

Report for:
ACTION/INFORMATION

Item Number:

11

Contains Confidential or Exempt Information	YES/NO YES (Part) No
Title	Health of Looked After Children report
Responsible Officer(s)	Judith Finlay, Director, Children and Families Services
Author(s)	Carol Yates, Operations Manager, LAC and Leaving Care
Portfolio(s)	Cllr Binda Rai , Children and Young People.
For Consideration By	Corporate Parent Committee
Date to be Considered	July 2014
Implementation Date if Not Called In	
Affected Wards	None
Keywords/Index	

Purpose of Report:

This report serves to brief the committee on the processes and data in relation to the health of children and young people in Ealing in 2012/13 and 2013/14.

1. Recommendations

Members are invited to note this report and identify any additional information they would like to receive.

2. Reason for Decision and Options Considered

This report updates members on the issues in relation to the health of Looked After Children.

3. Key Implications

N/A

4. Introduction

As at 31st March 2014 there were a total 387 Looked After Children.

The legislation governing the health of looked after children, is as follows:

- NHS Commissioning Board (2013) Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework
- Working Together to Safeguard Children (2013)
- NICE Quality Standards for the health and wellbeing of Looked After Children (2013)
- Looked After Children, Intercollegiate Role Framework (2012) RCPCH, RCN.
- Improving Outcomes Guidance 2009
- Responsible Commissioners Tariff 2012
- All the above are underpinned by the Children Act 1989 and 2004

5. The LAC Health Team

5.1 The LAC Health Team consists of 2 LAC Nurses and 2 Consultant Paediatricians and one Registrar. They undertake the majority of Initial and Review Health Assessments for Ealing's looked after children and provide a Health Action Plan (HAP plan) for each child and young person.

5.2 The Initial Health Assessment takes place within 20 working days of a child coming into care and the subsequent health assessments take place 6 monthly for children under 5 and annually for children aged 5 to 17 years.

5.3 The HAP plans are sent to the social workers who ensure that the identified plan is followed through and this is additionally monitored at the child's 6 monthly LAC statutory review by the Independent Reviewing Officer and at subsequent health assessments by the LAC nurses and paediatricians.

5.4 The Lac Health Team are supported by the clinical LAC psychology team within children's social care and SAFE early intervention services.

5.5 Alongside the undertaking of Health Assessments, the role of the LAC nurse includes the strategic development of the service and raising the profile of the needs of LAC within Universal services. An outcome of this work has been to identify the increased levels of need and safeguarding responsibilities of the service and subsequently there has been an increase from one band 8a nurse to a second nurse at band 7.

5.6 The role of the Lac Health Team also include referrals to specialist services, attendance at strategy meetings and case conferences, membership of the foster and permanence panels, support for young people regarding healthy relationships and sexual health and healthy eating guidance.

5.7 The LAC Health Team also provide consultation time and training to foster carers and social workers and are responsive to the day to day health needs of looked after children. They also work with the Lac Psychology team in Interpreting behavioural patterns and regularly meet with them to promote a robust multidisciplinary approach to needs assessment and service delivery to looked after children.

6. Emotional Health

6.1 The emotional health of looked after children is a key area of need. Most children in our care have experienced traumatic events, whether that be directly as a result of parenting or from external factors such as events as a consequence of living in a war torn country. In addition a high percentage of young people become looked after as a result of their parents learning disability or mental health issues. Some of these diagnosed difficulties are genetic, the result of substance abuse (drugs and alcohol) in pregnancy,

6.2 The SEW and Permanence Panel is a multi-agency panel that meets quarterly. It includes representatives from Social Care, Placements, Lac Education, LAC Health and LAC Psychology (CAMHS)

6.3 All LAC cases are reviewed with the allocated social workers and Managers to ensure we are achieving permanency and to consider the SDQ scores and to review the interventions in place for each child's health and emotional well-being as this may be a block to achieving permanency.

7. LAC psychologists tier 2

7.1 There are 2 clinical psychologists in the LAC psychology team. The psychologists are employed and receive clinical supervision from CAMHS Their aim is to provide 1:1 support to children and young people (including complex life history work) support to residential staff and foster carers and to provide case consultation to social work teams.

8. Ealing CAMHS (Child and Adolescent Mental Health Service)

8.1 CAMHS provides services at tier 3 and tier 4 which are overseen by Psychiatrists. It is a high threshold and includes access to psychiatric nurses and specialist residential health services.

8.2 CAMHS also run services in relation to substance misuse at teir 4 (residential) level and the EASY project is the commissioned health service for teir 3 substance misuse.

9. Strengths and difficulties questionnaires (SDQs)

9.1 The SDQ's (Strengths and Difficulties Questionnaires) are collected on looked after children aged 4-16 years of age who are looked after with a view to providing a numerical indicator of emotional need. Scoring is interpreted by the LAC health team and results are used in the HAP plans for looked after children to guide if a referral to a CAMHs service is required and to alert health professionals of the potential level of need when formulating their plans. They are also used as a guide within the SDQ and Emotional Wellbeing panel SEW Panel.

10. SDQ and Emotional Wellbeing Panel

10.1 The SEW panel is a panel that sits quarterly to review those children who have a high SDQ score. The panel comprises of the Operations manager for LAC and Leaving care, the LAC Psychologists, the LAC nurse and the manager of the Access to Resources Team. The cases are presented by social work managers and need is identified and plans are put in place or reviewed to meet emotional need of LAC children.

11. Health performance:

11.1 The annual performance data that is reported to Ofsted is as follows:

- Immunisations
- Initial and Review Health Assessments 6 monthly for under 5's and annually for 5 –17 year olds including completed HAP plans.
- Strengths and Difficulties returns and scores
- Annual dental visits

11.2 The figures returned for 2012/13 and 2013/14 are set out in the table below.

2013/14 Year		% of Total Children
Total Children	254	-
Total Children Aged 4 to 16	194	-
Children with Medical in Last Year	243	95.67%
Children with Dental in Last Year	240	94.49%
Average of Children with Medicals & Dentals in last year	241.5	95.08%
Medical & Dental in last Year	234	92.13%
Children with SDQ Score	169	91.20%
Average SDQ Score (2dp)	13.52	-
Children with Immunisation up to Date	223	87.80%

2012/13 Year		% of Total Children
Total Children	264	-
Total Children Aged 4 to 16	206	-
Children with Medical in Last Year	252	95.45%
Children with Dental in Last Year	251	95.08%
Average of Children with Medicals & Dentals in last year	251.5	95.27%
Medical & Dental in last Year	241	91.29%
Children w/SDQ Score (Aged 4 to 16)	205	99.51%
Average SDQ Score (2dp)	13.35	-
Children with immunisation up to Date	236	89.39%

11.3 18 SDQ forms were not returned by March 2014. In relation to the decline in the number of returns of SDQ forms from carers, there have been for a variety of reasons for the lower return figures for 2013/14. One has been that carers for 6 children with profound additional needs have found the forms difficult to complete as the questions do not relate to their children well. This is being looked into by the Lac Psychologist. A further reason was that 9 of the forms were received just after the return deadline and so although the data will be used to meet their needs they do not show as part of this return. 3 have not been returned by carers and are being followed up by their social workers.

11.4 From August 2014 a new system will be used and the SDQ forms will no longer be collected annually but 4 weeks prior to the annual health review. This new process should ensure that all forms are gathered prior to the end of year.

11.5 11 young people did not have a health assessment in 2013/14. 7 of these young people were aged 17, 2 young people were 16 years of age and 1 was 15 years of age. Each of these refused their health assessments, although one has a consultant for a chronic condition whom they regularly see throughout the year. Every effort has been made to persuade and support them to undertake the health assessment including home visits and pre work with them.

11.6 The average SDQ score is calculated on the whole cohort of LAC aged 4-16 years. The score is 13.52 which is within the "normal" range for all children of this age and is an indication that the interventions in place to meet individual needs are providing positive outcomes.

12.Improvement plans 2014/15

12.1 The following areas are the key areas for improvements to services over the coming year:

- **Hard to reach young people.** The work to engage hard to reach young people will continue through the year. In the majority of cases we are able to undertake a health assessment even if it is not within the timescale for the annual return. We will seek to see 16 and 17 year olds early in the year to give a longer time to work with them to complete their health assessments.
- **Improve timescales for initial assessments.** Initial assessments should take place within 20 working days of becoming LAC. Parental consent is the most significant delay. The consent forms that parents sign at the point the child or young person becomes looked after is being revised so that the signature for consent for a medical is separate to the signature for accommodation of the young person. A further issue is the new LASPO guidance whereby those on remand in Detention centres and Youth Offending Institutes achieve LAC status. The medical advisor is liaising with these to ensure we are able to make prompt visits to undertake the medicals and do not have to wait for visitor permits.
- **Services for asylum seekers** This is an area of strategic work by the LAC Health Team. Significant progress has been made to date on immunisations for this group and further work on addressing post-traumatic stress and emotional wellbeing for children and young people who live with high levels of uncertainty about their futures.
- **Improving the quality of health passports for care leavers.** All care leavers receive a health passport and the Children in Care Council were instrumental in its content and design. Over the coming year work will be undertaken to ensure the LAC nurse has increased input to young people's passports where there are significant health needs.
- **Quality of HAPs and health services to LAC.** There is ongoing work to ensure the HAP plans for children Out of Borough are of the same quality as those who are undertaken by the LAC Health Team. There is a changing political health agenda as safeguarding for Looked After Children has become a focus in the past few years. The LAC health team are evolving their service to meet new standards and statutory obligations to the LAC population. This is to build stronger networks that provide robust health services for LAC living in and out of area, so that frequent moves do not impact on health outcomes that can be detrimental when not overseen.

13.Financial

a) Financial impact on the budget (mandatory)

No financial implications.

b) Financial background (optional)

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14. Legal

N/A

11. Value For Money

Financial aspects are monitored within existing budgets and existing value for money assessments and reviews.

12. Sustainability Impact Appraisal

None

13. Risk Management

None

14. Community Safety

None

15. Links to the 5 Priorities for the Borough

The work of the LAC health Team, CAMHs and council officers links to the Corporate Strategy. Targets to improve outcomes for health and education are set within the wider objective of creating a great place for every child and young person to grow up.

16. Equalities, Human Rights and Community Cohesion

Equality Impact is consistently reviewed and evaluated in terms of service delivery.

17. Staffing/Workforce and Accommodation implications:

To be determined

18. Property and Assets

No property implications

19. Any other implications:

To be determined

20. Consultation

N/A

21. Timetable for Implementation

22. Appendices

N/A

23. Background Information

Consultation (Mandatory)

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
Internal				
Judith Finlay	Director			
External				

Report History

Decision type:	Urgency item?
For information	No
Report no.:	Report author and contact for queries: Carol Yates Operations Manager lac and leaving care x 6157
First and surname, job title	