HEALTH TEAM FOR LOOKED AFTER CHILDREN, YOUNG PEOPLE & CARE LEAVERS
ANNUAL REPORT 2013/014

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May 2014
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INTRODUCTION

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health team in meeting the health needs of children in care registered with the London Borough of Hounslow during the period 1st April 2013 – 31st March 2014.

Why are looked after children a priority? The importance of the health of children, young people and care leavers cannot be overstated, with many children in care likely to have had their health needs neglected. As a team every opportunity is taken to reverse this situation, by providing and signposting to appropriate health care. This is a shared responsibility, so partnership working is essential to ensure optimum health for each individual child and young person.

The health and wellbeing of looked after children is influenced by nearly all aspects of their lives and the care they receive. Experiences in early life may have long-term consequences for health and social development. The needs of looked after children and young people vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings. In conjunction with local authorities and other agencies, we have a corporate parenting responsibility to try and improve the health and wellbeing of these children and young people. Social workers and carers should work closely with health professionals responsible for looked after children to ensure health needs are anticipated and met and every child has a health plan which clearly sets out how any identified health needs will be addressed. Health assessments should be a continual process ensuring an accurate and comprehensive profile of a child’s physical and emotional health is maintained as the basis for high quality health care whilst the child is looked after.

National Policy and Legislation

Over recent years there has been a series of Government initiatives to raise awareness of the needs of looked after children aiming to improve outcomes. Local Authorities (LA) and Health providers (NHS) as the key bodies with the expertise, abilities and responsibilities should use these publications in exercising their functions in relation to looked after children, young people and care leaver’s. These documents also provide potential tools to challenge health commissioners on their plans to improve health outcomes for LAC.

- Every Child Matters (DCFS 2003)
- Every Child Matters – Transforming the lives of Children and Young People in care (DfES 2006)
- Care Matters: time for change (DCFS 2007)
- Better Care, Better Lives (DH 2008)
- The Child Health Strategy (DH 2009)
- Statutory Guidance promoting the Health and Wellbeing of Looked after Children (DCFS 2009) To be reviewed autumn 2014.
- Child Health Programme (DH 2009) Looked After Children: Knowledge, skills and competencies of health care staff: Intercollegiate Role Framework ( RCPCH RCN 2012)
- Working together to Safeguard Children (DCSF 2013)
- Looked After Children and Young People (NICE public Health Guidance, Issued 2010, up-dated 2013)
Quality Standard for the Health and Wellbeing of looked after Children and young people (NICE 2013)
Delivering the health reforms for looked after children: How the new NHS will work from April 2013’ (ncb 2013)

The legislative and regulatory framework includes:
- The Care Standards Act (2000)
- The Mental Health Act (2007)
- The Children and Young Persons Act (2008)

THE LOOKED AFTER CHILDREN HEALTH TEAM

- Senior Team Administrator Child Development Service
  Incorporating LAC – Shirley Brooks Full time
- Medical Adviser – Vacant Post
- Community Paediatrician - Dr. Padma Mudalige 2 sessions
- Specialist Nurse for LAC - Judith Banks Full-time
- LAC Psychologist – Dr. Lydia Stone 3.5 days per week.
- Clinical S/W – Sandra Gladh Full-time
- Clinical S/W- Elaine Rowlands 2.5 days per week
- Adolescent Clinical S/W – Bruce Biege Until Oct’13

The Medical Adviser for LAC, Community Paediatrician and LAC Health Team Administrator remain based at The Heart of Hounslow Centre for Health where the majority of LAC under the age of 11 are seen. The Specialist Nurse remains based at the LAC resource centre, The Spot, and mainly sees children and young people aged eleven years and over. The LAC Psychologist and Clinical Social Workers are based at Hounslow Civic Centre. Clinical S/W B.Biege left the health team Oct’13 to join the ‘Pathways’ team as a senior S/W with a lead for mental health.

Hounslow & Richmond Community Healthcare NHS Trust (HRCH) are in the process of securing both a designated LAC Doctor and a designated LAC Nurse both part-time posts funded by Hounslow Community Commissioning Group (CCG).

Profile of Hounslow’s LAC Population

Overview of CIC Population
The table below shows the numbers of Children Looked After as at end of March 14 by Gender and Age.

Snapshot figure of children in care on 31 Feb 2014

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Under 1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 15</th>
<th>16 plus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
<td>41</td>
<td>35</td>
<td>123</td>
<td>118</td>
<td>332</td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
<td>19</td>
<td>16</td>
<td>66</td>
<td>70</td>
<td>178</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>22</td>
<td>19</td>
<td>57</td>
<td>48</td>
<td>154</td>
</tr>
</tbody>
</table>
**The below pie chart shows placements by distance.**

79% of placements are within 20 miles of their home address, and of the remaining 21% only 14% being placed further than 50 miles away.

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**The below table shows the ethnicity of LAC March’14 compared to the general population of Hounslow aged 0-17 (source 2011 census)**

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Children Looked after</th>
<th>LBH Population</th>
<th>Comparison Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>199</td>
<td>24462</td>
<td>0.8</td>
</tr>
<tr>
<td>Mixed</td>
<td>49</td>
<td>5187</td>
<td>0.9</td>
</tr>
<tr>
<td>Asian</td>
<td>37</td>
<td>19607</td>
<td>0.1</td>
</tr>
<tr>
<td>Black</td>
<td>33</td>
<td>5936</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>2295</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>332</strong></td>
<td><strong>57487</strong></td>
<td><strong>0.5</strong></td>
</tr>
</tbody>
</table>

---

**Referral Pathways to the CIC Health Team**

The LA and LAC health team have developed a system for timely notification of when a health assessment is due. Referrals are generated by the Management Information Officers (MIOs) within Children’s Services. The initial health assessment should be undertaken as soon as possible, ideally within 28 days enabling a health action plan to be available for the first looked after child (LAC) review. Review health assessments are required every 6 months for children under 5 years of age and annually for those children over 5 years of age. The LAC health team and MIOs continue to meet regularly to discuss the effectiveness of referral systems and data collection.
For all other health related issues/concerns, professionals, foster carers and the young people are encouraged to contact the service directly. There is no formal process for this, which is particularly important for young people who tend to prefer the ‘drop in’ type approach when accessing health advice and support. ‘Drop in’ at The Spot continues to be successful being well accessed by young people and care leavers. Young people also frequently text or phone the LAC nurse for health advice.

**Health Assessments**
The table below shows the number of children looked after continuously for at least twelve months as at end of February 2014 by team along with the number that have had a recorded medical and dental check during the past twelve months. The percentage of the total that this represents is given in blue below. It does not measure children who declined medcals and dentals.

<table>
<thead>
<tr>
<th></th>
<th>C In C East</th>
<th>C In C West</th>
<th>Pathways</th>
<th>Permanency Team</th>
<th>SWTCD</th>
<th>WMUH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of LAC for more than one year</strong></td>
<td>60</td>
<td>58</td>
<td>64</td>
<td>24</td>
<td>14</td>
<td>0</td>
<td>220</td>
</tr>
<tr>
<td><strong>Number with dental check in past year</strong></td>
<td>53</td>
<td>42</td>
<td>46</td>
<td>22</td>
<td>13</td>
<td>0</td>
<td>176</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>88%</td>
<td>72%</td>
<td>72%</td>
<td>92%</td>
<td>93%</td>
<td></td>
<td>88%</td>
</tr>
<tr>
<td><strong>Number with medical check in past year</strong></td>
<td>58</td>
<td>55</td>
<td>56</td>
<td>22</td>
<td>9</td>
<td>0</td>
<td>200</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>97%</td>
<td>95%</td>
<td>88%</td>
<td>92%</td>
<td>64%</td>
<td></td>
<td>91%</td>
</tr>
</tbody>
</table>

This table demonstrates that compared to the same period in 2012-2013 total numbers of CIC having received a medical within the past year are approximately the same with just a reduction of 2 (222 to 220). Percentage of CIC with a medical within the last year is 91% the same as last year, as a team we need to be aiming for 100%. Once the designated doctor and designated nurse are in post it is planned to audit the timeliness of the referrals, health assessments and Health Action Plans to ensure we are remaining within statutory guidance. Of equal importance will be the monitoring of the quality of health assessments to ensure children placed out of borough receive the same high standard of care as those placed in Hounslow.

**Table 1 Health Assessments**
This table on the next page details health assessments per LA team. It highlights that numbers of decliners have increased despite measures taken by the CIC nurse to ‘outreach’ to this historically difficult to engage with group of young people. It is hoped that the ‘activities by prescription project’ (page10) will act as a further incentive for young people to attend health assessments.
### Table 2 Identified Health Needs

The following health issues were identified during the health assessments:

<table>
<thead>
<tr>
<th>Health Issues</th>
<th>SS East</th>
<th>SS West</th>
<th>Intake East</th>
<th>WMUH</th>
<th>SWTCD</th>
<th>pathway</th>
<th>UMT</th>
<th>CIC East</th>
<th>Intake West</th>
<th>CIC West</th>
<th>WHUH</th>
<th>Total 2013/2014</th>
<th>Total 2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No Medicals</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>16</td>
<td>79</td>
<td>37</td>
<td>91</td>
<td>102</td>
<td>2</td>
<td>336</td>
<td>325</td>
<td>337</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>40</td>
<td>33</td>
<td>44</td>
<td>56</td>
<td>0</td>
<td>185</td>
<td>175</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>39</td>
<td>4</td>
<td>47</td>
<td>46</td>
<td>2</td>
<td>151</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>16</td>
<td>79</td>
<td>37</td>
<td>91</td>
<td>102</td>
<td>2</td>
<td>336</td>
<td>325</td>
<td>337</td>
</tr>
<tr>
<td>Medicals In Borough</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>52</td>
<td>36</td>
<td>91</td>
<td>101</td>
<td>1</td>
<td>225</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td>Medicals Out Borough</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>18</td>
<td>0</td>
<td>47</td>
<td>24</td>
<td>0</td>
<td>99</td>
<td>111</td>
<td></td>
</tr>
<tr>
<td>Use of Interpreters</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Declined</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Health Issues</td>
<td>4</td>
<td>15</td>
<td>13</td>
<td>0</td>
<td>52</td>
<td>264</td>
<td>85</td>
<td>183</td>
<td>265</td>
<td>9</td>
<td>890</td>
<td>1186</td>
<td></td>
</tr>
</tbody>
</table>
Similar to previous year’s Figures in Table 2 demonstrate that development and emotional/behavioral issues remain the main health issues affecting children in care. This is further clarified within Hounslow’s ‘Looked After Children Education Report 2012/13’ which states that Hounslow continues to have high numbers of children with special educational needs. 74.7% compared to the England average of 67.8%. 27.3% have a statement of special educational needs which is very close to the national LAC population which is 28.5%. Therefore only 25.3% of LAC had no special educational need in 2013. The longitudinal study by Sempik et al (2008) confirmed nationally the high prevalence of emotional and behavioural difficulties among looked after children, this study considered the needs of children at the point of first entry into care and identified that 72% of looked after children aged 5 to 15 had a mental health problem compared to 45% in the ONS survey. In the under five’s, nearly one in five showed signs of emotional or behavioural problems.

The figure for dental health needs remains high and continues to be concerning with still only 88% of LAC having a recorded dental check-up within the last year. This is the same as last year but it must be taken in to account that this figure also includes decliners. There are on-going discussions with the public health team looking at possible oral health promotion training to residential workers, foster carers, and key workers and after care support workers. The possibility of a ‘D-Card’ scheme to enable fast track referral to dentists whom have received training around the needs of LAC was discussed by the LAC nurse with the public health manager for Health Inequalities. Future fluoride varnish programmes are also a possibility being explored. With LAC often not previously benefitting from preventative dental care and missing out on regular check-ups, more education and encouragement is needed to develop an understanding of how to maintain their own dental health and make healthy choices. This is everybody’s responsibility as corporate parents.

### Onward Referrals

The identified health needs data clearly demonstrates that many of our children and young people in care have health needs that require further investigation and/or support from other health services. The GPs are responsible for coordinating this and are notified of our
findings and recommendations accordingly. The MIO’s use a tracking system to highlight any outstanding health recommendations and report monthly to both health and social care. Communication and teamwork between the MIO’s, social workers and the LAC health team continues to be vitally important ensuring onward referrals are followed up and recorded as promptly as possible. Without a permanent medical advisor this has proven more difficult over the last year.

ACHIEVEMENTS / INITIATIVES / SERVICE DEVELOPMENTS

The LAC health team and our social work colleagues continue to work hard in improving health provision for our looked after population. Review, evaluation and creative ways of working have proved an essential component to meeting targets and maintaining a high standard of health care.

Florence Nightingale Foundation (FNF) Small Grant Award

During 2011 the LAC health team applied for a small project grant to develop a brief tool for the Assessment and Intervention of Deliberate self-harm (AID) in young people in care within Hounslow LA. The team were successful in their application and £5000 was awarded from the Florence Nightingale Foundation and NHS London Network for Nurses and Midwives. The project ran from January 2012 until April 2013 with the following outcomes.

- Development of a screening tool (AID) for use by the LAC nurse during health assessments to help identify young people vulnerable to self-harm. The tool was piloted for 6 months and data collected from 120 young people.

- Development of an educational tool providing a brief early intervention for young people identified as at risk of self-harm. Giving information and support about alternative coping strategies and most importantly signposting the young person to appropriate mental health services.

Statistical analysis showed that the AID tool lacked adequate reliability or validity at this stage to be used in its current form and it needs further development. The relatively small sample size was one limitation also more data was needed to help distinguish which items of the questionnaire are worth developing further. However, the process of using the AID revealed considerable positives in putting self-harm ‘on the agenda’ for young people in the first instance but also the wider professional network. The great majority of young people who gave feedback, both on the health assessment with the LAC nurse and use of the educational leaflet were very positive about the experience of talking about self-harm and its related issues. The LAC nurse continues to use the educational tool both within health assessments and opportunistically and it continues to be well received.

The LAC health team were invited back to present the FNF/LNNM Steering Group in 2013 to discuss outcomes and possible areas of further work needed to continue towards a valid and reliable tool to identify young people vulnerable to self harm. This meeting was deferred and re-scheduled for May 2014.

The project team was unsuccessful with first attempts for publication and are presently considering alternative journals. The title is ‘A pilot project to develop a brief screening for
the Assessment and Intervention of deliberate Self-Harm (AID) in young people who are 'looked after'.


**Gym Passes**  
With our leisure partners' ‘Fusion Lifestyle’ a contract was agreed for gym memberships for the over 16’s and junior gym passes for the 11-16’s to the value of £20,000 for a trail period of one year. The annual passes run 12 months from the date of issue and usage will be monitored quarterly by Fusions and reported back to the LAC health team. To date there are 26 subscriptions to the scheme. As well as physical fitness, being active has the added benefits of improved ability to relax/sleep, improved mood, stronger immune system, increased self-esteem and improved socialising/friendships. Attending a gym also teaches YP responsibility and good habits to carry into other areas of their lives. To further increase up-take it is now planned that the LAC nurse will inform ‘Fusions’ each time she offers a pass, Fusions will contact each YP directly by telephone to offer an induction date with a named fitness instructor.

For the next financial year 2014/2015 we aim to trial an ‘activities by prescription’ contract enabling a wider variety of health enhancing activities to be offered. This will include swimming sessions with ‘Fusion Lifestyle’ offering a meet and greet service to YP who have never used a public pool before to help alleviate any anxiety.

**Sexual Health at ‘The Spot’**  
The LAC nurse is a qualified PSHE teacher providing advanced skills and support to young people around their sexual health and relationship needs. This service has been further enhanced by the provision of onsite Chlamydia Screening, Pregnancy testing and C-Card (Pan – London C-Card Scheme). This last year the LAC specialist nurse has registered a further 44 YP in care with C-Cards and has had 74 recorded return encounters of YP accessing condoms. The LAC nurse is also trained in ‘Delay’ and Abortion: Dilemmas and Decisions. This has enabled her to support young people in making informed decisions around their relationships and any unintended pregnancies. The LAC nurse operates an ‘open door’ policy, which has worked extremely well when young people request quick confidential sexual health and contraceptive advice. A further enhancement to this service was the development of a fast track system for Long Acting Reversible Contraceptives (LARC). LAC experience prioritised referral to doctor led sessions.
Smoking Cessation
In partnership with Hounslow Smoking cessation service a drop-in clinic was trialled at The Spot on Tuesdays afternoons. Comments made by the young people who attended included….

‘I am motivated to quit but I use smoking to manage my stresses’
‘I enjoy coming to listen to the facts on smoking and I am gaining motivation to quit’
‘I have signed up to quit smoking, probably as my girlfriend is also doing so’
‘I know smoking is bad, I will carry on for now but you are helping me to think about quitting’.

Unfortunately due to small numbers accessing the drop-in service it was not an affective use of the smoking cessation workers time to remain situated at the Spot; instead a fast track referral system has been initiated with the smoking cessation worker offering flexibility of appointment time and venue.

Fostering Changes
For the fifth year running the excellent evidence based Fostering Changes Programme has been delivered to carers across the borough. The programme teaches practical skills empowering carers to better manage their placements. This year the LAC Psychologist and LAC Specialist nurse trained 10 carers of children under the age of 12 years and 8 carers in the ‘Fostering Changes 12+’ programme. Please refer to section meeting the mental health needs of CIC.

The LAC health team feel it is now time for change and the LAC psychologist is exploring the ‘Nurturing Attachments Training Resource’. This complete group-work programme is aimed at adoptive parents, foster and kinship carers of traumatized children with attachment disorders.
Feedback from young people on experience of their health assessment.

There is now a widespread realisation that patients/clients views are not optional but essential to achieving high quality care (DoH 2008) therefore it remains vitally important to increase the opportunities for feedback of our services from our young people in care. To keep up with technology and trends the CIC nurse has used ‘Survey Monkey’ to measure the London Borough of Hounslow’s ‘Change Matters Pledge’ of delivering a welcoming, friendly, respectful and helpful service to young people within its care. Feedback was overwhelmingly positive as demonstrated below.

Currently there is no formal structure in place to receive feedback from the under 11’s or foster carers. Ways of obtaining this information in order to be as meaningful as possible needs to be further explored.

The voice of children in care needs to be continually heard in decision making on services that affect them. The health team will approach and involve the children in care council in all future projects or changes in service delivery.

**Total Respect (TR) Training**

Total Respect is a national award winning training resource delivered by care experienced trainers. It supports the full implementation of the United Nations Convention on the Rights of the Child. In Hounslow original facilitators were trained by the Children’s Rights Alliance for England. Facilitation skills were then cascaded to both professionals and young people in care for delivery within the borough.

This 2-day training led by the ‘Youth Empowerment Service’ is very powerful in challenging assumptions about young people in the care system. The course teaches participants how to work together and create better conditions for young people’s involvement in service design and delivery. In Hounslow it is now compulsory for all new social workers to attend Total Respect Training. Corporate parents are also encouraged to attend to improve their ability to listen, respond and include the views of children in their care. This course is unique
in that it is co-facilitated by young people in care and professionals. The LAC specialist nurse is a Total Respect Trainer and has been involved in delivering this excellent course within the last year both locally and also within Kingston University delivering to student social workers. She has also assisted in the training of more young people and professionals to become TR trainers.

Garden to Plate Project
We are in the planning stages of a healthy eating project aimed at changing the way young people approach and think about food. We hope to engage our looked after children to get their hands dirty learning how to grow, harvest, prepare, cook and share fresh seasonal foods. The project planning team has met to discuss design, equipment and manpower to make this project a success. At the time of writing this report we are awaiting costing from Hounslow Allotment Team.

Placement Stability
Ensuring the stability of foster placements for looked after children is a priority for social services. Many studies have highlighted the negative psychological, social and academic consequences of placement breakdown for foster children, but less is known about how services can effectively promote placement stability. While Hounslow LA has a strong focus on placement stability, rates for both short term (12.5%) and long term (68%) stability require improvement. In recognition of this the health team LAC Psychologist is beginning work on a placement stability project. Stage one will be to carry out a literature review. This will be followed by a consultation evening with young people, foster carers, social care professionals and other related disciplines.

This project will be fed-back in next year’s annual report.

Training Provision
As a team of health & social care professionals, we appreciate that it is extremely important that we have the right skills, attitudes and values along with specific knowledge to improve the outcomes for our children and YP in care. We are dedicated to education and training, both the receiving of and facilitating our knowledge to others.

Facilitated training has been to a wide audience including, social workers, foster carers, and young people in care and key workers. This has included Total Respect Training, Fostering Changes Course, Fostering Changes 12+ Course, Understanding Self-Harm,
Understanding anger and aggression and the Physical/Emotional Health Needs of Children and YP in care.

All training is evaluated to discuss any areas for improvement. The following comments came from foster carers evaluation forms on completion of the Physical/Emotional Health study day facilitated by the LAC specialist nurse and the LAC psychologist.

'It was great; I have much better understanding of health needs’
'Very helpful and well explained’
'Very interesting information on neglect and the developing brain’
'I will try and reaffirm messages on safe sex, alcohol + cigarettes to my young people’

Over the next year the health team should aim to increase awareness of the the health needs of LAC within other primary care settings. Opportunities should be sought to spread knowledge to groups including health visitors, school nurses, practice nurses, dental care staff, GP’s and pharmacists.

PARTNERSHIP WORKING WITH KEY AGENCIES

High quality service provision is dependent on effective communication and partnership working. The LAC health team, LA and other key agencies have made considerable progress in the way we work together to meet the needs of our children and young people in care. Our integrated team of health professional’s work together to promote the physical and emotional health and wellbeing of all LAC in line with ‘Every Child Matters’. Our goals are to help children and young people achieve good physical and mental health and to live a healthier lifestyle. We want to assist them in developing skills for adulthood and to develop the ability to make appropriate and informed choices, particularly in relation to sexual relationships and substance misuse. We want to enable them to make a positive contribution to community and society and reduce levels of anti-social behaviour.

Overall we want to give them the tools to overcome any difficulties or disadvantages in order to enable them to fulfil their potential. By further partnership working within our LAC resource centre (The Spot) these goals are more achievable. The LAC nurse is based here along with several of the key services, such as Visions (The Drug & Alcohol Service), Youth Empowerment Service (YES), Targeted Youth Support (TYS) and education. Effective and consistent communication between professionals enables children and young people to access the different services with ease and avoids lots of separate appointments.

- An example of excellent partnership working which continues to grow is between YES and the LAC health team. Health is very much embedded in the agenda of the YES. Total Respect Training, Physical Activity Days, Health Consultations, Yummy projects and even our CSW being ‘Santa’ at the Christmas party demonstrate the involvement of the LAC team within YES projects.
- Sharing of information in the format of written articles further enhances our partnership working. When asked our LAC team contribute to ‘Chill Out’, our young person’s magazine and the foster carers newsletter. These initiatives aim to share information and ensure consistency in meeting the health needs of our LAC.
- The LAC nurse continues to incorporate the drug use screening tool (DUST) during initial and review health assessments. Whenever possible, young people are introduced to the Visions Drug & Alcohol Team following their health appointment. The LAC nurse meets regularly with the VISIONS team to ensure all LAC both in and
out of borough are being screened and followed up accordingly. This is another practical example of partnership working.

- The LAC health team and MIOs have set up efficient systems for referrals, data collection and follow up of health action plans. These systems are key to ensuring effective communication between agencies and the attainment of statutory requirements.

- Family Nurse Partnership Programme (FNP). FNP is a preventive programme for young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two. FNP has three aims: to improve pregnancy outcomes, child health and development and parents’ economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building strong relationships between the client and family nurse to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child. There are now 14 LAC and care leavers engaging with this project some of which are now presenting at FNP open days to promote the service.

- Brook Sexual Health services at West Thames College and in the community. The LAC nurse sign posts YP to the relationship and sexual health drop-ins held within the college. If one-to-one work is required the LAC specialist nurse can refer directly to the seconded project worker based within Hounslow civic centre. This service includes virtual doll programmes.

- Smokefree Hounslow. The LAC nurse has created links to fast track YP to a stop smoking specialist within HRCH NHS Trust. This specialist also offers outreach to our residential and semi-independent units offering smoking cessation support.

- Fusions Lifestyle. The LAC nurse has set up a gym membership contract with Fusion Lifestyle. This is to be expanded to swimming lessons.

MEETING THE MENTAL HEALTH NEEDS OF LAC

Dr. Lydia Stone, LAC Clinical Psychologist, is now employed permanently, working 3.5 days a week. Alongside both CSWs and the fostering team's therapeutic advisor, the referrals network of therapeutic providers ‘Network for Emotional Health & Well-being’ (NEHW) continues to meet fortnightly to discuss and allocate referrals. This system provides an efficient referral pathway (having developed a universal referral form) with greater communication between therapeutic providers, which ultimately benefits those young people being referred.

The service has been accessed to its full potential, with the ability to offer more direct and indirect interventions by providing individual and group work. Different aspects of the service are promoted through attendance at the Children in Care team meetings. Dedicated meetings with the team managers are also held regularly to review cases and monitor new cases that may need intervention.

The aim of the LAC psychologist and clinical social worker service is to improve the emotional and psychological well being of CIC placed both in and out of the borough of Hounslow up to their 18th birthday. The range of work provided includes:

- Direct work with LAC and their carers. This includes assessment and therapeutic interventions for psychological and mental health difficulties. Interventions have included cognitive assessments, behavioural management of challenging behaviour, parenting interventions, cognitive behavioural therapy for depressive and anxiety disorders, Post-Traumatic Stress Disorder and other psychological interventions such as work on
attachment, separation and loss. A large part of direct work involves outreach and engagement of young people who may have difficulty forming relationships and making transitions.

- Monthly consultation at The Ride residential unit with the educational psychologist allocated to LAC and CSW. This will be outcomed in the LAC psychologist annual report.

- Extended assessment to help social workers with planning and placement decisions.

- Planning and implementing the ‘Fostering Changes’ and ‘Fostering Changes 12+’ programme for Hounslow foster carers. This is a 12-session evidence based programme, which has been derived from research into parenting skills; attachment and educational attainment of looked after children who are in foster care. The programme aims to provide carers with practical skills to manage the difficulties they experience with the children that they look after. The course encourages warm and caring relationships between child and carer creating a sense of belonging so that the child or YP feels safe, valued and protected. The LAC psychologist and the Specialist Nurse for LAC deliver the programme.

- Consultations and support for social workers in Hounslow with regard to children placed in and out of borough. Consultations are carried out face-to-face, over the telephone or via email as and when they are required.

- Regular case consultation sessions with the Clinical Social Workers.

- Liaising with Tier 3 specialist CAMHS and other agencies to assist in referral and provision of therapy as appropriate. This is achieved through discussion of cases, which are complex and / or high risk, attendance at meetings and seminars, regular supervision and joint assessments where appropriate.

- The provision of consultation for the LAC nurse and paediatricians on a regular basis.

- Monitoring of therapeutic support provided for Hounslow’s LAC population.

- Development and implementation of the ‘Self-Harm Triage’ including training on its use across all social work teams and the Independent Reviewing Officers.

- Florence Nightingale Self- Harm project – please see page 9.

- Organising and facilitating ‘Thinking Space’, a multi-disciplinary, multi-agency reflective practice group for therapists working with LAC in Hounslow. Currently the group is attended by the LAC psychologist, the adolescent clinical social workers, the specialist nurse for LAC, the foster carer Consultation Coordinator, the Post Adoption Social Worker and SISP team colleagues.

**Strengths and Difficulties Questionnaire (SDQ)**
Around 10% of British children and adolescents have psychiatric disorders that result in substantial distress or social impairment (Meltzer et al, 2000). Sadly, around 45% of
children in care have psychiatric disorders. Although there are evidence-based treatments for many child mental health problems (Goodman & Scott, 1997), only about 20% of children with psychiatric disorders are in contact with specialist mental health services (Offord et al., 1987; Burns et al., 1995; Leaf et al., 1996; Meltzer et al., 2000) and this is even a more dire statistic with CIC. In psychiatric clinic samples, diagnostic predictions based on the Strengths and Difficulties Questionnaire (SDQ) agree well with clinical diagnoses (Goodman et al., 2000b).

Many child and adolescent mental health clinics now use the SDQ as part of the initial assessment, getting parents, teachers and young people over the age of 11 to complete questionnaires prior to the first clinical assessment. The findings can then influence how the assessment is carried out and which professionals are involved in that assessment. For example, if a child has been referred with marked conduct problems, an assessment that focused too narrowly on these behaviours and related family issues might overlook associated hyperactivity. Advance knowledge that the child has been given high SDQ hyperactivity ratings by parents and teachers can help ensure that the assessment enquires in detail about hyperactivity; it may also be important to obtain a psychiatric or paediatric opinion early on in the assessment process with a view to establishing suitability for medication.

From April 2008 all local authorities were required to provide information on the emotional and behavioural health of children and young people in their care. This data is collected using the ‘Strengths & Difficulties Questionnaire’ (SDQ), which is a screening tool that can assist in predicting emotional health problems and help prioritise the greatest need. The results of the ‘carer’ completed questionnaires are attached to the health assessment referrals sent to the LAC health team. To enhance the quality of this screening the ACSW worked alongside the LAC nurse during IHA’s and RHA’s to assist the young people in completing self-reporting SDQ’s. Following this self-reporting SDQ the ACSW scored the results and wrote a short report for the S/W. Prior to leaving his post ACSW Bruce Biege also implemented gathering information from teacher SDQ’s as of the 1st May 2012. The research literature is clear that by correlating 3 different perspectives a richer picture of the emotional/mental health needs of our LAC can be drawn and interventions planned as necessary.

We are excited about the teacher SDQ’s in relationship to the self-reporting SDQ and the parent SDQ due to literature reviews that indicate that the Strengths and Difficulties Questionnaire (SDQ) is a widely used child mental health questionnaire that is best used in multi-informant approach. In summary the literature stated the parent, self reporting and teacher SDQ’s proved to be valid and helpful questionnaires for use in the framework of a multi-dimensional behavioural assessment, and appear to be well suited for screening purposes, longitudinal monitoring of therapeutic effects, and scientific research purposes for individual children and young people.

The ACSW has been vital in data collection, monitoring therapeutic intervention and pushing the SDQ project beyond the expectations outlined in ‘Care Matters: Time for Change’ 2007 and we hope this will continue to progress forward with the new clinical social workers.
MEETINGS AND FORUMS LAC

Health Group
This well-established multi-agency group of key professionals meets four times per year. The purpose of these meetings is to focus on the health and well-being of children and young people in care. The group set out a clear annual action plan to target specific health issues. This action plan is regularly monitored and reviewed.

Health Team & MIO Meetings
With the aim of ensuring the referral system, data collection and following up of HAPs continues to be efficient this group meets bi-annually.

Hounslow LSCB – Health Sub-Group
The specialist LAC nurse is a member of this communication network for named and designated professionals in lead roles across health agencies. Roles of the group include:-

- Formatting a consensus for a common health voice at the LSCB.
- Overseeing LSCB’s decisions and recommendations relating to health services.
- Discussion in respect to national guidance and new initiatives.
- Monitoring recommendations from inspections, case reviews, audits and serious case reviews.
- Acting as a forum for sharing expertise on safeguarding issues.

The group meet bi-monthly reporting back to the LSCB every quarter via the sub group chair.

Adoption Panel
The medical adviser (prior to leaving) was a member of Hounslow’s Adoption and Permanence Panel, which sits monthly. The panel’s responsibilities are to approve recommendations for permanency (adoption or long term foster care), to approve the applications of adopters and to approve the match and link of children with adopters/long term foster carers. The medical adviser’s role is both giving medical advice to the Panel and a more general role as a voting member of the panel

Fostering Panel
The LAC nurse is the health adviser for Hounslow’s Fostering Panel. The panel’s main responsibilities are to approve, review and monitor foster carers. The panel meets one day per month.

CIC Nurse Forum (London Region)
This well attended group meets quarterly. It provides an excellent opportunity to share ideas with fellow nurses and discuss issues relating to the health needs of LAC. The forum feeds into the Royal College of Nursing LAC Nurses forum.

North West London Designated Staff Peer Support Group
This group is open to all designated doctors, named doctors, designated nurses and named nurses, medical advisors and LAC psychologists. The group meets 6 times per year and our LAC specialist nurse attends. The group is a forum for discussion, sharing of good practice and implementation of statutory guidance.
Teenage Pregnancy Working Group
This is a multidisciplinary meeting, attended by the LAC nurse, with a strategic overview of teenage pregnancy prevention and supporting teenage parents within the borough.

West London Mental Health LAC Psychologists Peer Supervision
This peer support group is attended 3 monthly by Dr Lydia.

CPLAAC (Clinical Psychologists working with looked after and adopted children) London special interest group.
This specialist interest group is attended 3 monthly by Dr Lydia stone.

It is planned that once in post the designated professionals also attend the local health and well-being board and the multi-agency sexual exploitation meetings(MASE).

CHALLENGES/FUTURE PROJECTS

Designated Leads
The Statutory Guidance (DOH, 2009) defines the roles of designated professionals to be strategic and separate from any responsibilities for individual children or young people who are looked after. These roles are designed to assist NHS commissioning organisations to fulfil their responsibilities as commissioners of services to improve the health of looked after children. In recognition of the strategic importance, and time needed to continually improve services Hounslow CCG has secured some funding for such positions. As soon as possible appropriately qualified professionals need to be in post working alongside the provider services ensuring quality of care, measuring health outcomes and making recommendations as indicated.

Out of Borough Placements
LAC that fall outside of a 20-mile radius of the borough are seen within their local area for their health assessments. The LAC nurse will then follow up any concerns highlighted in the HAP’s. The LAC nurse also follows up LAC placed out of borough that decline health assessments; this outreach service offered has increased contact and engagement.

For those children and YP who require their assessment to be done by another NHS Trust a referral is sent by the MIO’s to the relevant NHS Trust. Last year a clearer pathway for invoicing and payments was established with Hounslow CCG. This arrangement has led to more timely processes and minimal delay in completion of out of borough health assessments.

A possible future model of care could be the funding of a new specialist nurse specifically for children placed out of borough. Such a post would increase continuity of care and establish more therapeutic relationships for this group of looked after children. Further benefits would include the development of relationships with the organisations providing out of borough placements and monitoring of quality and care.

Costing for such a post needs to be calculated against current expenditure for out of borough medicals and a business case presented to Hounslow CCG.
Notification of Looked After Children transferring in and out of borough.
Locally notification processes between social care and health are fairly reliable but nationally notification processes between responsible and host commissioners have not been robust.

Clear processes need to be established for the timely sharing and transfer between local services of information received from other local authorities (OLA) when their children/YPs are placed in borough. Clerical support needs to be assigned to collating and up-dating on the NHS RIO system information received from OLA or other LAC services.

LAC from Other Local Authorities Placed in Hounslow
The LAC health team receives requests from other local authorities to undertake statutory health assessments for children in their care who have been placed in Hounslow. Historically Hounslow have not charged for this service. With the NHS reforms and payment by results national tariffs more NHS Trusts are charging for Health Assessments and previous reciprocal arrangements no longer exist. Due to present staff shortages HRCH have been unable to offer health assessments for other boroughs. Once full staffing is achieved and designated staff is in post it is hoped that NHS Hounslow/HRCH will be in a position to offer this service in line with the payment by results national tariffs.

Health Passports
During 2012 the LAC specialist nurse, with support of the children in care council, designed a health passport. The purpose of the passport was to offer individual personal health records, providing access to important information about their health and wellbeing including their health history, on becoming care leavers.

It was hoped that this tool would become part of the LA electronic TRIO system, automatically uploading health information therefore not creating extra work. To-date this has not been achieved and a possible trail of manual completion of health passports and care leaver exit health interviews should be instigated. This would support the Ofsted (2014) recommendation that ‘although care leavers are aware of their entitlement to continuing health support, YP’s views of what is important to their health is not always clearly recorded in their pathway plans’.

Audit
Due to staffing issues no further audits were completed during the time of this report. It is recommended once full establishment of staff is achieved the following audits to be undertaken.

- Audit of Review Health Assessments and Health Action Plans.
- Audit of timeliness of Initial Health Assessments to ensure we are meeting statutory requirements.
- Survey of Hounslow GP practices on a range of health aspects concerning LAC, the purpose being to see if GP practices have an up-to-date register of LAC within their practices and assessment of knowledge of health issues most specific to LAC.

Paperless Record System
Following the NHS commitment to a paperless NHS, recognising that the delivery of clinical care is no longer from a single place with a single record location but from multiple sites the LAC health team now use the RIO electronic system. Provision of a laptop and 4G wireless connection (Jan’14) has enabled the specialist nurse to quickly record all LAC who access
her services at ‘The Spot’ centre. The next challenge is to go completely paperless which will require extra clerical support to scan and upload essential documents from existing paper files.

Responsibilities towards children ‘Looked After’ following remand into custody within Feltham Young offenders Institution. On the 1st May 2012 the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act received Royal Assent. As from April 2013, all children that are on remand will be given the status of being ‘Looked After’ and will be entitled to all services provided under this status. At present the National Commissioning Board has responsibility for providing primary health care in prisons, but health care for looked after children is a specialist service and not part of routine health care provision.

HMYOI Feltham looks after children from 31 London Boroughs plus further afield. Each month approximately 50 YP ages 15-17 years are new entrants to the prison. This amounts to approximately 600 Looked after Children per annum. Each placing LA remains responsible for any LAC placed within HMYOI Feltham including responsibilities around health. Under the revised statutory health guidance ‘Promoting the Health and well-being of Looked After Children’ (DOH 2009) it states that the initial health assessment should be undertaken by a qualified Medical Practitioner which is further supported by the intercollegiate document of skills and competencies for LAC designated professionals (RCPCH RCN 2012). This poses huge impracticalities for LAC health teams to carry out their statutory requirements with regards to the health and wellbeing of LAC. Presently YP entering HMYOI Feltham receive a health assessment on entering custody they then receive a further well-mans health assessment after a few days in placement. Both of these assessments are carried out by primary care nurses working within the prison. To then have a LAC initial health assessment would entail some duplication for the YP? A further difficulty would be the implementation of Health Action Plans (HAPs) whilst in custody and following release into the community. As yet there are no nationally agreed policies for information sharing and consent around health assessments carried out within young offender’s institutions and these will need to be developed.

The situation still remains unclear but it is anticipated that the Department of Education Guidance will change stating that health provision for children looked after solely as a result of remand to a YOI will be the same as those for any other detained child. It will be necessary for arrangements to be in place so health staff in YOI’s share information about their assessment of each looked after child’s health. A draft statement is awaiting ministerial agreement.

CONCLUSION

As practitioners within the LAC health team we have a growing evidence base around the needs of our young people. We know more about the challenges facing looked after children and we understand more about the impact of developmental trauma. Our challenge as practitioners is what do we do to be helpful? We will continue to work very hard with the underpinning belief that all children are entitled to excellent, consistent health care and an environment that will equip them with the knowledge, skills and values for life. Any health care plan will place the child/young person at the centre of the process and will be holistic in its approach to the child/young person’s health; promoting the current and future health of the child/young person. Health assessments will cover a range of issues beyond those of physical health, which include developmental health, emotional wellbeing, sexual health and health promotion.
We will continue to use performance indicators and inspections to drive quality in our practice. From 14/01/14 – 05/02/14 an ‘Inspection of services for children in need of help and protection, children looked after care leavers & a review of the effectiveness of local safeguarding children board’ was undertook within the LA. The overall judgment was requiring improvement. On reading the full report health provision for LAC was not criticised, in fact it was reported ‘there are good services to promote and support the health of children looked after, both in terms of physical and emotional well-being’. The report went on to say ‘young people looked after who are in need of emotional support are helped to deal with issues they may have through therapeutic support delivered by specialist workers, and through direct work done by their social workers and carers. Additionally the report started ‘children and young people directly involved with ‘the spot’ are well supported with health improvement work to keep safe, avoid drugs and alcohol and lead a healthy lifestyle’.

As a team our next inspection will be the Quality Care Commission ‘Child safeguarding and looked after children inspection programme’. The focus being on evaluating the quality and impact of local health arrangements for safeguarding children and improving healthcare for children who are looked after. As a member of the LSCB Health sub-group the specialist LAC nurse has already contributed to a pre-inspection audit of records.

References


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