

Children in Care

Annual Report 2022-23



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1. INTRODUCTION AND PURPOSE

This report will be presented by the Designated Nurse for Children in Care (CiC) to the Integrated Care System's Quality Committee, Senior Leadership Team in Gloucestershire County Councils (GCC) Children's Services and to the Corporate Parenting Group. It will also be shared with the Children in Care health teams and Directors of Nursing and senior leadership in the community and hospitals trusts (Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHFT)).

The report reflects the nature of the collaborative partnerships and interdisciplinary approach which is vital for improving the health of children in care across the health and social care system.

This report outlines how the children's health and care system promotes and protects the health and well-being of our children in care, in line with statutory guidance (DfE DoH 2015) in Gloucestershire.

The report is a compilation of data and narrative from the four (Hadwen Health, GHC CAMHS team CiC nursing team, GHFT Permanence (adoption) Medical team) provider health teams and GCC. It is presented in sections focusing on the work of each team and the service that they are commissioned to provide. Other related work is also included.

The CiC specialist health service structure is outlined in appendix 1.

The data included in the report runs from financial year end 2022 – 23, but other relevant information outside this timeframe has also been included to ensure that it reflects the current situation as far as possible.

Analysis of each section is presented in these blue boxes throughout the report by the Designated Nurse to highlight key issues and explain any data discrepancies.

2. CURRENT SITUATION AND CONTEXT OF THIS REPORT

Current Situation

Retirement of Dr Imelda Bennett

In April 2023, we said farewell to Dr Imelda Bennett who was our Designated Doctor for Children in Care. Imelda had spent her professional career working as a Paediatrician with children and young people and more latterly in specialist safeguarding and care roles.

Imelda was a passionate advocate for children and young people and was fundamental in improving specialist health services in Gloucestershire, she always ensured that we kept children at the centre of our thinking.

Imelda was also a great support to the colleagues working within the specialist health teams, both in relation to their wellbeing and to their career development and leaves behind a legacy to be proud of.

Imelda will be very sadly missed by all those who worked with her and we wish her all the very best for a long, healthy and happy retirement.

Key Highlights

- The specialist children in care health teams provide high quality, child focused care that is reflective in practice and responsive to feedback from those who use the service to continually improve the quality-of-service delivery.
- The Hadwen Health team continue to provide a high-quality Initial Health Assessments service. They are always open to feedback from children and colleagues and strive to continually improve their delivery of care.

- Gloucestershire Health and Care NHS Trust (GHC) were inspected by CQC (adult and children's physical health services) from 26th April to 25th May 2022 and were rated as good. The inspection report was published in August 2022. Extracts from the report relating to the CiC nursing team are included in the GHC section below.
- Additional investment in the CiC health teams over the past year has helped move us more closely towards meeting the staffing recommendations within the intercollegiate role framework for looked after children (RCN/RCPCH 2015) to provide additional capacity. This then has a direct impact on the ability of the teams to deliver on their statutory obligations.
- The CiC nursing team have been remarkably stable over the last few years.
- The CiC nursing team have had some additional funding over the past year which will help with capacity. Some existing team members have increased their hours as well as additional appointments.
- The CiC nurses hold caseloads of children so can maintain relationships over several years. This is positive for the children, though means that the team have also found themselves victims of their own success as this then increases their workload which compounds capacity issues.
- The Permanence (adoption) Medical Team transferred from Gloucestershire Hospitals NHS Foundation Trust (GHFT) to GHC in May 2023. This has taken a considerable length of time and work to complete. This means that three of the four specialist health teams are now in GHC.
- The Permanence (adoption) Medical team have appointed to all the additional Adoption Medical hours (some current post holders have increased their working hours).
- A second specialist nurse for adoption and fostering post has been funded and created and is in post.
- There has been some improvement in the efficiency of workflow for the Adoption Medicals working with partners in GCC, though this has been mostly driven by the Permanence (adoption) Medical Team themselves.
- Turnaround for prospective adult health reports has improved with the support of the doctors in the Hadwen team.
- The Named Doctor and two of the adoption medical advisors have been involved in delivering health training to Personal Advisors for care leavers. This is part of a research (National Institute for Health Research) project at Bristol University.
- An operational lead for CiC in GHC is now in post which has helped to free up the Named Nurse CiC to focus on professional leadership rather than operational issues.
- The Named Nurse is now an established member of admission into care and other panels where placement decisions about children are made. This has helped to improve the discussions and decision making about children.

Key Challenges

- While there have been improvements in IHA timeframes, timeliness of IHA paperwork and consents sent from Children's Social Care to the Hadwen team continues to be an issue. Continued scrutiny is necessary to improve and maintain statutory timeframes.
- There has been limited capacity of the CiC nursing team to be able to follow up children during transitions and placement moves, particularly when they are placed out of area and have complex and multiple needs.
- The number of review health assessments completed on time needs to be improved, capacity of the nursing team is most often the reason for poor performance.
- CiC CAMHS team recruitment – the team are operating on reduced capacity due to difficulties with recruitment – the service is considering alternative approaches that may help.
- We have now successfully recruited to the Designated Doctor CiC role. Once they are in post, we will need a period of induction and development for the post holder.
- The Designated Nurse for CiC is currently part time following a retire and return arrangement. Capacity is significantly below the recommendations in national guidance and when compared against our

regional statistical neighbour in order to meet the statutory functions. This is current held on the ICB risk register.

Looking Forward

- A project manager has been identified to work with the operational lead and the named doctor and nurse CiC to integrate the three specialist health teams who are now employed by GHC.
- Once integration is established, the service will be reviewed by commissioners to consider the capacity across the service and the impact of integration and additional resource to ensure that it meets the identified needs of the CiC/care leaver population, including those children placed in Gloucestershire by other local authorities.
- The review also needs to consider our developing understanding of the impact of childhood trauma on health outcomes, what we can do to mitigate this and best support those caring for children to provide optimal therapeutic care.
- The children in care nurses are currently not commissioned to provide a service for young people beyond 18. Some young people would benefit from health support from the CiC nurses post 18. This should be considered as part of the review of the service.
- Discussions are underway with colleagues in GCC, commissioners and health providers to support the development and delivery of several new local authority led children's homes in Gloucestershire.

Context of This Report

In 2015, 69,000 children in England were looked after by councils, by March 2020, the figure was 80,080 and 82,170 in 2022. In 2021, the County Councils Network estimated that it could reach 100,000 by 2025 without major investment and reform.

The Independent Review of Children's Social Care report in 2022 highlighted that the children's care system is under extreme stress and made a variety of recommendations for significant reform and investment.

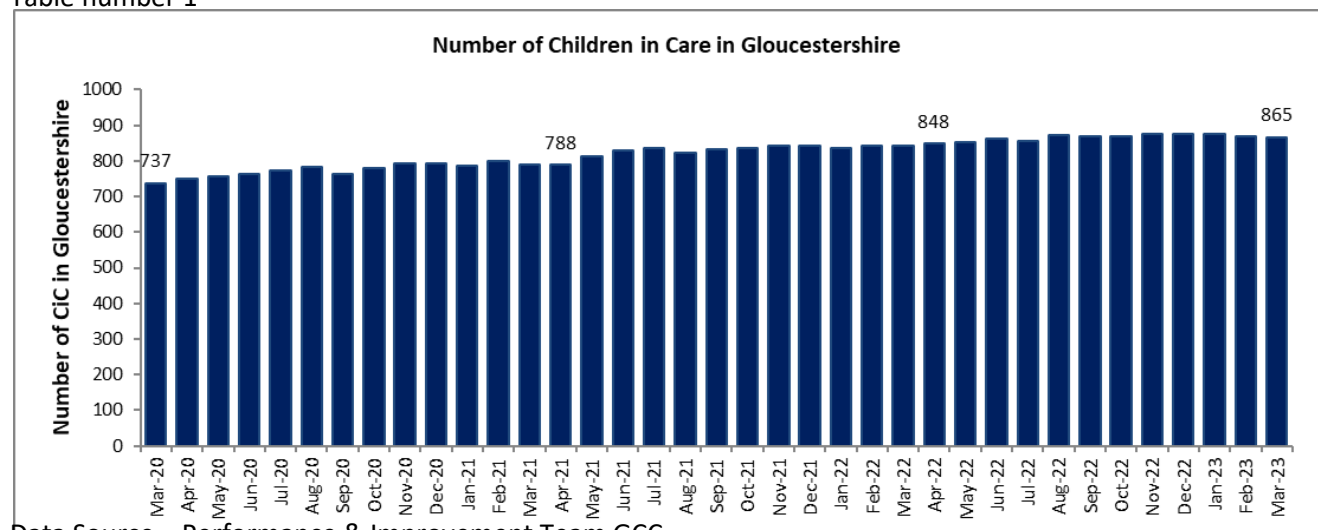
In May 2023, five national children's charities warned that government delays to implementing the independent report recommendations could cost taxpayers £1 billion over 10 years (NSPCC).

Local Picture

In Gloucestershire, the number of children in care has continued to rise over the last few years as can be seen on the chart below;

The total number of Gloucestershire Children in Care in March '23 was 865, 259 of these children were placed outside Gloucestershire.

Table number 1



Data Source – Performance & Improvement Team GCC

Children in Care Placed Out of their Home Area

Other Local Authority CiC Placed in Gloucestershire

According to the statutory health guidance for looked after children (DoH, DfE 2015) CCGs (now ICB's) and officers in the local authority responsible for looked after children must co-operate to ensure that sufficient resources are allocated to meet the identified health needs for the children in care population in their area, including those placed by other local authorities.

Numbers of children placed in Gloucestershire by other local authorities has steadily increased over the year (see below). Some of these children have highly complex needs and are sometimes placed without adequate handover of care and information sharing. This disproportionately impacts on the local health services and can result in huge amount of additional work particularly for the CiC nurses, CAMHS and potentially unscheduled care settings.

Children in care placed out of their home area are at an increased risk of abuse and exploitation and of not having their health needs met in a timely way.

Table Number 2

Financial Year Ending March	Numbers of CiC placed in Gloucestershire by Other LA's
2014	208-286 (GCS/GCC)
2015	No data
2016	263
2017	181 (GCS)
2018	194/300 (GCS/GCC)
2019	No data
2020	236
2021	446
2022	347
2023	372

Data Source; Annual health report for CiC 2014 – 2022
(Performance & Improvement Team GCC and Systmone)

The table below gives an indication of the increasing numbers of Gloucestershire CiC since 2014, placed within and outside Gloucestershire and other local authority children in care placed in Gloucestershire. The CiC nurses retain oversight of health needs of Gloucestershire CiC who have been placed out of county with specific health needs. They also provide a service on request for children who have been placed in county from other Local Authorities.

The CiC health service are now providing input to more than 1,200 children.

Table Number 3

Year	Glos CiC	Glos CiC placed out of area	OLA CiC in Glos
2014	490	No data	208-286 (GCS/GCC)
2015	514	58	No data
2016	561	73	263
2017	614	98	181 (GCS)
2018	652	122 (95 according to S1)	300 (194 according to S1)

2019	719	No data	No data
2020	745	No data	236
2021	789	205	446
2022	841	208	347
2023	865	256	372

Data Source; Annual health report for CiC 2014 – 2022
(Performance & Improvement Team GCC and Systmone)

As can be seen above, the numbers of children in care placed away from their home area (both Gloucestershire children and other local authority children placed in Gloucestershire) has increased over the years along with a rise in the overall care population. Children in care are one of our most vulnerable groups and being placed far from home adds to their vulnerability.

The Gone too Far report (Become 2023) outlines how the numbers of children in care being placed out of their home area is increasing due to insufficient local places for them with almost 800 children being placed from England in Scotland and Wales (where the laws and regulations are different which complicates things further).

The report also highlights how children placed more than twenty miles from their home have poorer emotional wellbeing than those placed closer to home. Children often say that they had no decision in placement moves and planning and can be left feeling isolated and lonely. Their education and relationships are often disrupted, and this can have a long-term impact on their ability to form safe, trusting and loving relationships. It can also impact on health care delivery due to similar services not being available in other areas.

The report also highlights how research shows that young people placed far from home area are more likely to go missing and be at greater risk of exploitation.

A task and finish group led by NHS England and designated nurses CiC from across the country have piloted a data collection tool. The purpose of this is to enable reporting on the numbers of children being moved out of their home area, across ICB areas in England, whether timely notifications and information sharing has happened and if they are able to have their health needs met in a timely way. This will help to highlight gaps and risks. The data collection tool went 'live' in April 2023 and is in development.

The additional investment in the CiC health teams over the past year has helped move us more closely towards meeting the staffing recommendations within the intercollegiate role framework for looked after children (RCN/RCPCH 2015) to provide additional capacity. This has a direct impact on the ability of the teams to deliver on their statutory obligations and to work in a way that supports, promotes and protects the health of children and young people. However, looking at pure numbers of children in care at any one time (as in the graph above) does not give a true indication of the amount of movement within the system which impacts on the work and capacity of the specialist health teams or the complexity of need.

The three health teams (now in GHC) are going through a process of integration to allow the capacity and expertise of each team to be fully utilised, while also recognising the unique part that each practitioner and team plays in supporting the health pathway for children in care. Once this integration is established, commissioners will review the service to ensure that it is able to meet the identified needs of the children in care population.

3. PROVIDER ANNUAL UPDATE REPORTS

Hadwen Health

The specialist team at Hadwen Health (4 GPs with a special interest and 2 administrators) are commissioned to provide all Initial Health Assessments (IHA) for all children on entry into care, including those placed from other local authorities.

The team are also carrying out a pilot of adult carers medicals and reports which is now in its second year and is progressing well.

Key Highlights

- A cohesive team with a close, flexible child focused approach.
- The quality of IHAs has always been ranked as good / excellent. This has been achieved through Quality Assurance by the Designated nurse, frequent Supervision and Peer review of completed reports.
- Strong links with other professionals allowing the team to be very responsive.
- Continuous improvement and development - learning through the flexibility needed during lockdown has been applied to current practice.
- During this past year the team have continued to complete IHA's face to face (as prior to Covid). However, from experience of working through Covid, it has enabled the team to be flexible to complete Virtual IHA's in some circumstances. For example, if Gillick Competent young people would engage better Virtually or if an appointment is not attended by the young person then it can be instantly converted to a Virtual planning meeting. This reduces the number of cancelled appointments and ensure the young person's needs are met more promptly.
- There is flexibility in the teams capacity due to having 4 Specialist GPs available. When there are fluctuations in demand, they are often able to increase capacity to meet demand.
- A dedicated, strong administrative team who adopt a proactive approach to each child/young person to ensure appropriate paperwork, consent, and timely delivery of the assessments.
- The team now carry out the adult carer (prospective adopter/foster carer) medicals (AH medicals) for patients whose own GP surgeries are unable to complete them in a timely manner. This allows the team to use their expertise and expand their knowledge of the care system to provide a holistic assessment.
- The team also complete reports for the panel / court on prospective carers. This utilises their expertise in both the Care system and as GPs to provide an overview. It also allows the team to further increase flexibility for IHA appointments.

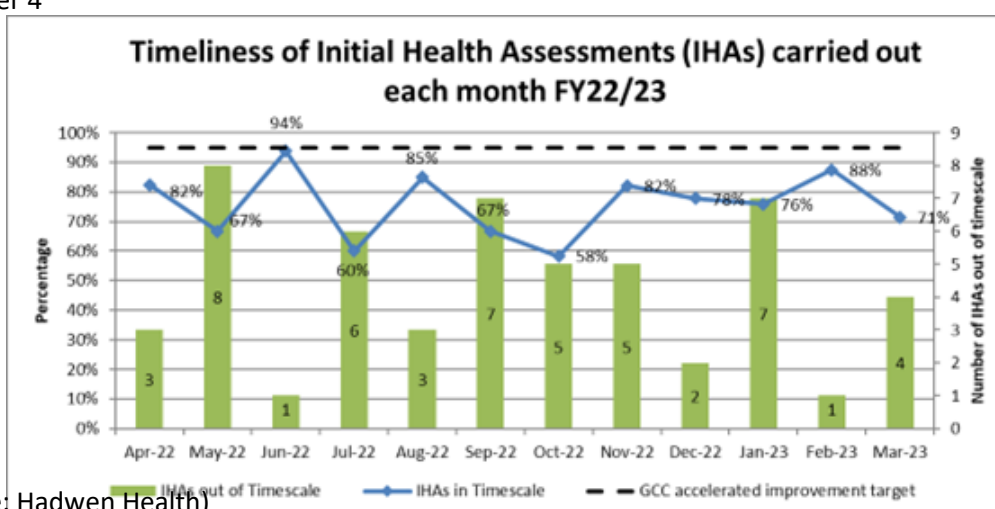
Key Challenges

- General understanding of IHA paperwork, especially consent, within social care teams. Improvements have been made in the last few months regarding correct paperwork being received from Social Care within 5 days of the IHA request. Further work is required to ensure a smooth process for IHA completion within the statutory timescales. A weekly phone meeting between Hadwen and GCC admin teams is helping to minimise timeliness of information sharing and identify and address issues as they arise. Continued oversight is needed to ensure any improvements made are sustained.
- Improvements have been made in the last year regarding the Carers and Social Worker being aware of the importance of the IHA to the child / YP, however, further work is still needed in this area, especially informing carers of appointments in a timely manner.
- Ensure there is access to face-to-face interpreters for Unaccompanied Asylum-Seeking Children (UASC). The availability of face-to-face interpreters (opposed to telephone service) has improved in the last year and close monitoring of this is needed to ensure this continues to achieve high quality IHA's and health plans.

Looking Forward

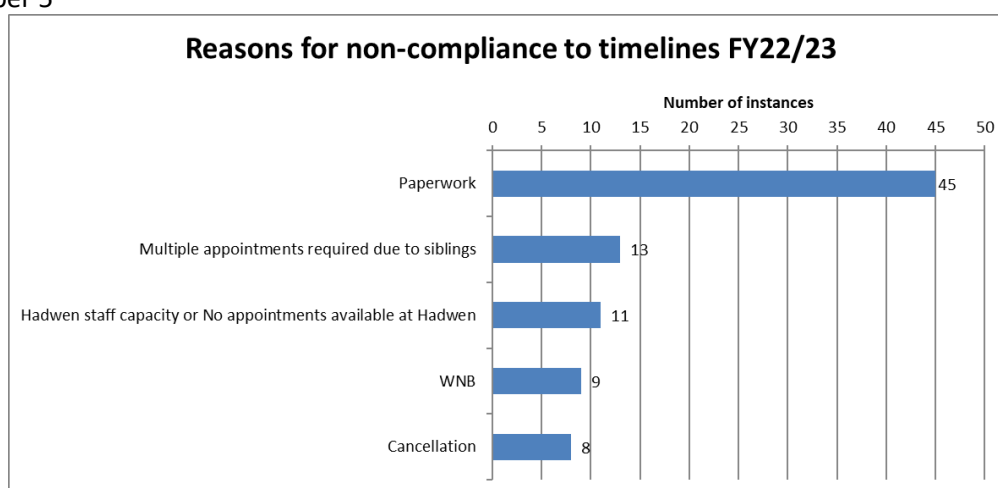
- Continue to work with Children's Social Care to maintain oversight of the IHA process and ensure more IHA appointments meet statutory requirements for timeliness. This oversight needs to be maintained even after satisfactory improvements have been made.
- To have further discussions regarding completion of the adopter/foster carer medicals (AH medicals) to determine whether centralisation of the service would be of benefit.
- For the Hadwen team to undertake the medical assessments for prospective adult applications for Prospective adopters, foster carers and special guardians when the applicant's own GP does not have capacity
- Currently the CiC admin team in GHC coordinate IHAs for Gloucestershire children placed out of area. We should consider whether it would make more sense for the admin team at Hadwen Health to coordinate this rather than the GHC admin team.
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Table Number 4



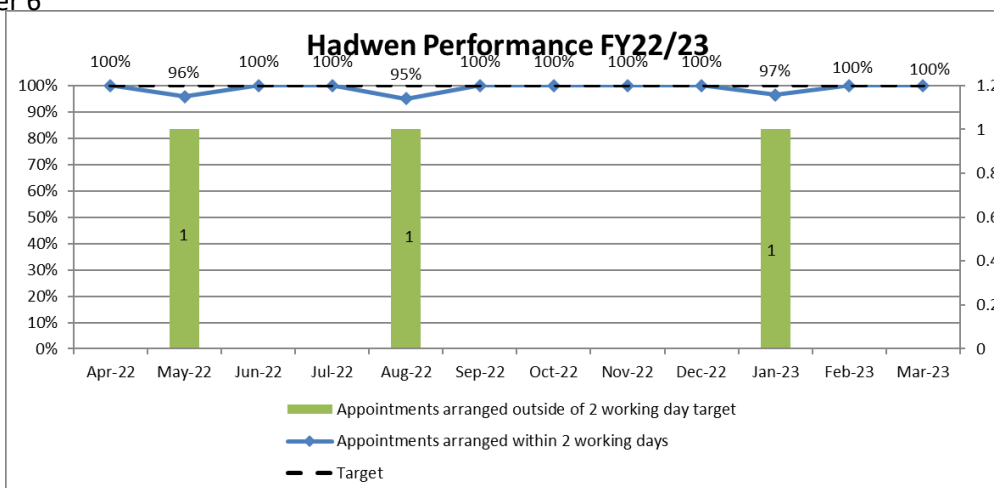
(Data source: Hadwen Health)

Table Number 5



Data source: Hadwen Health

Table Number 6

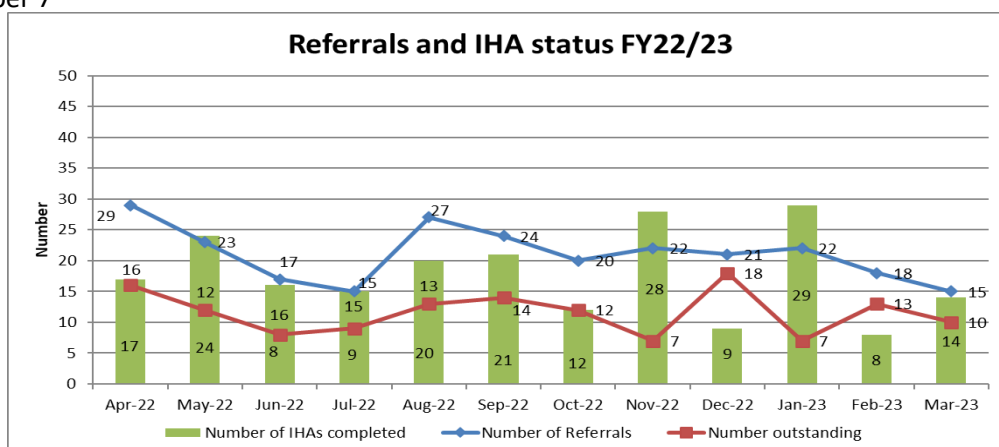


Data source: Hadwen Health

IHA End of Year Data FY 22/23 - Referrals and Timeliness of IHA assessments

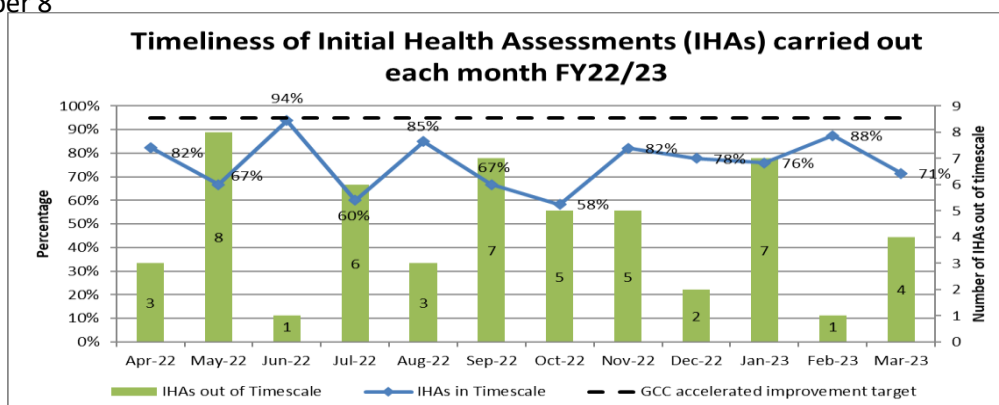
The number of IHAs completed within 20 days for FY22/23 is 76%, compared with FY21/22 which was 74%.

Table Number 7



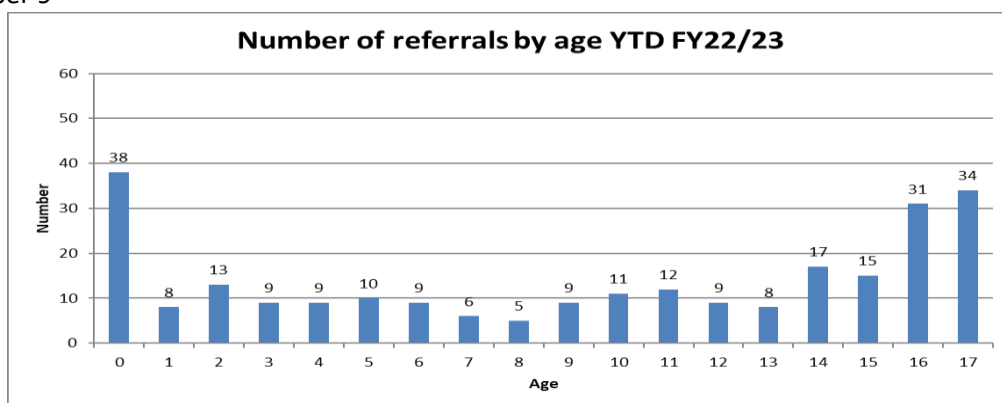
Data source: Hadwen Health

Table Number 8



Data source: Hadwen Health

Table Number 9



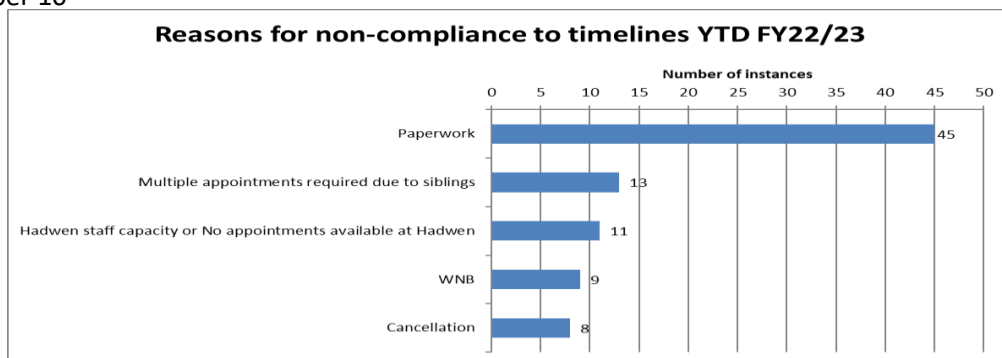
Data source: Hadwen Health

Reasons for non-compliance to 20-day timeline

The main reason for non-compliance to the 20-day target in March was 'Paperwork'. This was due to no signed consent for information sharing and no signed Delegation Of Authority form.

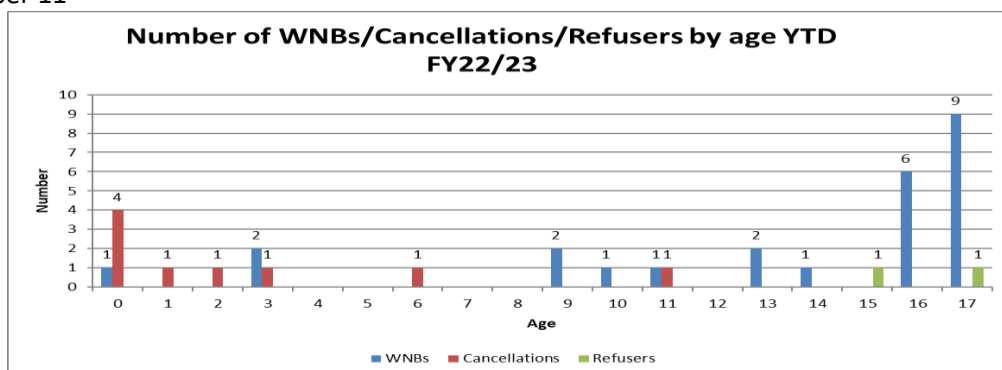
Paperwork issues have been the major reason for non-compliance throughout FY22/23, as they were in FY21/22. The main paperwork issues have been, no paperwork supplied requiring chasing after five days, no signature in the consent section, a lack of background information, no signed consent for information sharing and no Delegation of Authority form. Hadwen were required to 'chase' Social Workers to resolve some of these issues several times throughout the year. This is wasted time and resource, particularly when working to such tight statutory timeframes (ie IHA needed within 20 working days of admission into care).

Table Number 10



Data source: Hadwen Health

Table Number 11



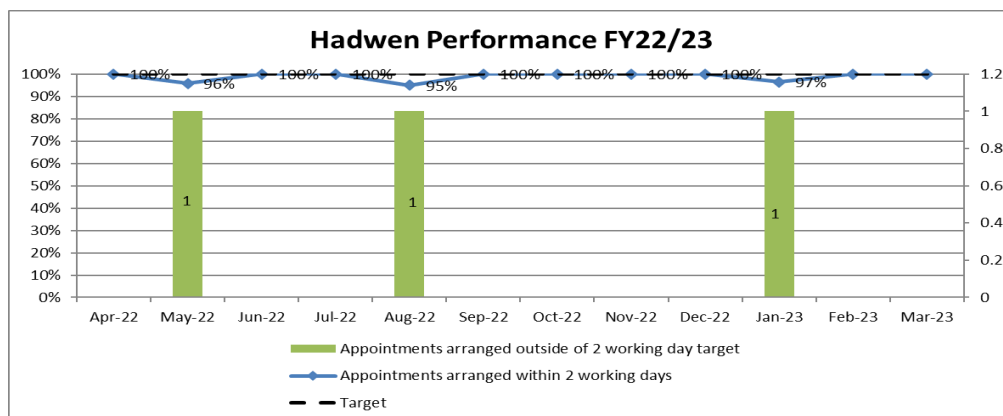
Data source: Hadwen Health

Hadwen Health IHA Team Performance

The number of days for booking an IHA appointment after an IHA request has been received from a social worker should be 2 days. Hadwen are compliant with their 2-day target, for booking an IHA appointment after IHA request received from social worker overall.

Overall compliance in FY22/23 has been 99%, compared to FY21/22 which was 97%.

Table Number 12



Data source: Hadwen Health

The average number of days for Hadwen to send completed paperwork to social care from the completion of an IHA appointment in March was 2 days (min number of days – 1, max number of days – 3).

Yearly averages are shown in the table below. The numbers of completed IHAs per month have decreased slightly in FY22/23 and the number of 'Was Not Broughts' (WNB) each month have remained constant over the last four years.

Table Number 13

Averages		
Year	Completed IHAs per month	WNBs per month
13-14	14	2
14-15	16	1
15-16	21	4
16-17	21	2
17-18	17	1
18-19	18	No Data
19-20	25	2
20-21	23	2
21-22	24	2
22-23	18	3

Data source: CiC Improvement Project Data sub-group

**The term 'Was Not Brought' is used rather than 'Did not Attend'(DNA) for children and young people which recognises that children and young people are usually dependent on their adult carers to support appointment attendance.*

***The number of IHAs completed will not match the number of referrals, as IHA appointments may traverse financial year boundaries.*

***IHAs completed within 20-days is the point at which a child goes into care to the completion of the IHA (as per statutory guidance). This is not a metric that Hadwen Medical Practice are held accountable for.*

The team have also completed 45 IHA's for children placed in Gloucestershire by Other Local Authorities.

Number of days from IHA request to first appointment given

88% offered an appointment within 20 days of IHA request

94% offered an appointment within 21 days of IHA request

97% offered an appointment within 22 days of IHA request

On average the team offered an IHA appointment within 12 days of request.

12% (26) IHA's were not offered a first appointment within 20 days of IHA request

Reasons for not offering IHA within 20 days:

- Multiple appointments required for sibling groups (8)
- GP availability at Hadwen, mostly over the summer and around Christmas (18).
3 of these IHA's would have been over the statutory timeframe regardless of when Hadwen offered an appointment due to delay in receiving request from social care (two, 21days from going into care to IHA request, one 58 days from going into care to IHA request)

The Hadwen team have been commissioned to provide the IHA service since 2011. During that time and without exception they have worked proactively with commissioners, the designated doctor and nurse, health colleagues, partners in GCC, foster carers and children to develop a high quality and well-regarded service.

The team consistently meet their contractual obligations, but IHA performance still requires improvement. This is almost wholly because of the failure of children's social care teams to ensure that correct paperwork (background information and consent) reaches the team in a timely way. The pilot undertaken in 2019 led by GCC's strategic lead for CiC, successfully improved performance, but this was not sustained. Persistent and continuous oversight is needed by senior leaders across health and social care to ensure that agreed processes are followed. Weekly phone meetings between the admin staff at Hadwen Health and GCC admin staff to resolve issues in a timely way to ensure the agreed processes are followed seems to be helping in improving and maintaining good performance and compliance.

The IHA team have been taking part in a pilot to undertake prospective adult carer medical reports for fostering, adoption and special guardianship, with a view to a review of the service in the future.

Gloucestershire Health and Care NHS Foundation Trust (GHC) - Children in Care Health Team (including CiC CAMHS, Fostering Development Team and CiC Nursing Team)

Key Activities

CAMHS Consultation and Adoption pathway

CAMHS CiC support to social care teams, fostering teams, Friends and Family Support Team, Foster Carers (including special guardians) and education staff. Adoption consultations are given as a package of three consultations for adopters and social workers for Gloucestershire children.

CAMHS Fostering Developments pathway

Wrap around support for newly approved foster carers in their first year delivered by the Fostering Development Team (FDT).

CAMHS Direct work and Assessment

Direct work is offered to children and young people where there is an identified need for further assessment and formulation.

CAMHS Strengths and difficulties questionnaire pathway (SDQ)

A Consultation is discussed and offered where appropriate. This would be when a mental health need is indicated and a child carer's and/or school's SDQ score is greater than 14.

Review Health Assessments

A minimum of six monthly for children aged 0-4 years

A minimum of yearly for those aged 5-18 years

Oversight and support for children and YP placed out of County

A particular focus on those children who have had frequent placement moves or where support is needed to ensure effective transfer of health care needs.

Follow-up after entry to care, following IHA

This is particularly focused on children and young people where several health needs have been identified or a particular action has been identified for the CiC Nurse

Follow-up after Minor Injuries Unit/ED attendances

Follow-up and support at times of transition

This is currently focused on children and young people transitioning between placements where there are several health needs

Attendance at strategy meetings/multi agency meetings

A practitioner will attend these meetings where they are the most appropriate health professional

Nursing Advice and support for young people, foster carers and professionals

This is provided via generic email, telephone and WhatsApp

Training for Foster carers;

- The Emotional world of the Child
- Infant care training
- Promoting the Health of Children in Care
- Speakeasy – supporting carers to talk about sexual health.
- The CAMHS CiC team can also provide flexible training packages at the request of social care

Key Highlights

- Investment in the CiC Nursing team has seen capacity increase from 5.1 WTE to 6.9 WTE, the full impact of the additional capacity can't be evidenced in the data for this annual report due to ongoing recruitment because of internal career progression.
- An Operational Lead for CiC Services has been appointed to drive forward the integration of the CiC CAMHS, Nursing and Adoption Medical Services.
- The team continue to develop a dynamic health assessment approach that allows a focus on those children requiring more regular reviews and support.
- The CiC Nursing team and the CAMHS CiC team have continued to develop record keeping standards, health assessment paperwork and an overall approach that reflects the key principles of Language that Cares. Taking the time to understand the child's past and current circumstances helps to use language that is kind, straightforward and avoids labelling the child. The service are also supporting the integration of this within the wider children's directorate following an event led by Ambassadors in 2022.
- The CAMHS CiC and Nursing teams are working alongside each other much more closely as part of the integration agenda.
- The CiC Nursing team has seen a stable workforce with some internal career progression, consequently children and young people have been seen consistently by the same Nurse resulting in positive outcomes.

- The CAMHS CiC Team have begun to offer increased direct work with children in care using the 1-6-1 assessment and formulation approach. This is for children identified at consultation and has been prioritised despite reduced capacity to provide further exploration of a child's presentation.
- The CAMHS CiC Team have been able to continue to deliver the functions of Fostering Development Team (FDT) despite very reduced capacity within the team. This includes continuing to deliver the Emotional World of the Child training, offering consultations to foster carers and their networks and continuing to offer clinical supervision to social workers in the GCC fostering resource.
- The CAMHS CiC Team have been able to continue to offer SDQ and standard CiC consultations within 3 months of referral, despite the team having a 50% vacancy rate.
- The CAMHS CiC Team have begun to join the meetings where children placed from other local authorities are discussed to help support the thinking and formulation around these children.
- The Named Nurse for Children in Care attends the Admission to Care Panel and the Children and Young People's Resource Panel. This has helped to ensure that children's health needs are considered as part of these processes.
- Development of pictorial aids for review health assessments to aid engagement by giving the child or young person some control over what is discussed and when. It provides an easy-to-understand map of what areas will be discussed. It also removes the need for eye contact if the child or young person struggles with this.

Key Challenges

- An 'MDT 360' model was developed to promote better integrated thinking about the needs of the child. This work had to be paused due to the delay in the transfer of the Permanence (adoption) Medical Team and reduced capacity within the CAMHS and Nursing CiC teams.
- The CAMHS CiC service has been significantly understaffed and currently has 50% Vacancy rate. This has led to increased waiting times for consultation and a reduction in supervision sessions being offered to social workers. The team have continued to provide services to Children in Care, those under special guardianship orders and pre/ post adoption support in Gloucestershire.
- The CiC Nursing Team has yet to reach full capacity, which continues to impact on the timeliness of Statutory Review Health Assessments and the ability to support to children and young people outside of statutory reviews.
- The CiC Nursing team are increasingly being requested to support children, young people, foster carers and other professionals between health reviews.
- The remit of the Children in Care Nursing and CAMHS teams continues to grow despite reduced capacity. Teams are working to prioritise their statutory duties alongside children and YP in crisis, those at risk of placement breakdown and those requiring face to face support.

Looking Forward

- Progressing the integration project will provide the opportunity to scrutinise the activity of the Nursing team, the CAMHS CiC team and the permanence (adoption) medical team. Statutory duties, best practice and a child focused approach will guide us on our journey to scope a service that aims to support the child and the wider network from the start and throughout their time in local authority care. This is an opportunity to think creatively about the best use of resource to achieve the best outcomes for our children in care.
- Scope the demand for support for care leavers and their PAs and determine how this is effectively delivered to ensure a safe and effective transition to adult services.
- To establish regular data reporting in line with Service specification as part of the integration project.
- To establish outcome measures that will reflect the impact of direct work with children and young people
- The Fostering Developments Team would like to adapt the 'Emotional World of the Child' training so that it could be accessed by Kinship carers and those carers supporting children under Special

Guardianship Orders. There are plans to explore whether colleagues within the CAMHS Children in Care Team and the wider CAMHS service could support in the delivery of the training so that it can be delivered more frequently.

- The Fostering Developments Team would like to continue to expand its data collection so that the experiences of foster carers attending consultations and the Emotional World of the Child training is captured. Feedback from social workers and colleagues attending supervision groups is also planned.
- To foster strong partnership working with education and virtual school to ensure that children in care, on the graduated pathway, have their health needs represented and that there is a collaborative understanding of the child's needs and an agreed plan to support the child or young Person to access education. In addition to this all professionals within the CiC health team should be confident in identifying children who should be on the pathway and ensure they advocate where this need has not been identified.

Care Quality Commission Inspection 2022

This was a trust wide inspection of adult and children's physical health services. Community health services for children and young people were rated as good from 26th April to 25th May 2022. The report was published in August 2022. The children in care nursing team came within the scope of the inspection.

Comments lifted from 2022 CQC report relating to the CiC Nursing team

Evidence Based Care and Treatment

We saw evidence of comprehensive and personalised care plans, and evidence-based care and treatment within the care records of children, young people and families accessing health visitors, school nurses, physiotherapy, speech and language therapy, children in care teams and the children's complex care team.

Multi-Disciplinary Working

A senior nurse from the children in care team also attended care panels to ensure the team had an awareness of any children or young people who may come under their care.

Compassionate Care

- *All teams were engaged in a 'language that cares' project. Staff talked about the project and how they had implemented the ethos and principles of language that cares by having thoughtful conversations and debate to change the way professionals and other adults talked and thought about children and young people. We saw staff considering and using 'language that cares' in care records, during interactions, and when discussing how they might appropriately challenge other adults, such as foster carers, where this wasn't used. The service had considered children and young people's views on the benefits of the project and had included oversight of project developments within routine quality checks to ensure it became embedded into routine practice.*
- *The children in care team ensured all reports used 'language that cares' to ensure these had the voice of the child and were person centred.*
- *The trust had worked with children and young people ambassadors from Gloucestershire council to implement the 'language that cares' improvement project and develop health passports within the children in care team.*

Meeting Peoples Individual Needs

The Children in Care (CIC) team coordinated care well with other services. Staff kept the child or young person at the centre of any decision making and organised care to ensure support was offered by the best placed team to support a particular need. The CIC team used health passports to chart the young person's journey whilst in the care of social services. The health passports had been developed by children and young people who were ambassadors for Gloucester council.

Engagement

Managers sought feedback from children, young people and their families through surveys, and friends and family tests. Children, young people and families were involved in the reviews of pilot projects and teams,

including the community respiratory physiotherapy, and persistent physical symptoms teams. The children in care team engaged and co-produced resources with the child ambassadors from Gloucester County Council.”

RHA Year to Date (YTD) data – Gloucestershire and OOC data only:

Table number 14

Parameter	Glos	Percentage	OOC	Percentage
Total number of RHAs due	431		154	
Number of RHAs completed	393	91 %	127	82 %
RHAs completed by due date	169	43 %	61	48 %
RHAs completed after due date	224	57 %	66	52 %
RHAs not yet completed	38	9 %	27	18 %

Data source: CiC Nursing Team

RHAs completed by the due date:

Table number 15

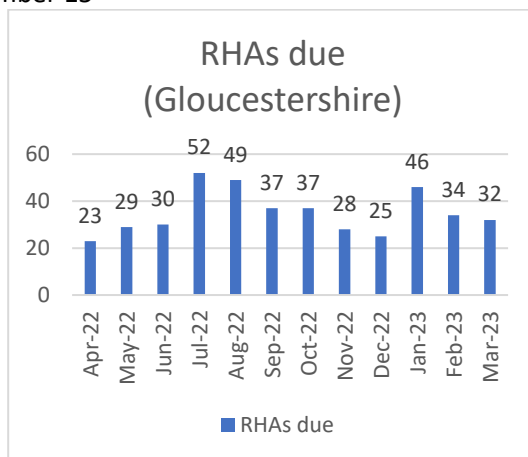
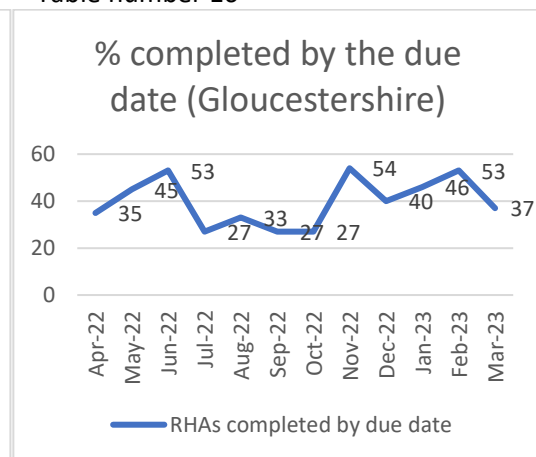


Table number 16



Data source: CiC Nursing Team

Out of County placements:

Table number 17

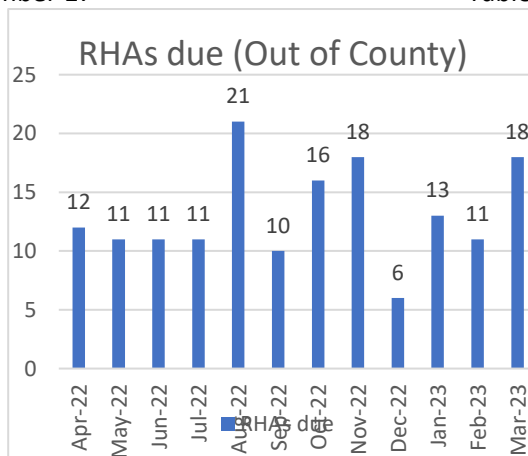
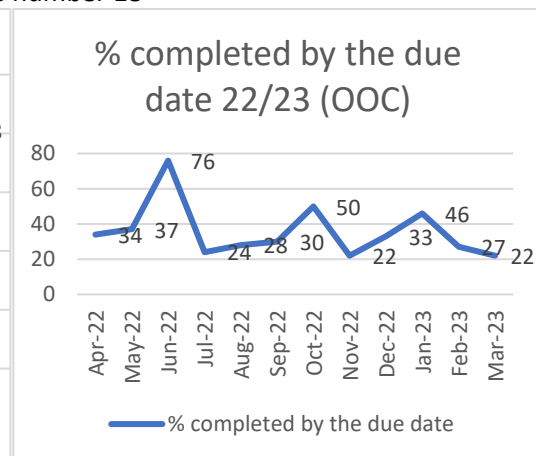


Table number 18



Data source: CiC Nursing Team

Number of RHAs completed within the Month they are due:

Table number 19

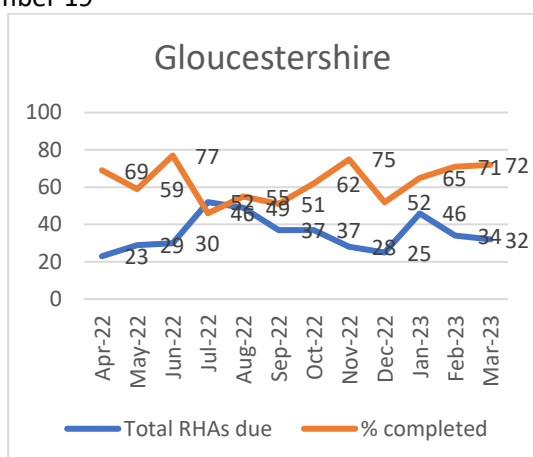
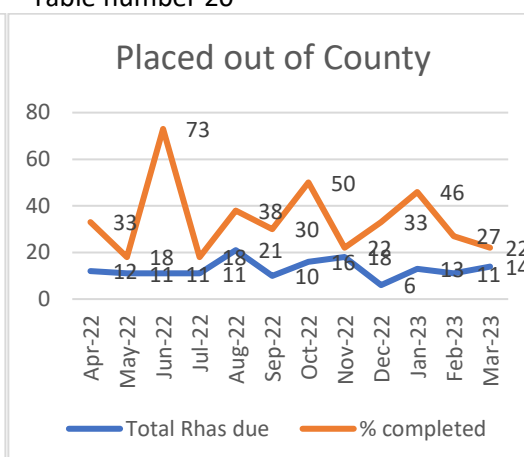


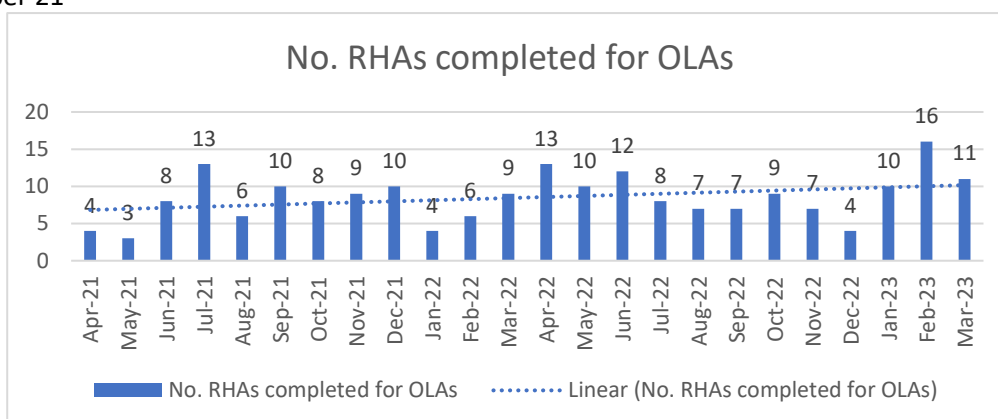
Table number 20



Data source: CiC Nursing Team

RHAs completed for Other Local Authorities:

Table number 21

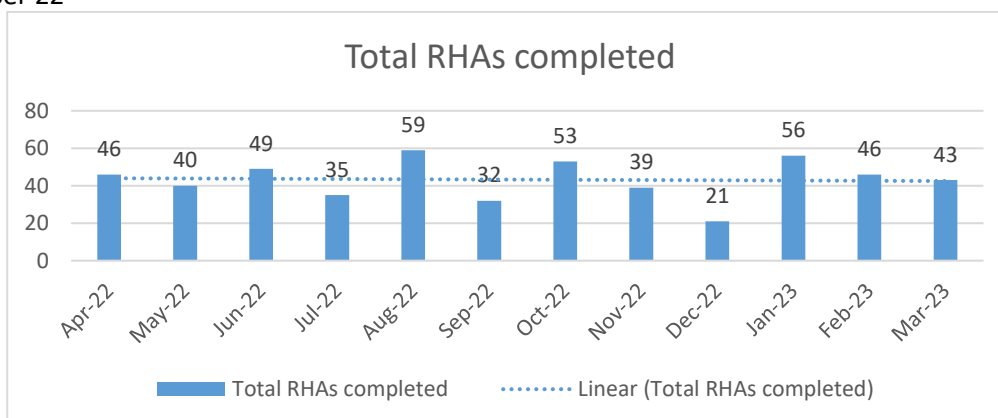


Data source: CiC Nursing Team

Total RHA Activity for the CiC Nursing Team

(This information includes all RHAs completed within the month including those from previous months and those for other local Authorities):

Table number 22



Data source: CiC Nursing Team

Feedback to Children in Care Nurses

From a foster carer:

I just wanted to provide some feedback for children in care nurses; I have been a foster carer for seven years all long term and I just wanted to say how important it is to have someone consistent in their life someone who is genuinely interested and knows their journey and is invested in them. So many professionals leave sometimes after a short period and a new care worker comes along who doesn't know them and it is really important that the child is recognised and feels valued. Having the same nurse for the past years has been a great help to both myself and foster son. X knows the journey and we enjoy her visits, she is also incredibly supportive.

From a health colleague:

I had to look at some of your records yesterday when completing some MARAC research. I just wanted to say how good they were. I really got a sense of who the young person was, what was important to him as well as the challenges he is facing. Your assessment painted a picture of him and his voice shone through your words. It's so great to read records like that and I think it helps us connect with the young person behind the clinical records.

Case Studies Showing Evidence of Improved Outcomes

Case Study 1

- A CiC nurse visited a young person who had been admitted into care following a significant family bereavement. They were struggling with anxiety and not sleeping well, causing them to leave education which also impacted their relationships. The CiC nurse met with them to gather information and discuss needs, she liaised with the GP on their behalf referring to bereavement support services which they felt unable to do. She also made a referral for support to manage the anxiety and an appointment with the GP which resulted in diagnosis of a medical condition that required treatment. The support provided was able to help them go into the workplace with a plan to return to education in September.

Case Study 2

- A CiC nurse had built up a trusting relationship with a young person which led to them sharing with her that they were transgender, this was the first person they had told. They asked for support in sharing this with their carers and social worker and the nurse supported them to visit the GP to discuss this further.

Case Study 3

- The CiC nurse worked with a young person with suspected but undiagnosed learning disabilities and supported the foster carers to feel heard and to have their feelings validated. The nurse tenaciously pursued access to the right services for them which played a role in placement stability.

Case Study 4

- A CiC nurse helped and empowered a young person (who had previously been avoidant of health professionals) to access health services to manage issues around sexual health and contraception.

Case Study 5

- A CiC nurse completed a health review with a young person who was afraid of health professionals. By removing her ID badge, the nurse allowed the meeting to be 'play led' using 'This is Me' drawing. The health review was very interactive and the foster carer commented on how relaxed the young person was. By the fourth health review the CiC nurse had gained the trust of the young person and was able to meet with them when previously they would only sit on the stair or not take part at all. The CiC nurse was able to speak to the young person about their asthma, refer to a respiratory consultant and to sexual health services. This led to ongoing referrals for further support which was accessed and an improvement in health outcomes.

Case Study 6

- The CiC nurses take the time to find out what the child or young person's interests are. The CiC nurse will then change the screen saver on their phone to a picture of something related to their interests. When the nurse arrives at the visit they get their phone out saying that they need to mute it and so that the child sees the image on their phone. This nearly always generates the opening to a conversation about the image and the child's interest which helps build a rapport and a common interest.

The Children in Care Health team are professionally led by the Named Nurse and Doctor. An operational lead has now been appointed to lead and manage the service and allow the Named Nurse to focus on the particular functions of that role. The main task over the coming year will be to fully integrate the three teams while optimising the knowledge, skills and experience of each team.

As can be seen above, the Children in Care Nursing team were within the scope of the CQC inspection of physical health services for children and young people in 2022. It was pleasing to see the positive comments about the team based on the findings of the inspectors.

Capacity of the CiC nursing team has been the main factor in poor performance of statutory health assessments completed on time. Additional resource has been agreed and posts now filled, which helps bring the team further towards national recommendations for staffing. The CiC CAMHS team have had vacant posts which has also affected their ability to deliver their service.

The service welcomed the transfer of the Permanence (adoption) Medical team from GHFT to GHC in May '23 to join with the other two CiC health teams.

Commissioners will be reviewing the whole service over the coming months to assess the impact of the additional resource, integration of the service alongside rising numbers and complexity of need to deliver statutory requirements and support improved health outcomes for children in care.

Gloucestershire Hospitals NHS Foundation Trust (GHFT)

Permanence (adoption) Medical Team

This team carry out medical assessments and reports for children who have a plan for adoption or Special Guardianship Orders. They also complete medical reports on prospective and current carers (Adopters, Foster Carers and Special Guardians). The Adoption Medical Advisor is a full Adoption Panel member and attends the

Adoption Panel to advise on any health-related matters and individual cases. Adoption Medical Advisors also meet with prospective adopters to discuss the child's health status and how their medical history/social/family history may impact on their future health outcomes.

During the period of this report (2022/23), the Permanence Medical Team were employed by GHFT. The team transferred to GHC on 1st May 2023 to integrate with the two other specialist CiC health teams.

The Somerset ruling in 2022 found that there had been a breach of Adoption Regulations with regards to Adoption Medicals and reports. The case was brought between Somerset County Council and Somerset Clinical Commissioning Group (CCG) but had implications for adoption Medical Advisors and teams across the country which in Gloucestershire led to additional funding and new appointments in the team and a review of local processes to ensure they all complied with regulations.

CoramBAAF (2022) Provided a helpful update briefing on the Somerset Ruling to support practitioners and organisations with compliance.

What's Working Well

- Additional Adoption Medical Advisor posts were funded to address staffing gaps identified because of the Somerset case. More part time doctors and an additional specialist nurse for adoption and fostering post have been recruited and are now in position. This has helped increase capacity within the service to manage the volume of work and activity to ensure sufficient capacity to meet statutory regulations.
- The three new medical advisors have a background in primary care (ie GP's) and are undergoing a programme of training and development led by the Named Doctor in this highly specialist field. This includes them undertaking a Paediatric Diploma through the Royal College of Physicians of Ireland and supervised training 'on the job' led by the Named Doctor.
- The new Specialist Nurse for Adoption and Fostering has a background in Health Visiting which is a very helpful addition to the knowledge and skill base of the team. This has also helped to improve the liaison between the adoption medical team and the Health Visiting service for the benefit of the children and their carers.
- The team received a letter of thanks from GCC's legal team in recognition of them going over and above what would normally be expected with regards to a five-year-old child going through a private adoption to ensure all necessary assessments, reports and checks were completed within given timeframes.

What Needs to be Improved

The team have worked closely with GCC's fostering service to improve processes and timeframes. Fortnightly meetings to oversee workflow has helped to support a more proactive and timely response and avoid the need for last minute and unplanned work and wasted precious clinical time. These meetings and the improvements seen have largely been driven by the Adoption Medical Team led by the Named Doctor for Children in Care (who is also an Adoption Medical Advisor).

Future Plans

- The team are developing a post appointment letter template which will be sent to prospective adopters after their meeting with the adoption medical advisors to detail what was discussed.
- The team will consider how they can gather and record the views of the children under their care. Most children under the care of the team are in the younger age bracket so it can be difficult to gather and record the child's voice in a meaningful way.

Summary – Team Data

The Permanence Medical team data has historically been collected manually by the admin staff in the team and is limited to showing activity of the team. Following the transfer of the team to GHC and the planned integration with the wider specialist health service for CiC, data collection and reporting will be developed and refined to bring it in line with other data collected and make it more meaningful.

April- Dec 2022

61 New referrals for adoption medicals (likely 81 for 12 months)

4 Medical reports completed from IHA if done within 2 months of request and medical advisor agreed

April- March 23

135 Children known to permanence team requiring update

47 Number of children adopted (informed)

Adult Health and Reports

72 medical reports for adopter applications – April-April

237 – foster carer applications – April- April

196 - SGO – April – April

31 requests for RHA for children placed in Gloucestershire for adoption from other local authorities

43 requests made to other health teams for children placed for adoption out of area

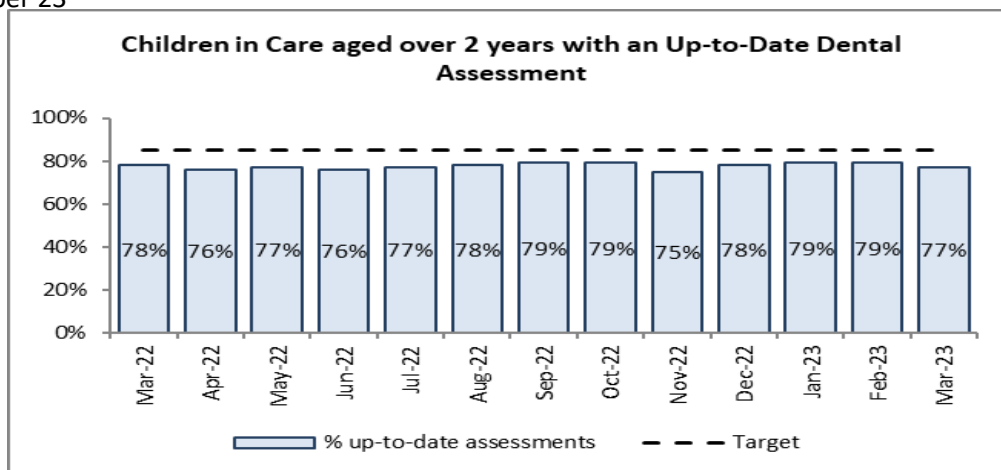
34 meetings with Prospective Adopters

Over the last eighteen months or so, the Permanence Medical Team have been under considerable pressure and scrutiny following the Somerset ruling and it's implications for Adoption Medical Advisors/teams across the country. CoramBAAF (2022) subsequently produced an update briefing as guidance for the approach to be taken by agencies and courts in other parts of the country where regulations may not have been compliant. All ICBs (including Gloucestershire) were required to review their arrangements to ensure compliance. The review also highlighted the need for additional resource in the team which is now in place.

On 1st May 2023, the Permanence Medical Team transferred from GHFT to GHC. A period of orientation is now needed for the team. Over the coming year the operational lead for CiC in GHC will be working with a project manager to support the integration of the 3 CiC specialist health teams into one service. This should bring some efficiencies in working practices, better support for colleagues and will ensure a consistent approach to leadership and governance of the service. Commissioners will then review the service to assess the impact of these changes.

GCC – health data and performance

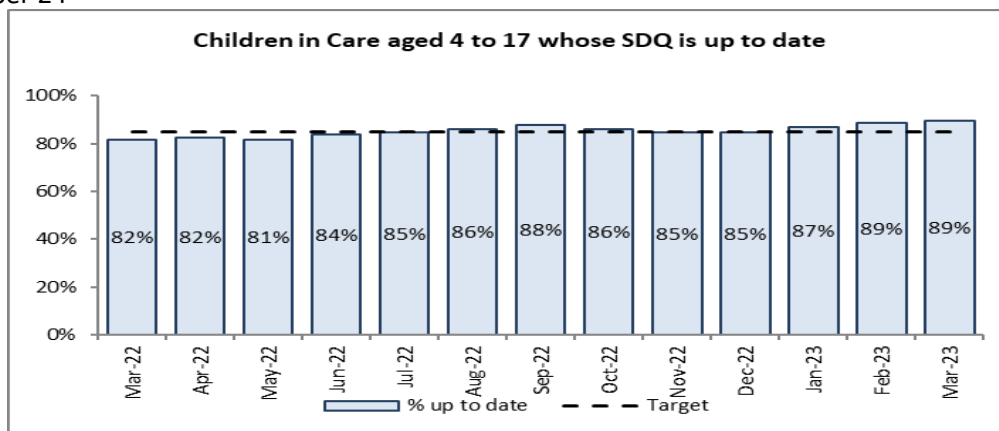
Table Number 23



Data Source: Performance & Improvement Team, GCC

Local Authorities are required to support completion of SDQs annually for children in care age 4-16 inclusive. The SDQ is a brief screening tool to identify emotional health and well being status.

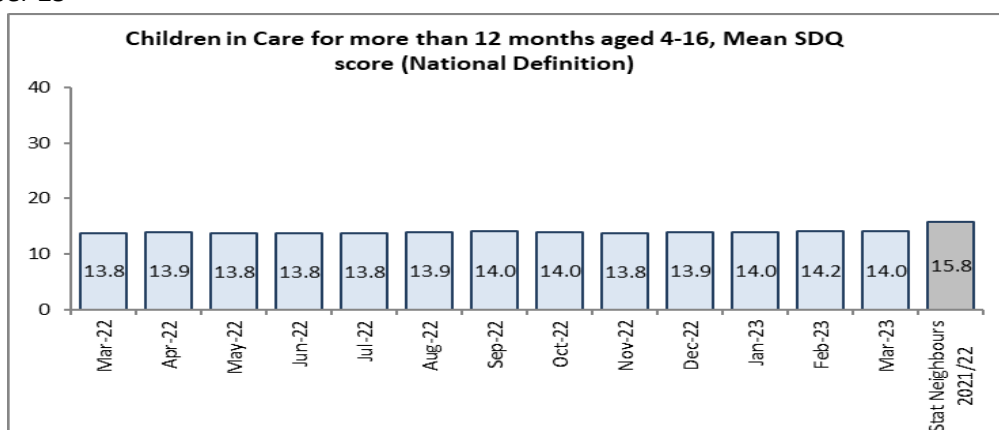
Table Number 24



Data Source – Performance & Improvement Team, GCC

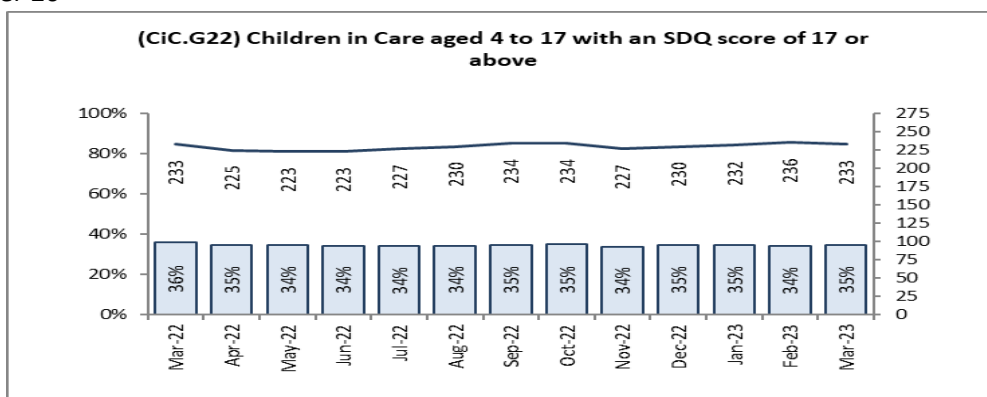
Once completed, the SDQ is scored, a score of 14 or over can indicate that the child is experiencing some difficulties. Consideration should be given to how the child's emotional health can be best supported by those involved in the care of the child.

Table Number 25



Data Source – Performance & Improvement Team, GCC

Table Number 26



Data Source; Performance & Improvement Team, GCC

Other Providers Commissioned to Provide Health Services to CiC and Care Leavers

Young Gloucestershire Linked Up+ Headline Data 2022/23

Gloucestershire Integrated Care Board commission Young Gloucestershire to deliver the Linked Up+ service which offers a mixed model of counselling and youth work support for 16-25 year olds (ie to the 25th birthday) in or leaving care. Young Gloucestershire work closely with the Young Adults service delivered by CAMHS in GHC.

Young Gloucestershire is a local youth work-based charity who provide a variety of support to young people in Gloucestershire.

<https://www.youngglos.org.uk/about-us/>

<https://www.youngglos.org.uk/what-we-do/wellbeing/counselling/>

Linked Up+ Service Data 2022/23

Table Number 27

Number of young people supported	102
Number of sessions delivered	2205
Number of young people on the Waitlist*	15

Data Source Young Gloucestershire

*At April 2023 the waiting list for this service was 12 weeks long, but additional staff had been appointed to reduce waiting times. In July 2023 Young Gloucestershire were inviting additional referrals due to their increased service capacity.

This innovative model of care means that young people can be supported in a way that meets their needs holistically. Other issues in young people's lives can impact on their wellbeing and ability to function.

As well as providing counselling, the service is also able to respond to the wider needs of young people, ie such as help with employment, training, benefits, relationships etc depending on individual need which can impact on their emotional health and wellbeing.

Feedback From Young People Who Have Used the Linked Up+ Service

"I haven't been in service long but so far I've felt welcomed, heard and understood, and the staff have been so accommodating"

"My youth worker is absolutely perfect at talking and working through things"

"Support is really good, I like that we can talk about 'normal stuff' and communication has been really good"

"Counselling and youth work are absolutely amazing. YG is the best help I've had in a long time. I love the way my sessions go with my youth worker, everything helps."

Young Adults Service

Young Gloucestershire also work with the CAMHS in Gloucestershire to provide the Young Adults service supporting young people aged 16-25 who are struggling to manage their mental health. This service complements the Linked Up+ on offer to Care Experienced young people.

<https://www.youngglos.org.uk/what-we-do/wellbeing/nhs-support/>

*please also see appendix 2 for other mental and emotional health support available for children in care and care leavers in Gloucestershire.

Participation and Voice Of The Child

Ambassadors continue to work with the CiC health service to integrate the Language that Cares principles into everyday health practice for colleagues working with children and young people.

The Designated and Named nurses for children in care are working with Ambassadors and the Participation team to produce a video detailing the 'health offer' with the intention of using this as a training tool for children and young people, foster carers and health and care professionals.

4. OTHER WORK COMPLETED ACROSS THE CIC PARTNERSHIP

Hope (Hold on Pain Eases) Boxes in Gloucestershire Pilot Scheme – Gloucestershire Hospitals NHS Foundation Trust

The Hope Boxes pilot being led by colleagues from the midwifery and neonatal services in Gloucestershire Hospitals NHS Trust started in November 2022 which is slightly later than anticipated and will run for 12 months.

This is a national scheme which came out of the Born into Care research and guidance (2023). The project aims to provide the mother and baby with a small box of personal mementos (hand and footprints, photo, soft toy) in situations where babies have been removed into care at birth. This is based on a similar scheme which provides bereaved parents with memory boxes containing similar personal objects following a still birth or neonatal death.

Hope Boxes Given out by Midwifery Staff from November 2022 to May 2023

Table Number 28

	Mum	Baby
Nov 22	1	1
Dec 22	1	1
Jan 23	1 given 1 declined	2
Feb 23	1 given 1 declined	2
April 23	1 given - declined hand and footprints 1 declined	1 1
May 23	1	1
Total given	6	9

Hope Boxes Given out by Neonatal Unit Staff

Sometimes babies need to be nursed in the Neonatal Unit (NNU) staff at the start of their lives and the NNU staff have also given out four sets of boxes which have been well received by birth families, Social Workers and Foster Carers.

Some mothers refused boxes for themselves, and it is likely that there will always be some refusals from mums as some lead very chaotic lives and have no fixed residence so the boxes take up precious space that they don't have. The boxes may also serve as reminders of their failure to parent/be allowed to parent rather than to hold good memories or offer hope or it may just be the wrong time for them to process this. There should be an option for this to be re offered later.

Even where mothers decline a box, the staff have found that there is great value of getting the mothers consent for the baby to have a box and photos. This provides the child as they grow (and whatever their permanent home/family may be) with a sense of belonging and a start to their life story which can only positively impact their emotional wellbeing and mental health. It puts the child more on a par with peers (most parents keep birth souvenirs, first toys and have photos of the first few days of life). If the child is adopted it gives the adoptive parent and child/care experienced adult, a sense of the child's history, and that they were cared for in their first days/weeks.

We know that care experienced adults often feel a sense of loss and can struggle to have a strong sense of self, they may have gaps in their own personal history and story. These boxes will help fill some of these gaps with some positive tangible objects to show that they were loved and cared for in their early life. The pilot is expected to run until November 2023.

Improving Opportunities in the NHS in Gloucestershire for Care Leavers

NHS England signed the Care Leaver Covenant in 2022 setting an ambition to provide 1,000 internship or early-stage career opportunities for care experienced young people over the next three years (across the country). This is a strategic partnership that aims to embrace the needs of care leavers in the health service more broadly and is part of the NHS mission to address health inequalities and tackle disparities between communities.

As part of Gloucestershire's widening participation agenda, a small group of colleagues from across Gloucestershire's Integrated Care System has been established to consider what reasonable adjustments may need to be made to current systems and processes to ensure that opportunities are available for young people who may struggle to access a traditional work placement. The aim would be to develop a career pathway for care leavers in the NHS, starting at the very earliest point all the way to post recruitment support and career development within the NHS.

There are a vast range of apprenticeship opportunities available in the NHS in Gloucestershire in clinical and non-clinical roles in both GHC and GHFT;

<https://www.ghc.nhs.uk/get-involved/apprenticeships/>

<https://www.gloshospitals.nhs.uk/work-for-us/apprenticeships/>

Peer Support Group for Care Experienced Adults Working in the NHS

A peer support group has been established by two care experienced colleagues working in senior roles in the NHS in England. This is hosted by the Future NHS site and the group welcomes membership from care experienced adults working in the NHS and their allies. <https://future.nhs.uk/system/login>

Support with Prescription Costs for Care Leavers in Gloucestershire

The Designated Nurse for Children in Care is working with commissioners to agree a process to support prescription costs for Care Leavers who are not otherwise eligible for free prescriptions.

Care Leavers will be eligible for Free NHS Prescriptions if the following applies:

- They are aged 16 to 18 and in full-time education
- They are pregnant or have had a baby in the previous 12 months and have a valid [maternity exemption certificate \(MatEx\)](#)
- They have a specified medical condition and have a valid medical exemption certificate (MedEx)
- They have a continuing physical disability that prevents you going out without help from another person and have a valid medical exemption certificate (MedEx)
- They are an NHS inpatient

Care Leavers will also be entitled to free prescriptions if they receive:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Credit Guarantee Credit
- [Universal Credit](#) and meet the criteria

People with certain medical conditions can get free NHS prescriptions if they have a valid medical exemption certificate (MedEx). Details of the eligible medical conditions can be found on the NHS website here: <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/>

Gloucestershire's Dental Strategy

Delivery of dental care is a mixed model of NHS and independent providers. Difficulty with access to NHS dental care for the whole population nationally has been widely reported. This was exacerbated during the pandemic when priority was given based on clinical need due to the high-risk working conditions. During this time data showed that the number of children in care with an up-to-date dental check fell. This has since recovered, though not quite to pre Covid levels and still requires improvement.

Commissioning responsibilities for NHS dental services (along with pharmacy and optometry) was delegated from NHS England to ICB's in April 2023. Gloucestershire ICB is in the process of developing a dental strategy which will prioritise children in care, UASC and Care Leavers.

As is evident in this report, there is much work going on nationally and locally to support, promote and protect the health and wellbeing of children in care and care leavers. Some health provision in Gloucestershire is commissioned specifically for this group, some is available to the whole population of which children in care and care leavers are a part.

There are challenges with the capacity of the health teams with ever-increasing numbers of children in care, children placed outside their home area and increasing complexity of need. The specialist health teams are tenacious in ensuring the provision of high-quality, responsive and child focused care.

There is an ever-changing national landscape and fewer resources to manage the needs of this group. The specialist health teams providing services for our children in care are highly skilled and experienced in their field of practice. The service has been remarkably stable over time and this is testament to the professional leadership shown by the senior colleagues who lead the service.

Over the coming year, commissioners will be working with the designated nurse and named doctor and nurse to review the current provision, the impact of increased staffing, gaps and risks and the integration of three specialist health teams into one cohesive service whilst retaining their specialist elements.

5. REFERENCES

Become; The Charity for Children in Care and Young Care Leavers 2023, Gone Too Far; Preventing Children in Care being moved miles from the people and places that matter to them

<https://becomecharity.org.uk/content/uploads/2023/04/GoneTooFar-Become-policy-briefing-April-2023.pdf>

Care Quality Commission 2022, Gloucestershire Health and Care NHS Foundation Trust Inspection Report 2022

<https://www.cqc.org.uk/press-release/gloucestershire-health-care-nhs-foundation-trust-retains-good-rating-following-cqc>

CoramBAAF 2022 Somerset Ruling: Update Briefing

<https://corambaaf.org.uk/practice-areas/legal/somerset-ruling-update-briefing>

County Councils Network 2021

<https://www.countycouncilsnetwork.org.uk/number-of-children-in-care-could-reach-almost-100000-by-2025-as-county-leaders-call-for-an-unrelenting-focus-on-keeping-families-together/>

Department for Education / Department of Health 2015 Promoting the Health and Well-being of Looked after Children: statutory guidance for local authorities, clinical commissioning groups and NHS England

<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

England and Wales Family Court Decisions (High Court Judges) 2022

<https://www.bailii.org/ew/cases/EWFC/HJ/2022/31.html>

Independent review of children's social care: final report 2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1141532/Independent_review_of_children_s_social_care_-_Final_report.pdf

Institute of Health Visiting; State of Health Visiting Annual Survey 2022

<https://ihv.org.uk/news-and-views/news/health-visitor-survey-finds-that-more-babies-and-young-children-are-missing-out-on-the-governments-promise-of-the-best-start-in-life/>

National Society for the Prevention of Cruelty to Children 2023

[Government delay in reforming children's social care in England will cost taxpayers £1 billion over 10 years | NSPCC](#)

Nuffield Family Justice Observatory 2023, Born into Care: Best practice guidelines for when the state intervenes at birth

[Born into Care: Best practice guidelines for when the state intervenes at birth \(nuffieldfjo.org.uk\)](https://nuffieldfjo.org.uk)

Royal College of Nursing, Royal College of Paediatrics and Child Health 2020 Looked after Children; knowledge, skills and competences of health care staff.

INTERCOLLEGIATE ROLE FRAMEWORK

<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

APPENDICES

Appendix 1 - Specialist Health Services for Children in Care in Gloucestershire

Health services in Gloucestershire for Children in Care are commissioned by NHS Gloucestershire ICB

Designated Nurse for Children in Care

NHS Gloucestershire ICB

Designated Doctor for Children in Care (vacancy)

NHS Gloucestershire ICB

Hadwen Health (Gloucester)

The practice is commissioned to carry out all the Initial Health Assessments for children when they come into care (including those placed in Gloucestershire by other LA's), the team includes:

4 x specialist GPs

2 x administrators

Overseen by the admin and practice managers

Support & Advisory Service (within Youth Support Service)

Health professionals are seconded into the SAS including a Physical Health Nurse, 2 x Speech and Language Therapists, CAMHS workers and substance misuse workers who provide a service to vulnerable young people including 16+ CiC

Gloucestershire Health and Care NHS Foundation Trust (GHC) Health team for Children in Care

1 x 8a WTE Named Nurse CiC

Named Doctor CiC

**1 x 8a WTE Operational Lead CiC
CiC Nurses**

B7 1.0 WTE Specialist Nurse

B6 2x 1.0 WTE CiC Nurse

B6 1 x 0.9 WTE CiC Nurse

B6 3 x 0.8 WTE CiC Nurse

B6 1 x 0.7 WTE CiC Nurse

2 x Administrators (shared with safeguarding)

CiC CAMHS

B8a 1.0 WTE CAMHS Highly Specialist Practitioner

B8a 1.0 WTE CAMHS Highly Specialist Practitioner

B7 0.8 WTE Specialist Practitioner

B7 WTE Specialist Practitioner

Fostering Development Team, (part of CiC CAMHS Team)

B8a 0.6 WTE

B8a 1.0 WTE (also CAMHS CiC pathway lead)

Permanence (Adoption) Medical Team

0.6 WTE Adoption Medical Advisor (AMA)

1.5 WTE AMA posts.

2 x WTE B7 Specialist Nurse for Adoption and Fostering

2 x Band 4 Administrators

Appendix 2 - Other Mental and Emotional Health Support available for Children in Care and Care Leavers in Gloucestershire

Other Mental and Emotional Health Support available for Children in Care and Care Leavers in Gloucestershire



On Your Mind Glos (OYMG): a free web resource and online support finder, helping children and young people find the right mental health and emotional wellbeing support for them. Also includes information about types of mental health issues, self-help resources and a directory of services.

<https://www.onyourmindglos.nhs.uk/>

TIC+: offers anonymous online and telephone drop-in support. Alongside bookable appointments for text chat, video, telephone and face-to-face counselling for children and young people aged 9-25.

<https://www.ticplus.org.uk/>

TIC+ also offer parent support via telephone drop-ins and support groups.

<https://www.ticplus.org.uk/parents-carers/>

Young Minds Matter Mental Health Support Teams: provides emotional and mental health support and signposting in over 113 schools in parts of the Forest of Dean, Cheltenham, Tewkesbury, South Cotswolds and Gloucester City.

[https://www.ghc.nhs.uk/our-teams-and-services/cyp-glos/young-minds-matter/#:~:text=Young%20Minds%20Matter%20\(YMM\)%20is,poor%20sleep%20or%20similar%20concerns.](https://www.ghc.nhs.uk/our-teams-and-services/cyp-glos/young-minds-matter/#:~:text=Young%20Minds%20Matter%20(YMM)%20is,poor%20sleep%20or%20similar%20concerns.)

Chat Health A text messaging service offering the county's 11–19-year-olds confidential advice about their health and wellbeing. Chat Health is a service offered by Gloucestershire Health and Care (GHC) NHS Trust School Nursing Team which is available to Children in Care and has been used by them to good effect:

<https://www.ghll.org.uk/news/items/chat-health>

Gloucestershire Action for Refugees and Asylum Seekers (GARAS) psychological support for Unaccompanied Asylum Seeking Children (UASC) – one- to-one and group support is available for these children from a Clinical Psychologist and a team of counsellors and therapists with some funding from Gloucestershire Clinical Commissioning Group. This service is well used and well regarded. The service also facilitates a UASC foster carers support group.

Young Adults Service

Gloucestershire Health and Care NHS Foundation Trust (GHC) and Young Gloucestershire (YG) are working in partnership, delivering a Young Adults Service which provides mental health and emotional wellbeing support for young people aged 16 – 25 years.

This is an extension to the Linked up+ service that Young Gloucestershire have been delivering, which provides counselling and youth work support.

<https://www.youngglos.org.uk/young-people/practical-support/counselling>

Appendix 3 - Social Prescribing to Support Children and Young People's Emotional and Mental Health

Social Prescribing

There are a number of Children and Young People Social Prescribing Link Workers in Gloucestershire, attached to GP Practices. They can provide 121 support and help link children and young people into activities in their community. This support is accessed through GP surgeries.

There is also a social prescriptions programme, offering music making, visual arts, circus skills, physical activity and nature offers for children and young people experiencing low level mental health difficulties. There is also visual arts, music making and circus skills available for children and young people with long term physical health conditions; referrals to this programme are accepted from a range of health referrers.

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Young Gloucestershire