

Corporate Parenting Board

3 December 2012

Report of the Assistant Director, Children's Specialist Services

Looked After Children's Strategy - The Health of Looked After Children

Summary

1. Our Looked after Children and young people have similar health risks and issues to their peers. Unfortunately for many they enter care with a poorer level of health as a consequence of their earlier care experiences. Research demonstrates that for many Looked After Children their health outcomes are likely to be significantly poorer than all children. Recognising these risks and issues our local strategy prioritises this aspect of Looked After childrens lives to ensure:

“The health needs of children and young people are assessed and planned for, and they have appropriate access to all the health services they require. They are well and happy, and choosing healthy and active lifestyles”

2. To underpin this commitment the Council and its partners have pledged:
 - We will support you to lead a healthy and happy life.

Background

3. There are important messages from both national and local research which must also influence our arrangements to support the best possible outcomes for our Looked After Children.

4. Nationally, Looked After Children and Young People said that the greatest threats to their safety and welfare were drugs (25% of respondents) and alcohol (17%). Smoking was mentioned by 5%.

(Ofsted Children's Care Monitor 2010)

5. Consultation with our Looked after Children in York tells us that our Looked After Children and Young People:
 - agree that they sometimes have particular health needs, and are not opposed in principle to health assessments.
 - want to keep their own GP after coming into care, and want their health information to be kept private at reviews and other meetings.
 - want more information and more choice about where and how health assessments were done.

6. What we have done so far:

- We have put in place an effective system for health assessments of children and young people when they become looked after, so that their health needs can be addressed promptly.
- Action is being taken to ensure that this is effectively re-commissioned as health services are restructured.
- Health commissioners have carried out research into children and young people's experiences of initial health assessments, but the results were affected by a low response rate, and more feedback is planned.
- Through the Cultural Offer to Looked After Children and Care Leavers, we prioritise and support access for Looked After Children and Young People to council-run sport and leisure activities.

7. Consultation

- Staying in regular close contact with all of our Looked After Children and finding proactive and dynamic opportunities for them to express their views and to be involved is at the heart of our consultation approach.
- The designated doctor and nurse have attended the Show Me That I matter Panel to consult young people in relation to their experience of health provision while in care.
- In addition there is valuable information gleaned from the individual consultations undertaken by the child's social worker and the independent reviewing officer at each child care review.
- Through this consultation approach we are able to continue to gather the important messages from our Looked After Children and with them identify what the Council and its health partners should be doing to improve their outcomes and their overall experience of care.

8. Current Progress

- We have increased the percentage of Initial Health Assessments (IHA) for Looked After Children that are undertaken within statutory timescales (i.e. within 20 working days of the child or young person becoming Looked After) but are still working with colleagues in Children's Social Care to further increase this; it is an expectation of Commissioners that 90% of IHAs will be completed within 20 working days of a child becoming Looked After.
- Quality audits of initial & review health assessments, as well as the recent Ofsted Inspection, have shown the quality of assessments to be good.
- Ongoing quality audits will ensure that this high standard is maintained.

- A recent development has been that when children are medically examined due to concerns about abuse or neglect, the opportunity is taken to include information that would inform a Looked After Children Initial Health Assessment (where appropriate), thus avoiding two health assessments needing to be undertaken on the same child within a short period of time.

9. What we are going to do next:

- Appoint a designated Looked After Children's nurse to work with a wide range of professionals and agencies to ensure that Looked After Children and Young People receive appropriate health services.
- Develop and commission an integrated service for holistic initial and review health assessments for children and young people ages 0-18, through the planned Initial and Review Health Assessment projects, due to start in Autumn 2011.
- These services will be provided in accordance with the You're Welcome initiative, which aims to make health provision more accessible and user friendly, and Looked After Children and Young People will be involved in their design.
- Find out why some young people don't wish to take part in health assessments, and how the delivery of the service could be improved for them.
- Put in place better arrangements for the provision of health care to young people and care leavers who are no longer at school, and offer them choices in how they access health care and information.

'Health Passports' for Care Leavers. This would provide Care Leavers with the sort of information that is generally held by parents of non-Care Leavers, which is frequently needed for further education & job applications, as well as to enable the young person to continue to effectively address any health needs that they have and have a complete as possible record of their health & development during their growing years.

- Ensure that the timeliness and quality of health assessments is monitored and the results used to continuously improve the service.

10. Delivering These Changes

- Dr Barbara Stewart, designated doctor and Sue Roughton, designated nurse are attending the Board today to describe the work underway to deliver the changes described above and to report on progress.

11. **Options**

The Board is asked to consider the information about the progress that is being made in the health provision for looked after children

12. **Analysis**

Dr Barbara Stewart, designated doctor for looked after children and Sue Roughton, the designated nurse will attend the Board to advise upon progress with this plan.

13. **Council Plan**

The Corporate Parenting Board will be ensuring that the work of partners for looked after children contributes to the aims of

- The Children and Young People's Plan
- Building strong communities
- Protecting vulnerable people

Through the positive outcomes for looked after children , the aim is for them to be able to benefit from and contribute to

- Get York moving
- Create jobs and grow the economy
- Protect the environment

14. **Implications**

Implications noted

- **Financial** Not applicable
- **Human Resources (HR)** Not applicable
- **Equalities** Not applicable
- **Legal** Not applicable
- **Crime and Disorder** Not applicable
- **Information Technology (IT)** Not applicable
- **Property** Not applicable
- **Other** None

15. **Risk Management**

There is no major risk in accepting this option. Good progress is being made in ensuring that looked after young people are receiving good health care provision.

16. **Recommendations**

Members are asked to consider the progress that has been made in relation to plans to meet with health needs of looked after children and young people to ensure that all those involved with children and young people are collaborating to consolidate the arrangements for children's health provision and to improve in accordance with the strategy.

Reason: So that the Board is keep up to date with progress that is being made in the health provision for looked after children.

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Report Date 22/11/12
Approved

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Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report