

CORPORATE PARENTING BOARD

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**HEALTH OF CHILDREN LOOKED AFTER -
UPDATE**

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PURPOSE OF REPORT

1. The purpose of this report is to provide information on the consultation document *Promoting the Health and Wellbeing of Looked After Children* [Department for Children, Schools and Families (DCSF), 2009] and its effects on the duties of health care bodies and local authorities. It also aims to provide an update of progress on the Middlesbrough Looked After Health Action Plan, including an update on consultations with Looked After Children and training delivered in 2008/9.

BACKGROUND & CONSULTATION

2. The existing guidance *“Promoting the Health of Looked After Children”* was published by the Department of Health in 2002 and places statutory duties on local authorities. A joint commitment to revise the guidance and make it a statutory duty for health bodies as well as local authorities was made by the Department of Health and the (then) Department for Education and Skills in the “Care Matters” White Paper.
3. This revised guidance, of which the contents are broadly similar, will be issued under Section 10 of the Children Act 2004. This means that Local Authorities, Primary Care Trusts and Strategic Health Authorities in England must have regard to it when exercising their functions under that section.
4. The purpose of the document is to give guidance to those bodies on the exercise of their functions in relation to co-operation to promote the well-being of children

and young people and the making of arrangements to safeguard and promote the welfare of children. The aim is to improve health outcomes for looked after children and young people.

5. The document concerns the delivery of services from the Primary Care Trusts, Strategic Health Authorities and Local Authorities to promote the health of looked after children and young people. It is written in the context of a holistic model of health, which takes account of wider determinants of health and wellbeing and is, therefore, relevant to all Children's Trust partners.
6. The guidance states that the NHS has a major role in ensuring timely and effective delivery of health services. Looked after children and young people, when consulted, inform us that they want to be treated in the same way as other children and young people. As the document states, the NHS can only be effective in meeting their needs when it has a system and a process in place to actively track and target health needs and that is why statutory health assessments and health plans are vital. The document also highlights that the challenge is involving children and young people and their carers in local arrangements so that their needs are being met without making them feel different.
7. The focus should be on ensuring their access to universal services as well as targeted specialist services. The ultimate aim is that their health needs are met in the same way as those of other children and young people.
8. It is recognised in the draft guidance that the designated doctor and nurse role is to assist PCTs in fulfilling their responsibilities as commissioners of services to improve the health of looked after children. The designated role is intended to be a strategic one, separate from any responsibilities for individual children or young people who are looked after, although the professionals may also provide direct services to children and young people.
9. In addition to assisting the PCT commissioners, it is likely to be appropriate for the designated nurse to provide both a direct clinical service to looked after children and support other nurses and health visitors who will be seeing these children and their carers.
10. The results of the consultation on the revised guidance, *Promoting the Health and Wellbeing of Looked After Children* will be published by the DCSF in September 2009.

MIDDLESBROUGH CHILDREN'S LOOKED AFTER HEALTH OUTCOME INDICATORS AND HEALTH ACTION PLAN 2009

11. The 'Statistical First Release' published by the Department for Children, Schools and Families (DCSF) provides summary information derived from statistical data supplied by local authorities in England. It covers all children and young people in England who have been looked after continuously for least 12 months as at 30 September 2008. It must be borne in mind, when considering these statistics, that children have a right to refuse a health assessment or dental check. This

information, as well as informing the government, also helps to inform future local action plans for children in care.

12. The Children's Looked After Strategy Part 2 includes a number of Key Service Outcomes for health, including the following:
 - **All looked after children and young people are immunised and have regular health screening, dental and optical checks**
13. The health assessment offered to children and young people in Middlesbrough continues to include all aspects of health, including emotional wellbeing, dental health, healthy eating and physical activity. It includes the necessity of a child or young person being registered with a GP and dentist and emphasis on primary prevention.
14. *Promoting the Health and Wellbeing of Looked After Children* (DCSF, 2009) acknowledges that statutory health assessments are able to identify health need and health neglect that might go unrecognised. All looked after children and young people in Middlesbrough are offered annual/bi-annual health assessments as per government guidelines and as identified in Middlesbrough's Children Looked After Strategy Part 2. The latest figure, produced by the government, for annual health assessments performed in Middlesbrough is 97% compared to the national average of 86.9%.
15. In Middlesbrough, looked after children's immunisations are recorded in the health assessment and if they are behind schedule, this is clearly recorded in the health plan to action. Middlesbrough's immunisation rate is 90%, compared with a rate of 82% for England, for children looked after continually throughout the year who were up to date with their routine immunisations. However, the government does recognise that this figure should also be interpreted with some caution. Children may enter care with their immunisations behind schedule or information is unknown, as in the case of unaccompanied asylum seekers, and it is not always possible for a local authority to 'catch up' with immunisations.
16. *Promoting the Health and Wellbeing of Looked After Children* (DCSF, 2009) continues to confirm that even when compared to children in a community sample from the most deprived socio-economic groups, looked after children still showed significantly higher rates of mental health disorders. Nationally, it is expected that all looked after children and young people who are aged 4 -16 years, and have been looked after for 12 months and more, will have a strengths and difficulties questionnaire completed to assess their emotional and behavioural health.
17. In Middlesbrough, this is completed by their main carer prior to the child's health assessment and collated by the child's social worker, measuring indicators of mental health and emotional wellbeing (for example, measure of resilience, well being and coping skills). As from April 2008, this provides the government with further statistics and local information on the emotional health and well being of children and young people looked after to increase understanding of needs and to support improvements in the delivery of Child and Adolescent Mental Health Services.

18. To support the emotional health and well being of young people in care, a 'promoting self-esteem' group has been delivered to a small group of young people of both sexes by the Pathways Leaving Care Team and health staff. This group aims to promote confidence and improve assertiveness skills to make positive outcomes for each individual and provides the opportunity to meet and interact with others, to help build social skills, self-esteem and develop friendships.
19. Oral health is recognised in *Promoting the Health and Wellbeing of Looked After Children*, DCSF 2009 as 'vital to children's social success as well as physical health'. Carers are encouraged to support the adoption of healthy lifestyles, including actions to maintain oral health. The percentage of looked after children and young people having a dental health check in Middlesbrough was 95% compared to the national average of 87.3% in England. This is an improvement from the previous year. The health assessment continues to cover registration with a dentist and monitoring the treatment provided, focusing on prevention and providing dental health packs to young people to reinforce the importance of dental hygiene.
20. In Middlesbrough good health and improving health outcomes for looked after children are identified by health visitors and school nurses when assessing their needs, focusing on age appropriate health promotion, dental health, healthy eating and physical activity.
 - **Looked after children are provided with guidance and support that promotes healthy living**
21. The key outcome, that looked after children are provided with guidance and support that promotes healthy living, is supported in a number of ways. One of which is via the health assessment itself providing a provision of age appropriate health promotion and information by the health visitor, school nurse and health co-ordinator to the carer, child, young person and social worker.
22. In 2009, training has been delivered to prospective foster carers focusing on the importance of identifying the effects of poor health on children coming into care and the priority of delivering healthy lifestyles to children and young people to promote better health outcomes.
23. Also, health information events have been held with established foster carers to reinforce healthy living, including the awareness of sex and relationships education delivered in schools, sex and the law and awareness around easy access to contraception.
24. A health drama workshop event, delivered in partnership with the Looked After Children's Team and funded by South Tees Children's Smoking Steering Group, took place for 11 – 16 year olds, delivering the message around the dangers to health from smoking. The group consisted of young actors called 'Gibber' delivering messages about the tobacco industry and the contents of cigarettes that are harmful to health. The children and young people then became involved

in workshops around recalling the messages delivered in the play. This was an effective way of promoting the prevention of smoking.

25. Funding from the Care Matters grant allowed the development of a dedicated young person's health room at Park Road North. After consultation with the young people, it was agreed to decorate and furnish the room to allow an area that is free from interruptions and provides confidentiality. Health assessments take place and health guidance and support such as, healthy eating, oral hygiene, smoking cessation, drug misuse, sexual health and self-examination to detect early cancers is offered.
26. The Health Co-ordinator, in partnership with the Pathways Team and the Children Looked After Team, continues to deliver packages of activities/health guidance and support to children looked after and young people to promote healthy living.
 - **Looked after children and young people are given advice and support in accessing appropriate local health services**
27. *Promoting the Health and Wellbeing of Looked After Children* (DCSF, 2009) identifies that looked after children and young people tell us they want to be treated in the same way as other children and young people. However, the NHS can only effectively meet their needs when it has a system and processes to actively track and target their health needs.
28. Statutory health assessments and health care plans are in place for each individual looked after child and young person and their health needs (identified in the health plan) are met in the same way as other children and young people accessing the universal services available.
29. Where targeted specialist services are required, such as CAMHS and PLATFORM, utilising the 'Strengths and Difficulties Questionnaire' and the 'Early Identification Tool' for drug misuse enables swift referral into the appropriate service to provide effective provision but in the same manner as other children and young people.
30. '*Support for Care Leavers*', a report by Ofsted published in July 2009, reported that looked after children's nurses had a flexible and informal approach to working with care leavers, increasing the take-up of health assessments; nurses met care leavers in their homes, in outreach clinics and in leisure centres. Having nurses based in leaving care teams was advantageous; support workers could seek health advice on behalf of care leavers, as well as care leavers having immediate access to a service.
31. In Middlesbrough, a nurse has been based with the leaving care team to help improve access to services since 2004. This has allowed young people to receive health assessments, health promotion and health input in a timely manner including the delivery of the C card in partnership with Middlesbrough Teenage Pregnancy Strategy, Chlamydia Screening and more recently pregnancy testing. Young people aged over 18 years continue to be offered

open access to the nurse to enable them to receive appropriate health advice and sign posting to other services in health.

DEVELOPMENT OF THE SERVICE TO LOOKED AFTER CHILDREN AND YOUNG PEOPLE

32. Future work involves supporting social workers and residential staff around:
 - Brief intervention training for Smoking Cessation delivered by the Middlesbrough Stop Smoking Service
 - Refresher courses offered for all leaving care staff and residential care workers on C card, Chlamydia screening and Sex and Relationship Education delivered by Middlesbrough Teenage Pregnancy Strategy
33. Later in 2009/10, in partnership with Middlesbrough Teenage Pregnancy Strategy, the concept of 'Social Norms' will be introduced to looked after children and young people. Once delivered in schools to identify the number of risk taking behaviours around sexual health and drinking, it will be delivered to young people receiving a service from the Pathways Team. This approach will focus on the majority's behaviour and away from the minority's risk taking behaviour to promote healthy lifestyles.
34. A policy has been developed between health and social care agencies to improve communication and ensure robust processes are in place to continuing delivering health assessments to looked after children and young people in Middlesbrough, and the revision of records to improve documentation for looked after children's health. This is the subject of a separate report to the Corporate Parenting Board.
35. However, there are some difficulties to overcome, such as administration services being reduced in Health. This will have some effects on the services to looked after children, increasing the time scales for the completion of health assessments. The Health Co-ordinator, whilst focusing on the administration, will effect the development and delivery of the service including the delivery of *Promoting the Health and Wellbeing of Looked After Children* (DCSF, 2009).

SUMMARY

36. To promote the delivery of the health assessments, consultation with young people will be ongoing to try and ensure a positive experience of their participation in the statutory health assessment.
37. The consultation document, *Promoting the Health and Well being of Looked After Children* (DCSF, 2009) reinforces the promotion of health. It is written in the context of a holistic model of health, which takes into account the wider detriments to health and wellbeing. Consultation with Middlesbrough looked after children and young people when developing the Pledge confirms this and is reflected in the Pledge.
38. Children and young people do not see health in a narrow medical sense but from a wider perspective, which includes their emotional health and wellbeing. This means that, as professionals, we must listen to them and take their views

seriously and promise for example, that we will support them to take part in activities that they enjoy and try very hard to make sure that they live with people who care about them and care for them.

39. With this in mind, the health assessment process and health planning for looked after children will continue to change and develop to ensure that the service works towards achieving the best possible health outcomes. This will be achieved by working in partnership with a range of agencies to promote the health of looked after children and young people in Middlesbrough.

FINANCIAL, LEGAL AND WARD IMPLICATIONS

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

RECOMMENDATION

41. It is recommended that the Corporate Parenting Board advise the Executive to note the information and work undertaken to promote the health of looked after children in Middlesbrough.

REASONS

42. The Council is responsible for ensuring that the best possible health outcomes are achieved in relation to 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)
- Promoting the Health and Wellbeing of Looked After Children – revised statutory guidance (DCSF, 2009)

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