

CORPORATE PARENTING BOARD

11th SEPTEMBER 2008

**THE HEALTH OF CHILDREN LOOKED AFTER
2008**

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PURPOSE OF THE REPORT

1. The purpose of this report is to provide a brief summary of the effects of Care Matters: Time to Deliver for Children in Care (DCSF, 2008) on the duties of health care bodies and local authorities to Children Looked After. It also aims to provide an up date to the Members of the Corporate Parenting Board of the progress of Middlesbrough Looked After Health Action Plan 2008/9.

BACKGROUND

2. The aim of the Care Matters agenda is to 'secure improved and sustainable outcomes' for children in care and their families. The white paper acknowledges that it is important that local partners provide effective family support to enable a child to remain at home where appropriate, and where children do come in to the care of the state, delivering good outcomes requires excellent corporate parenting.
3. Care Matters states that it is not just the local authorities that have a parenting role, but the corporate parenting responsibilities must be shared by everyone involved in supporting children in care. This includes health and the Care Matters Green and White papers emphasise that unless partner agencies accept their responsibility, we will not make a difference to the lives of the children in care.

4. The vision for improving the lives of children and young people in care is underpinned by the Government's Public Service Agreements (PSA) and the National Indicators set for local government. In October 2007, the government published a PSA on improving the health and well being of children and young people, which includes a focus on improving the emotional health of children in care.
5. Health and local authority bodies are under a duty to produce a Joint Strategic Needs Assessment (JSNA) of the health and well being of their local community, including vulnerable groups such as children in care. The local JSNA is currently subject to consultation.
6. The government is also committed to publishing revised guidance on **promoting the health of children in care** for consultation by the end of 2008. This will become statutory guidance for local authorities, Primary Care Trusts and other health bodies. The guidance will set out how they must work together to assess the needs of children in care and ensure that services are provided to meet those needs. In particular, it will set out how CAMHS should provide targeted services for children in care.
7. To allow for the implementation of the changes brought in by the guidance and to allow the changes to 'bed in', the first national stock take will take place in 2009.

MIDDLESBROUGH CHILDREN'S LOOKED AFTER HEALTH ACTION PLAN 2008/9

8. The Children's Looked After Health Action Plan for 2008/9 includes a number of Key Service Outcomes that include the following:
 - **All looked after children and young people are immunised have regular health screening, dental and optical checks.**
9. All looked after children and young people are offered annual/bi annual health assessments as per government guidelines '*Promoting the Health of Looked After Children (DOH 2002)*'. As identified in the Health Action Plan, strategies are already in place to ensure all looked after children and young people are immunised, have regular health assessments, dental and optical checks. The latest figures provided by government for immunisations being up to date in Middlesbrough is 95% and the percentage of Children Looked After having an annual health assessment in Middlesbrough is 92%.
10. Outcomes relevant to physical and emotional health and well being that have been specifically identified by looked after children and young people as important to them are included within the assessment process itself. All health visitors and school nurse consider physical outcomes with the child or young person (for example, immunisations, dental hygiene nutrition, physical activity, teenage sexual health and relationships, alcohol and drug misuse, accidental injury and smoking uptake).

11. Also, measures and indicators of mental health and emotional well being are assessed (for example, measures of resilience, well being and coping skills, attention hyperactivity disorder, depression and anxiety disorders, eating disorders, self harm and risk taking behaviour). The Care Matters white paper recommends that a new local government indicator focused on the emotional and behavioural difficulties of looked after children, should be developed. Consequently, from April 2008, all health and local authorities in England will have to report on the emotional and behavioural health of children and young people in their care.
12. In Middlesbrough, all children and young people who are aged 4 -16 years and have been looked after 12 months and more will have a strengths and difficulties questionnaire completed. The questionnaire will be completed by the child's main carer, as part of the child/young person's statutory health assessment. This will provide government with further statistics and local information on the emotional health and well being outcomes of children and young people looked after to understand and improve the delivery of CAMHS.
13. Included within the emotional health and well being of young people in care, a promoting self-esteem group is to be delivered to single sex groups by the Pathways leaving care team commencing in early autumn 2008. This is to promote confidence and improve assertiveness skills to make positive outcomes for individuals.
14. As part of the Health Assessment process, the delivery of the Middlesbrough Alcohol and Drug Initial Assessment tool continues to be provided to looked after children from the age of 8 years. All health and social care staff have been offered ongoing training updates to enable them to deliver this tool in a competent manner. The assessment tool provides identification of those children that need intervention from Platform and provide the resources to enable field staff to work along side children and young people to educate them in the effects of drug and alcohol misuse. This also will inform government statistics in the near future.
15. The percentage of children looked after having a dental health check in Middlesbrough was 92%. The health assessment continues to cover registration with a dentist and the provision of dental health promotion packs. The assessment is able to identify those children who require dental health intervention and who is providing it.
16. In agreement with the local Five Rivers residential homes, the dental health promotion team are to deliver dental health promotion to children and young people on an ongoing basis to reinforce the importance of dental hygiene.

➤ **All looked after children and young people have an outcome based health plan in place that is regularly reviewed**
17. Included in the health action plan for 2008/9 is that all looked after children and young people have an outcome based health plan in place that is regularly reviewed. After consultation with young people, the health assessment documentation and leaflets have been updated with support from the marketing

manager from the Primary Care Trust. The health plan provides clear health objectives with review dates and health outcomes for each individual health issue.

18. Through existing resources, ongoing consultation with children and young people and training for health professionals will enable better co ordination of health services for children in care to ensure the progress against actions in the child's health plan.

➤ **Looked after children are provided with guidance and support that promotes healthy living**

19. Another key service outcome is that looked after children are provided with guidance and support that promotes healthy living. Within the health assessment process, a continued provision of age appropriate health promotion information is delivered and recorded. This might include the delivery of age appropriate smoking cessation 'Kick the Butt' sessions for children and young people or provision of chlamydia screening as part of the health screening process.
20. A grant has been recently provided via Children, Families & Learning Services to develop a dedicated young person's health promotion unit at the Pathways' team base on Park Road North. Young people have been consulted on how the room should be decorated, furnished and what health promotion material they would like to be delivered from the unit. It will also provide a room that will be free of interruptions and provide confidentiality whilst a health consultation is taking place.
21. Pathways' continue to deliver packages of activities/health guidance/support to young people to promote healthy living including the after care group, self-esteem group and the independence group and there is continued open access to the Looked After Children's Nurse to provide health advice and support.

SUMMARY

22. In the last year the service has continued to develop, implementing the Assessment tool for drug misuse screening and the Strengths and Difficulties Questionnaire. Documentation has been reviewed to introduce easily identifiable health outcomes to enable practitioners to co-ordinate the health care for the individual child in care more effectively.
23. The development of the Children Looked After Health Action Plan for 2008/9 will help focus on Key Service Outcomes to deliver the best possible health care for children in care. This supports the delivery of the Care Matters: Time to Deliver document that emphasises that Corporate Parenting responsibility must be shared by everyone involved in supporting children in care.

FINANCIAL, LEGAL AND WARD IMPLICATIONS

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

RECOMMENDATIONS

25. The Corporate Parenting Board are asked to advise the Executive to note the information and work undertaken to promote the health of Looked After Children in Middlesbrough.

REASONS

26. The council is responsible for ensuring that the best possible health outcomes are achieved in relation to the health and well being of our children looked after.

BACKGROUND PAPERS

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

- Promoting the Health of Children Looked After (DOH, 2002)
- Care Matters: Time to Deliver for Children in Care (DfES, 2008)

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