPs has helped clear an Initial Health Assessment backlog, supporting improved timeliness of notifications of children entering care and provision of consent. Robust oversight and monitoring arrangements ensure the internal IHA provider pathway is adhered to, including the return of the IHA within 72 hours of the child being seen. Overall, significant improvement in achieving IHA statutory 20 working day timescale means that children's health needs can start to be addressed at an earlier stage. Review Health Assessment performance has also been maintained with 98% of children having an RHA completed during 2022/23 and 2023/24.

Access to dental services and recording of attendances at the dentist have improved. Whilst all Cared for Children living in Cheshire and Merseyside who do not have a regular dentist, can be referred to the dental referral pathway for a dental check-up in Sefton we have ensured 90% of children were recorded as attending the dentist at least once during the 2023/24. This represents ongoing annual increases since 2020/21 when only 28% of children attended the dentist during the pandemic, growing to 68% in 2021/22 and 87% in 2022/23.

Overall, Strengths and Difficulties Questionnaire (SDQ) performance has improved with 98% of 5-16 years olds having an SDQ completed in 2023/24, an increase from 82% in 2022/23. The first SDQ completed within 3 months of children becoming cared for is used as a benchmark to review future SDQs against. Review Health Assessments include analysis of SDQs making SDQs more meaningful and actions more contemporaneous for Cared for Children in Sefton.

### Find out more

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