

# Vulnerable Children



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# Context



- Problems with recruitment
- Workforce and acute pressures
- College review of paediatric services
- Demise of community trusts
- Demise of regions
- Rebirth of “AHA”s
- Birth of primary care trusts
- Policy change affecting LEAs and Social Services departments

# Key tasks



- Groups of children
  - Vulnerable
  - In need
  - SEN
- Legislation
  - Children Act
  - Education Act
- Collaborative arrangements
- Inequalities

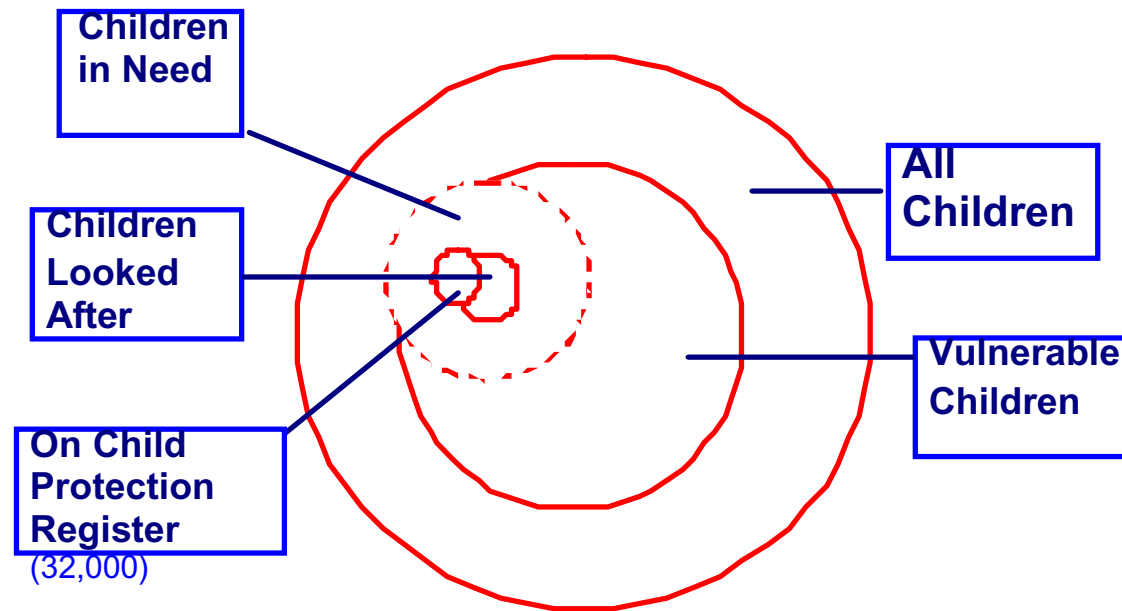
*SEN Code of Practice*

*Children Act  
§17.....§47*

**Child in Need**

**Health, development, behaviour**

# CHILDREN IN NEED IN ENGLAND

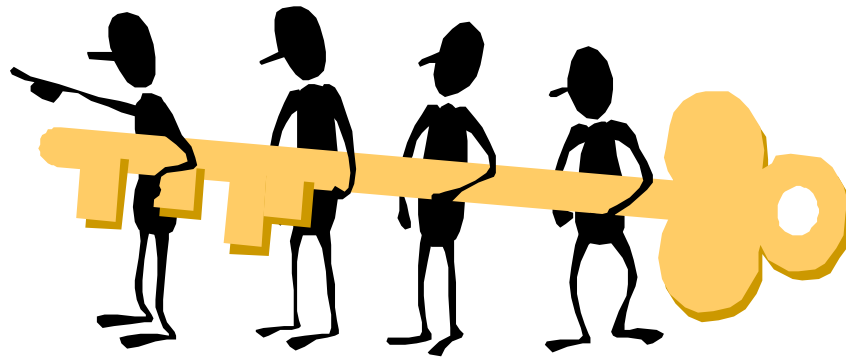


# New theme: adult health

- Impact on children
- Need to widen target group to the wider health community, not just those working in child health
- Discuss how we might do this



# Relationship to other workstreams



- Universal
  - - identification of children in need
- Health promotion
  - Targeted and non-targeted prevention
- Information
  - Key data on local communities

# Targets

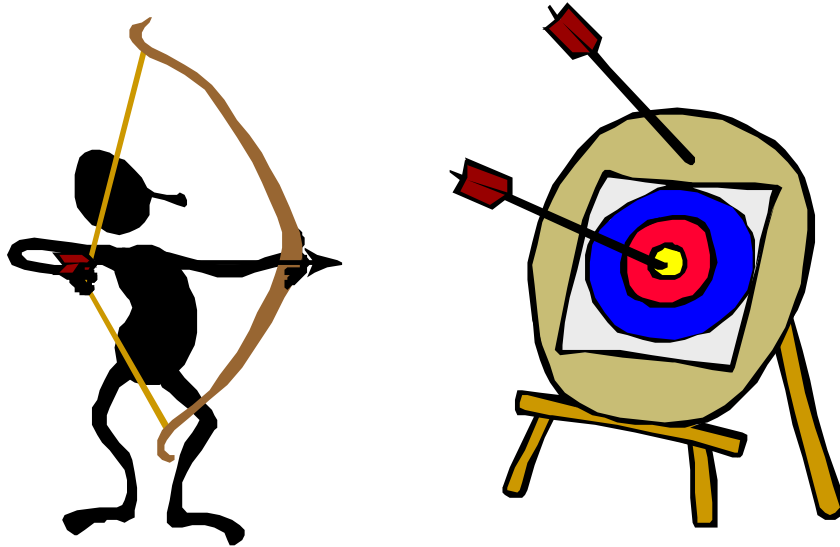
- Eliminate child poverty
- Halve teenage conceptions
- Reduce gap in infant mortality between manual classes & rest of population by at least 10%





# More targets

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- Increase by 40% number of LAC adopted
- Improved health, social and educational outcomes for LAC

# GOVERNMENT AGENDA



- Improve health of population
- Reduce inequalities in health
- Reduce social exclusion
- Improve access and quality of healthcare
- Increase responsiveness to local needs

# Policy initiatives for vulnerable children

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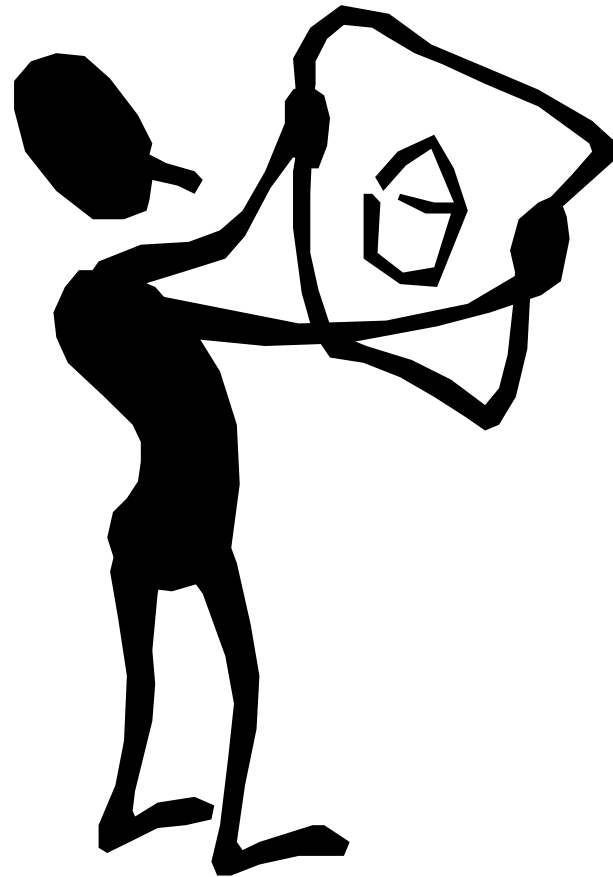


- Framework for the assessment of Children in Need
- HImP
- HAZ
- Surestart
- Children's Fund
- Connexions

# More initiatives

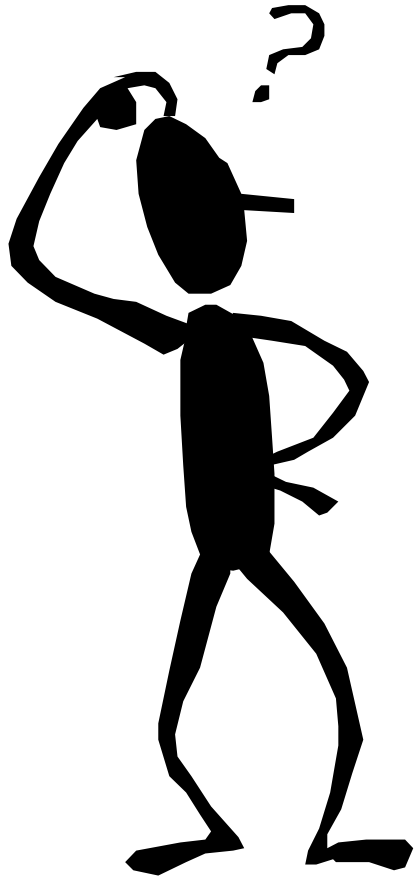
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- New deal
- Quality protects
- Youth offender teams
- Education Action Zones
- NSF for children's services
- Excellence in Cities
- CAMHS development programme



# Questions ?

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- What is the health input?
- How do we ensure integration across agency boundaries?
- How do we avoid innovation overload?
- How do we achieve lasting improvement?

# Common themes



- Principles of good interprofessional working at an individual level
- Children's Service Plans
- User and carer involvement
- Confidentiality
- Consent

# Primary care trusts



- Specialist programmes of care to be supported
  - General paediatrics
  - Disability services
  - Behaviour
  - SEN
  - Child protection
  - Children looked after
  - Special circumstances

# Problems



- Programmes overlap - pigeon hole depends on how defined
- Do not want to lose the General Paediatrics in the process
- Individuals wear multiple hats



# Children and PCTs will need




- Policies and collaborative arrangements
- Paediatricians
- Community nurses
- CAMHS
- PAMS
- Admin, clerical, IT support
- Accommodation

# Our landscape



# Work groups - "advanced"



- Disability
- Special Educational Needs
- Special Medical Needs
- Child Protection
- Teenage pregnancy
- Refugees and asylum seekers
- Adult issues

# Workgroups - "delay" and late starters

- Mental health
- Looked after - awaiting response to consultation document
- Adoption and Fostering
- Locked up
- Homeless

Resources, (Gold, silver, bronze,  
plastic, thin air)

- Department of Health Reports and Guidance
- College and other professional and academic bodies Reports
- Published literature - white and grey
- Experience of workgroup members
- Creative consensus

# Framework



- Definitions
- Epidemiology
- Tasks
- Individual entitlement
- Targets, quality, goalposts, standards
- Quantification: manpower, resources

# This presentation



- Each programme:
  - Key points only
  - Areas for discussion

# Disability



- Prevalence 3%
- Range
  - Mild and single to multiple and severe
  - Latter will require a very broad range of services
- Statutory duties
- Relation to social class and poverty



# Registers

- Needed for :
  - Service planning
  - Epidemiology and research
  - Clinical audit
  - Individual patient care
- **BUT**
  - Often poor quality
  - Incomplete
  - Use in collaboration ? Consent, Confidentiality
- Core dataset will help !

# Services for an individual child



- Primary health care
- Community based services
- “Traditional” health care
- Information for children & parents
- Sharing and transfer of information
- Specialist health services
- Partnership and integration
- Joint agency working - funding!

# Standards (RCPCH CDDG)



- Local child development service
- Multidisciplinary team
- Single front door
- All ages
- Key worker
- Transition to adult services
- Child Development Centre

# Assessment



- Must involve parents fully
- Written report
- Action plan
- Address the needs of the family as a whole
- Assessment in collaboration with Social Services and Education

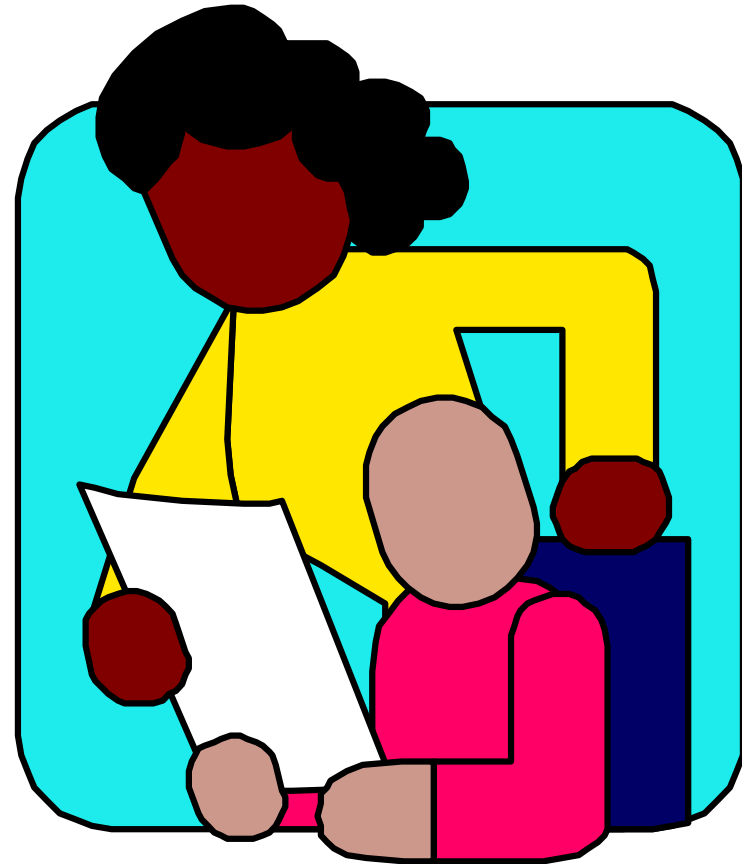
# Manpower



- 1 consultant per 100,000
- 2 further paediatricians
- Access to
  - neurology
  - surgery
  - ophthalmology
  - audiology
  - psychiatry
  - genetics
- Physiotherapy
- occupational therapy
- SALT
- clinical psychology
- specialist nurses
- social worker
- specialist teacher

# Special Educational Needs

- 3-4 % of school population
- Very wide variation in LEA practice
- Statutory requirement
  - Assessment
  - Provision
- New code of practice & medical guidance pending



# Duties



## ■ Health Authority

- Early identification
- Inform LEA + consent
- Timescales kept
- Provision for SEN
- Health Act 1999
  - Pooling of budgets
- Interagency evidence based practice in CSPs

## ■ Designated Doctor

- Coordinate health advice
- Provide
  - Named contact for schools
  - Participation in multi-agency meetings
  - Advice to other HS staff
  - **Co-ordinate provision across Trusts**

# Services for an individual child

- Consent - is there a growing problem ?
- Early identification - do we know if we are achieving this ?
- Parent & child participation - bridging the gap between guidance & practice
- Health advice - content & quality
- Inclusion - need to adapt working practices



# Targets



- Time limits for assessment
- Contribution towards reviews, transition plans
- Identification and notification of major disability by the age of five
- Critical incident analysis with LEA

# Manpower



- Designated doctor to LEA = minimum 2 sessions per 300,000 total population
- Named doctor and school nurse for each school
  - Maintained - required
  - Independent - recommended
- Doctor and nurse require appropriate training

# Discussion points



- Should we quantify these posts?
  - Would minimum become the norm?
- Current huge variation in staffing from almost zero to quite to good
- Do needs of populations vary widely?
- Wide variation in policy of individual LEAs

# Special Medical Needs



- Numbers increasing
- Complexity of health problems increasing

# Services for an individual child may include

- Managing school absence
  - Every effort to maintain & support children in school
  - Fitness to attend school
- Local and school policies
- Medication
- Equipment
- Nursing care & facilitation

# Discussion point



- Need to fast track decisions on allocation of responsibility between Health Authority, Trusts and LEA
  - Added complexity with the demise of community trusts and the birth of several PCTs in its place

# Manpower



- Designated staff with strategic role:
  - Doctor
  - Lead school nurse
- Named health professionals for every school
  - Doctor
  - School nurse

# Child Protection



- 32,000 children on child protection registers
- Childhood matters
  - 150,000 annually suffer severe physical punishment
  - Up to 100,000 harmful sexual experience
  - 350,000 - 400,000 live in an environment low in warmth and high in criticism



# Includes



- Physical abuse
  - Sexual abuse
  - Emotional abuse
  - Neglect
  - Factitious illness
  - Sexual exploitation
  - Domestic violence
- Concentrates on
    - Tasks
    - Processes
  - Rather than
    - Clinical descriptions

# Tasks

- Prevention - predisposition, support
- Identification
- Identification by trained workers
  - Tiers of training
- Referral pathways
- Reports, attendance ICPC
- Monitoring
- Review
- Peer review
- Therapy/ counselling
- Updates
- Annual report
- Part 8 reviews

# Targets / goalposts



- **All staff**
  - **Procedure**
  - **Aware of procedure**
  - **Induction**
  - **Updates**
- **Audit of procedures**
- **Liaison and handover between health professionals**
- **Protocols for examination, reports & investigation**
- **Written FU of ref in 24 hrs**
- **ICPC within 15 working days**
- **Core assessment completed with 42 working days**
- **Review conference within 3 months**
- **Thereafter 6 months**
- **Multidisciplinary child protection group in every trust**

# Manpower



- Designated Doctor 0.3 /300,000 pop
- Designated nurse FT
- Named doctor - 2-3 sessions
- Named nurse - 0.5
- Each Trust/PCT will have a child protection group including all disciplines
  - PCTs - named paediatrician if they have specialist children's services & a primary care doctor

# Teenage pregnancy



In 1997

- 90,000 pregnancies under 20 yrs of age
- 56,000 gave birth
- 7,700 conceptions under age 16
- 3,700 births under age 16
- 2,200 conceptions age 14 and under

# Tasks / individual entitlement



- Prevention - personal health & social education
- Speedy access to counselling
- Ante-natal services tailored to meet her needs
  - Named midwife
- Consideration of CSA

# Tasks / entitlement, cont



- Parentcraft education by specially trained midwives and health visitors
- Education provision & liaison
- Support - mental health needs
- Support - benefits
- Special recognition of mothers in or about to leave care
- Extra support for parents and child

# Targets / standards



- To reduce to half rate of conception under 18 by 2010
- ? Improved outcomes for
  - Mothers
  - Children
  - Fathers



# Targets / standards cont...



- Key worker allocated within 2 weeks of confirmation of pregnancy
- LAC full support of a named SW
- SW allocated to baby at birth
- Every teenager assessed for depression and offered support
- Sex education for every teenager

# Resources / manpower



- PHSE programme in every school
- Strategy for teenage pregnancy in every PCT - lead clinician ?
- Specially trained health visitors and midwives

# Refugees and asylum seekers

- Asylum seeker = someone who has applied for refugee status
- A refugee - “left country *owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion*”
- Refugees - all family members have the same rights to welfare benefits and health care as British citizens
- 2833 unaccompanied children in 1998

# Needs / entitlement )

- Are “children in need”
- Voucher system +£10 = 70% of income support
- One offer of housing
- Unable to work legally for 6 months
- Unaccompanied minors = LAC, but 15-18 yo often in adult accommodation
- Health - access to all health services except welfare foods and vitamins
- Seen by a HV within a week of arrival
- Not eligible to claim DLA

# Needs / entitlement ) ...



- Access to specialist medical services
- Culturally sensitive advice on diet
- Accident prevention
- Mental health services
- Not possible to assess age through clinical examination or bone age

# Quality standards



- Access to an interpreting service
- Registration with a GP
- Immunisation up to date, check neonatal screening
- Given relevant health information in an understandable format

# Resources



- Consortium of Service Providers
- Dedicated team when numbers are large

# Adult issues



- 6.1% (10,141) of children in need are registered because of parental illness or disability
- Need for adult services to
  - Recognise the impact on children
  - Maintain a family perspective
  - Liase with children's services



# Groups covered

- Young carers, estimated 51,000
  - Impact : emotional, social, educational, injury
  - Need: recognition, information, support
- Parents with learning disability
- Physical disability
- HIV
  - Infection, support from another parent (?), orphaned, hospital admissions
- Sensory impairment
  - Hearing, vision

# Groups covered.....

## ■ Mental health

- 25% of women with serious mental illness have a child under the age of 5

### ■ Risks

- | Child abuse
- | Child mental health
- | Stigma

## ■ Substance misuse

### ■ Risks

- | Child abuse
- | Child mental health
- | Impact on education

# Tasks / entitlement



- Regular training for all those in adult services to recognise impact on children
- Defined pathway for liaison with paediatric services and a log to identify non-referrers
- A support service that children can access providing information, care, recreation, security, advocacy, confidentiality

# Resources



- A child advocate in each PCT
- Local policies between adult and paediatric services
- Identified links with protected time to each of these named adult services