Middlesbrough Council

Middlesbrough moving forward

CORPORATE PARENTING BOARD

UPDATE REGARDING PROMOTING THE HEALTH OF CHILDREN LOOKED AFTER

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21st April 2005

PURPOSE OF REPORT

1. The purpose of this report is to update the Corporate Parenting Board in respect of the implementation of local procedures to promote the health of Children Looked After. It aims to give an overview of activity and outcomes since initial information was given to the board in a report by Sally Robinson in May 2004.

BACKGROUND

2. As reported in May 2004, the Council has been guided by the October 2002 Department of Health document promoting the Health of Children Looked After. This is a model for best practice and emphasises the benefits of 'holistic' over 'clinical' assessment and requires the production of a health plan for all Children Looked After. The practical guidance for practitioners is attached as a 'reminder'.

3. The South Tees Multi-Agency Professional Group has met three times since May 2004 and is scheduled to continue to meet on a six weekly basis through 2005/2006. The group works to a specific action plan which sits within that of the Children Looked After Planning and Implementation Group.

4. Work outstanding at the point of reporting in May 2004 was the development of an information sharing protocol. This is now complete but needs to be presented to the Primary Care Trust (PCT) for approval.

5. The Operations Health Group meets 3 times per year and monitors individual young people's health issues as well as the use of the 'file with a smile' and foster carer records of health issues. The group produced a substance misuse policy currently being amended to fit with Drugs Action Team protocol.

6. The Legislative Framework and details of the local arrangements relating to implementation of the DoH Guidance were reported fully in May 2004 and remain, on the whole, as then. A notable exception is the pivotal role of the Nurse Co-ordinator for Looked After Children. Chris Nugent has been in post since July 2003 and is to be credited as a key driver in implementing change. Unfortunately, Chris has had to be recalled part time to her substantive Health Visitor role because of pressure within that service. The Primary Care Trust will make a decision by July 2005 whether the co-ordinator role will be reinstated as a full time post.

7. Dr Phyu has undertaken initial assessments of all children becoming looked after. All those children and young people who have been in placement for some time have now also had an assessment using the new initial assessment format. The health plan is then sent to the Nurse Co-ordinator who will undertake reassessment or referrals as required.

8. The Child and Adolescent Mental Health Service Looked After Children's Service (LACS) has now been running for 13 months. In this time it has grown and now comprises:

    - John Barnard, Team Co-ordinator (full time)
    - Siobhan Smart, Consultant Child & Adolescent Psychiatrist (2 sessions)
    - Ginnie Bonnie, Clinical Psychologist (2 sessions)
    - Becky Lowe, Clinical Psychologist (2 sessions)
    - Mark Bradley, LAC Clinician (10 sessions – full time)
    - Chris Angel, Community Psychiatric Nurse (2 sessions)
    - Lynne McVey, Occupational Therapist (1 session)
    - Julie Fraser, Occupational Therapist (5 sessions)
    - Doug Inions, Teacher (2 sessions)
    - Sarah Jagodzinski, Clerk/Typist (5 sessions)

    NB 1 session = ½ day.

9. The waiting time for children looked after has reduced from 8 weeks to between 4 and 6 weeks and a new internal system has been implemented wherein clinicians are allocated 'cases' each Monday and are proactive in contacting the child's Social Worker, again to reduce waiting times. The service is currently working with 38 young people and have had 75 children referred and seen in the last year.

10. Mark Bradley (clinician) undertook 3 major foster carer training sessions throughout 2004 and has acted as a 'consultant' with carers and practitioners on an informal basis. This has been very well received by carers. The

CAMHS LAC Service is being formally reviewed in April 2005 by Tina Jackson. The outcome of this review will be reported to the Corporate Parenting Board.

11. Practice in relation to the promotion of the health of Children Looked After has doubtless improved with local application of the DoH Guidance. Between 1st June 2004 and 31st March 2005, 232 children/young people were offered an appointment for health assessment. Of these approximately 34 did not attend and 36 were cancelled (see paragraph 15). The fact that one can assess this data is in itself a measure of improvement as the Nurse Co-ordinator has developed a CLA Health database and we are also looking to link West Lane to SWIFT.

12. The Nurse Co-ordinator has developed an ethos of proactivity and flexibility so that the historically 'harder to reach' young people are more willing to engage in the health assessment process. This has been especially successful in respect of children using Leaving Care Services where she has:

- Assisted implementation of C Card
- Offered health services to MIN (Middlesbrough Independence Network)
- Advocated for young people in terms of securing GP service
- Monitored pregnancy issues for CLA for the teenage pregnancy service

13. The Co-ordinator has also:

- Provided foster care training
- Liaised with the Nurse Co-ordinator for Langbaurgh to produce a health action plan for presentation to the PCT (attached).

14. In light of the forthcoming termination of the teenage pregnancy strategy (2006) the Co-ordinator hopes to focus in the future upon:

- Family planning for CLA and
- Pregnancy testing

15 The Multi-Agency Professional Group has also highlighted some problems with implementation of the DoH Guidance such as:

- DNAS (failing to attend appointments)
- Inconsistent notifications of new placements/placements ending.

The role of the group is to report and respond to these issues so that they are addressed with practitioners and continual improvement promoted.

16. The introduction of the discrete social work team for CLA May 2004 has assisted the process of implementing better practice for children. Its aim is to improve standards in respect of the crucial areas of health and education.

17. On 5 March 2005, Redcar & Cleveland and Middlesbrough Councils commissioned, via the CAMHS Grant, an organisation called 'Investing in Children' to host an 'agenda day' for young people looked after aged 10-14 years. The agenda was health and young people were given an opportunity to

share their experiences, views and ideas regarding health care. We have not yet received feedback from this event.

FINANCIAL, LEGAL AND WARD IMPLICATIONS

18. There are no specific financial or legal implications arising from this report and the report will be of interest to all members.

RECOMMENDATIONS

19. It is recommended that the Corporate Parenting Board advise the Executive to:

    a. Note the progress made.
    b. Endorse the continued work of Middlesbrough Council and Middlesbrough Primary Care Trust in developing services to promote the health of looked after children and young people.

REASONS

20. The Council holds responsibility for ensuring that the best possible outcomes are achieved in relation to the health of our CLA. This report details the actions being undertaken to address this issue.

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:

‘Promoting the health of Children Looked After’, Department of Health 2002.

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APPENDIX 1

Middlesbrough Children, Families & Learning Department

Practice Guidance Notes for Social Workers

No. 7 – Health Assessments and Plans for Children Looked After

What is a health assessment?	A health assessment is a holistic approach to assessing the health needs of a child looked after which replaces the system of annual medicals. The health assessment looks at all dimensions of a child's health, including physical, social, emotional, psychological and educational. It leads to a health plan which set out ways of addressing, promoting and improving the child's health.
Why are health assessment being introduced?	There has been a legal requirement for looked after children to have an annual medical for some time. In 2000, the Department of Health produced a document 'Promoting the Health of Looked After Children' which highlighted the problems with this approach. The recommendation was that there should be changes to make the system more child-friendly, more holistic and something which would enable children over a certain age to identify their own health problems.
Who needs a health assessment?	Every child who becomes looked after by Middlesbrough Council should have a health assessment within 4 weeks of them becoming looked after. They are then reviewed at regular intervals.
How often will they be done?	Children under the age of 5 will have two health assessments every year. Children over the age of 5 will have one per year.
Who will carry out the initial health assessment?	All initial health assessments will be done by a Community Paediatrician. The Designated Doctor for Children Looked After is Dr Phyu and she is based with the Child Health Team at West Lane Hospital.
How are initial health assessments arranged?	When a child becomes looked after, the social worker completes a Notification Form and a copy of this is sent to the Community Child Health Department. They also need a copy of the consent form which is completed and signed by the birth parent - this is usually the Placement Plan Part 1. Once the Child Health Department receive these documents, they will make an appointment for the health assessment and send details of the appointment to the social worker, the parents, the foster carers and also direct to young people who are over the age of 14.

Who goes to the health assessment?	The social worker will normally take the child to their first health assessment accompanied by the birth parents(s) and/or the current carer(s) if possible.
How long will the assessment take?	This will vary according to the child's health needs but on average it will take an hour.
What information will be needed for the initial health assessment?	The doctor will need the Child Health Record book (which should have been obtained from the birth parent(s) when the child became looked after) and the name of the child's dentist and any dental information which is available. The doctor will also have collated other relevant records, such as those from the hospital and Accident and Emergency.
What happens after the health assessment?	The Community Paediatrician will produce a health assessment report and a health plan for the child.
What is a health plan?	Each child looked after will have a health plan to meet their assessed health needs. This will provide key information on the child's health needs and strengths. It will also set out the actions to be taken, with responsibilities and timescales, in relation to the child's health. A copy of the health plan will be sent direct to young people over the age of 14, the social worker, the GP and normally a copy will go to the child's birth parent(s) and/or current carer(s).
When is the plan reviewed?	For children under the age of 5, the plan will normally be reviewed twice a year. For children over the age of 5, it will normally be reviewed annually. If it needs to be reviewed more often, this will be stated in the plan.
Who will review the health plan?	This will be stated on the Health Plan. Children who have high levels of health needs will be reviewed by the Community Paediatrician. Otherwise, for children under the age of 5, it will be reviewed by their Health Visitor. For children over the age of 5, if will be reviewed by their School Nurse. For young people who are supervised by the Leaving Care team, the review will be done by Chris Nugent, the Health Co-ordinator for Looked After Children.
Who do I contact if I've got any questions or problems relating to health assessments or plans?	Contact Chris Nugent, the Health Co-ordinator for Looked After Children, tel. 354118, or Dr Phyu, Designated Doctor tel. 813144.

Appendix 2

ACTION PLAN
FOR
LOOKED AFTER CHILDREN
AND
YOUNG PEOPLE

2004/06

CHRISTINE NUGENT
HEALTH COORDINATOR
FOR
LOOKED AFTER CHILDREN
AND
YOUNG PEOPLE

1. INTRODUCTION

The document 'Promoting the Health of Looked After Children' produced by the Department of Health in 2002 identified a series of Government reports highlighting the health neglect, unhealthy lifestyles and the mental health needs that characterise children and young people living in care and being amongst the most socially excluded groups in England.

2. BACKGROUND

The document, 'Promoting the Health for Looked After Children' responded to research identifying that children looked after have profoundly increased health needs in comparison with children and young people from comparable backgrounds who have not needed to be taken into care. These significantly higher levels of health outcomes where identified as:

- Substance misuse-coping/escape mechanisms
- Teenage Pregnancy
- Mental health problems, including self harm, suicide, high risk behaviours, feelings of abandonment, attachment disorder, anxiety, conduct disorder, bed-wetting and inappropriate sexual behaviours
- Exclusion and truancy disrupted education and poor academic outcomes leading to low self-esteem, reduced employment opportunities and therefore low incomes and poor housing
- Missed medical checks and health promotion opportunities (also within school)
- Significant gaps in health records, often poor quality and failing to follow the child
- Difficulties with building and maintaining family and social relationships which continues into adulthood
- Involvement in offending behaviour and time spent in prison

These health outcomes remain greatly unmet and as a result, many children and young people in care experience greater health inequalities and when leaving care, young people are mainly disadvantaged in terms of their physical and mental health, education, employment prospects, housing and social status. All of this results in profound implications for their health in adult life.

(National Children's Bureau, 2001)

'Looked After Children are epitome of the 'inverse care law'- their health may not only be jeopardised by abusive and neglectful parenting, but care itself to repair and protect health. It could even exacerbate damage and abuse.'

(Promoting the Health of Looked After Children, 2002)

3. PROMOTING THE HEALTH OF LOOKED AFTER CHILDREN DOCUMENT GUIDANCE

This document sets out a framework for delivery of services from health agencies and Councils with Social Services Responsibilities,

which will promote and improve the health of looked after children and young people.

The guidance represents a shift away from a health care system based on annual 'medicals' towards a more holistic assessment of individual child and young person's health care needs. These assessed needs refer to both physical and mental health including health promotion.
Health issues raised by the consultation paper(2000) identified:

- Completion of statutory annual medicals and assessments are perceived by some professionals to be too rigid to meet fully the needs of the child.
- The requirement for annual assessments to be completed by a registered medical practitioner appears to limit the take up of health assessments by young people.
- Young people's experience of medical examinations is negative – the event is often impersonal, lacking in explanations and without recognisable outcomes for them.

Also, the guidance supports the development of an effective and flexible systems which will address health inequalities and the assessment of health needs, obtain and manage the information required to produce individual health plans for all looked after children and young people and enable these plans to be implemented.

4. ROLES AND RESPONSIBILITIES

The 'Promoting Health for Looked After Children' document sets out the roles and responsibilities for Health as follows:

The Chief Executive of the trust should:

1. Participate in local inter-agency children's service planning.
2. Ensure that the health and well being of children and young people who are looked after are an identified local priority.
3. Ensure that structures are in place to plan, manage and monitor the delivery of health care to all children and young people who are looked after;
4. In collaboration with the local services, should identify a designated doctor and nurse.
5. Ensure health professionals performing health assessments and contributing to health care planning have received appropriate training.
6. Ensure systems are in place to ensure children and young people who are looked after are registered with a GP and a dentist near to where they are living, even when this is a temporary placement.
7. Ensure systems are in place to fast track the GP records and dental health records when a looked after child is newly registered.
8. Ensure systems are in place for children moving into area, to wait no longer than a child already in that area who has an equivalent need.
9. Ensure arrangements are in place for the transition from child to adult services.
10. Ensure an appropriate data set is collected and reviewed at least annually.
11. Together with local authority colleagues, monitor and review the local arrangements and service, against agreed targets, to ensure a robust service in place.

Contribution of Primary Care Teams

The primary care team have an important role to play, particularly in many instances in providing continuity before, during and after the child is looked after. They should:

1. Act as advocated for health of each looked after child/young person.
2. Ensure timely, sensitive access to an appropriate member of the team
3. Ensure referrals to specialist services are timely to address the inequalities of looked after children
4. Provide timely summaries of health information
5. Maintain a record of the health assessment, and contribute to any action in the health plan as necessary.
6. Ensure Clinical records identify looked after status of the child/young person, so that their particular needs can be acknowledged.
7. Regularly review the clinical records and contribute information to each review of health plan

Role of the Designated Nurse

The Designated Doctor and Nurse should work in collaboration and co operation, as the responsibilities are shared. The Designated Nurse's role includes:

1. Assist the PCT in fulfilling their responsibilities.
2. Contribute to planning; strategy and audit of quality standards for health services for looked after children.
3. Provide expert health advice on Looked After Children is available, and liasing between service providers e.g.: PCT, Social Services, Education.
4. Provide both a direct clinical service to Looked After Children and support nursing colleagues within service provision.
5. Identify and advise on the training needs of service providers.
6. Promoting a 'Looked After' health service sensitive to the child's individual needs, and timely access to appropriate members of the health team

5. STATUTORY REQUIREMENTS

Details of key actions:

1. The Chief Executive ensures that the health and well being of Looked After Children and Young People is an identified local priority.
2. Identify a Designated Doctor and Nurse.
3. A health assessment to be provided as soon as practicable after a child becomes looked after.
4. A written report of each health assessment and health plan in place for each child.
5. Subsequent health assessments to be delegated to appropriate practitioners, possibly into the nursing services.
6. The review health assessments will be performed biannually on those children under 5 years and annually there after.
7. Expansion of looked After Children health assessment audit to include health promotion, not only physical and mental health.
8. When moving between geographical areas notifications are now required by both the PCT the child is leaving, and the PCT the child is moving to.

6. ACTION PLAN

Aims;

- To assist Middlesbrough Primary Care Trust in fulfilling it's responsibilities for the health of Looked After Children and Young People

- To meet the recommendations of the 'Promoting the Health of Looked After Children' document

- To promote the health and well being of Looked After Children and Young People, building on easier access to services and more sensitive to the individuals needs.

- To meet Legislation and Government directives

The Action Plan encompasses the directives and culture of all recent legislation including:

- Promoting the Health of looked After Children (2002)
- Health for all Children (4th edition, 2003)
- Every Child Matters – (green paper 2003)
- Every Child Matters: Next Steps (2004)
- Children's National Services Framework (2004)
- Common Assessment Framework (CAF, 2004)

The Common Assessment Framework identifies 5 priority outcomes:

1. **Being healthy:** enjoying good physical and mental health and living a healthy lifestyle.
2. **Staying safe:** being protected from harm and neglect.
3. **Enjoying and Achieving:** getting the most out of life and developing the skills for adulthood.
4. **Making a Positive Contribution:** being involved with the community and society, and not engaging in anti-social or offending behaviour.
5. **Economic well being:** not being prevented by economic disadvantage from achieving their full potential in life.

7. MIDDLESBROUGH (CHILDREN LOOKED AFTER)

Until very recently, the numbers of children looked after in Middlesbrough had increased year on year. Between early 2001 and summer 2003, the number of children looked after increased by 27%. There are approximately at present 248 children looked after by Middlesbrough Council.

Over recent years, there has been an increase in the prevalence of drug and alcohol misuse within families and domestic violence which is reflected in the increase in numbers of children becoming looked after. In addition, and this trend is reflected nationally, there has been an increase in the length of time children remain looked after due to the children having increasing complexity of need and frequent multiple needs.

Whilst the number of children Looked After appear to be a small group in numbers, entry into the Looked After system needs to be seen as a powerful indicator of unmet health needs which will reflect on the increase and impact on the provision of future services.