

# HEALTH OUTCOMES FOR LOOKED AFTER CHILDREN

## by Jane Park

### Summary

This report sets out the work of the specialist health service in Highland, and various recent developments regarding the health of looked after children.

## 1 Background

- 1.1 In October 2003, the Joint Committee endorsed a proposal to create an integrated service for Looked After Children (LAC) in Highland. This was supported by the appointment of a Clinical Specialist for Health and a Link Worker for Education, with the remit of developing a joint service which would improve health and education outcomes for LAC.
- 1.2 Improving health outcomes was targeted via:
  1. *Developing systems which improved information sharing*
  2. *Developing a working model for the statutory health assessment*
  3. *Developing initiatives to target poor outcomes*

## 2 How did we go about doing this?

- 2.1 Developing systems which improved information sharing - being firm on the integrated agenda and setting in place good communication systems, including those which take advantage of all information and technology available, was fundamental in building the LAC Health Service.

*The creation of this information framework (or "hub") was supported by:*

- Co-location at The Bridge with colleagues across social work, youth justice and education
- Shared access to IT systems within social work and education
- Access to medical information (via IT services) and medical records (acute & community paediatric and public health)
- Professional networking and awareness raising across agencies

*What does the information "hub" do?*

- Creates a central point for workers from all agencies
- Creates a central point to collate and disseminate good quality information
- Supports immediate (when NHS are first notified the child is in care), regular, (fortnightly lists) and responsive (to any contact/assessment/updates from external agencies) information sharing
- Ensures that records/information are expedited as soon as possible, to the relevant area, when a child moves placement
- Ensures seamless health care, sharing of information and expediting of medical records as children move around placement.
- Provides a point of reference for the child to return to in later life, for information about their health when they were in care.

The breadth of information sharing is unprecedented across Scotland's LAC Health services and has been held as an example of good practice for the care of LAC (Scottish Specialist Nurse Group 2008).

#### Challenge

1. The information "hub" is highly sensitive to change in IT systems across agencies. This is a particular risk in relation to GPs who, since the Social Work systems changed in 2007, are out of the monthly alert loop.
2. The pressure on the service caused by increase in the number of children who are now Looked After since the service was established in 2004 (340 v 480).

## 2.2 Developing a working model for the statutory health assessment

The Children's (Scotland) Act, 1995 requires NHS to assess the health need of children who are looked after away from home.

#### *Highland Model for statutory health assessment:*

- Child Centered Approach which makes LAC the core business of mainstream staff (as per HALL4)
- Ensures that all relevant health staff are active contributors to the single health plan
- Ensures that the statutory assessment is done by the health professional who has the right skills and knows the child best
- Is a supportive model which offers specialist advice, guidance and support.
- Ensures that multiple health plans are co-ordinated and included in the Childs' single Plan
- Has a focus on making best use of available resource and expertise within Highland, as well as improving the knowledge and skill of mainstream staff to deal with the specific need of LAC.

This kind of "de-centralized" service delivery model has been recognized at national level as a desired service model and meant that that NHS LAC service has been active shaping national policy i.e.: The Capability Framework for Looked After Children's Nurses, 2007; The Review of the Looked After Children's Materials 2006; We Can and Must do Better Implementation Group, 2007

#### *Staff Support*

Using such a mainstream model carries the responsibility of ensuring that staff are supported to a high degree. Evidence based tools (and training) have been introduced to support best practice:

- The British Association for Adoption and Fostering LAC documentation.
- These are nationally used assessment tools, which are LAC specific
- The Schedule of Growing Skills 2.
- This was introduced in 2007 for LAC, to support health visitors objectively assess the development of infants under the age of 5. This step has been recognized as an example of good practice for LAC within inspection and its use is now extended to all children of concern – including those on the Child Protection Register.
- The BAAF emotional and Behavioral Profile for carers.

- This supports a valuable level of contribution from the carers

#### Challenges:

1. Ensuring that the health need of LAC is accurately reflected in the Childs Plan. Good progress has recently been made re this with IT developments and the use of the Integrated Assessment Framework.
2. The model carries the risk that it is over dependant on the specialist knowledge and combination of skills, of a single practitioner
3. Ensuring that gap identified in managing sexual health and emotional risk issues for LAC, is minimized. At present, LAC at home also have access to additional health initiatives in this regard (sexual health and emotional health initiatives) however the extension of the initiatives to this group is unlikely to continue due to lack of capacity.
4. A high degree of staff support and training, to ensure that quality is maintained
5. Health services need to be flexible and they need to have capacity to respond in a timely manner.

### 2.3 Developing initiatives to target poor outcomes

#### *Sexual Health*

The ethos of an “outreach” service for LAC is, wherever possible, to support access to mainstream sexual health services whilst ensuring provision for those unwilling/unable to access service. The outreach service is offered by the Clinical Specialist for LAC and supported by Highland Sexual Health and includes:

- High level of information sharing with sexual health services. This supports the young person, who may have had a traumatic sexual history, to receive services without multiple assessment and repetition of history taking
- Rapid response to situations of concern or increased vulnerability
- Counselling service for contraception/pregnancy and termination
- Provision of opportunistic STD testing and follow up
- Delivery of contraceptive service if necessary
- Training sessions for staff in residential care
- Sexual health/behaviour and risk assessment

#### *Immunisation*

Catch up Immunisation outreach set up by Clinical Specialist in 2005.

Additional outreach re HPV immunisation for LAC not accessing mainstream school since 2008.

Uptake was as follows:

- The Bridge - 90%
- Residential Care - 100%
- Young people in supported lodgings - 100%

#### *Mental, Emotional and Behaviour Health*

- Consultation Service for professionals is available from the Department of Child and Family Psychiatry
- NESH identified need for specialist support in relation to attachment and child development in 2005. To meet this need, NESH supported the extended

training of Clinical Specialist for LAC, with a global expert in the field of attachment and child development

This learning is now used within:

1. parenting observations as part of joint parenting assessments
  2. support sessions with foster carers
  3. case management sessions – specifically supporting staff improve understanding of child behaviour
- Requirement within Mental Health Strategy (2007), that mental health service deliver training to staff caring for LAC - 1<sup>st</sup> level of training within residential care underway in June 2009

#### *Additional Initiatives*

- Public Health Nurses are now involved in supporting health education sessions in residential care including stopping smoking/personal development etc
- Community nurses are offering specific support to foster carers and children
- Fast Track dental health service via community dental health
- Independent Prescribing. On some occasions children are moved and are unable to access their prescribed medication – the Clinical Specialist is qualified to prescribe independently for LAC in Highland

### **3 Recent Developments**

#### **3.1 We Can and Must Do Better” (2007)**

We Can and Must do Better is the national outcome framework for Looked After Children. The framework sets out 19 actions, including 2 for health services:

##### Action 15

*“Each NHS Board will assess the physical, mental and emotional health needs of all Looked After Children and young people for whom they have a responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to Looked After and Accommodated Children and young people and in the transition from care to independence”.*

NHS Highland has met this target since 2005 via the LAC Health Service, supported by the model described above.

##### Action 16

*“The Care Commission will inspect LAC Health Services”.*

LAC health services have been inspected within residential and foster care inspections.

- Highland fostering and adoption service was inspected in 2008 – with a focus on the health of LAC in foster care. We spoke with inspectors and quality assured the service via the HMIE indicators and the outcome of the inspection in relation to health was “very good”.

- Highland Council residential units have a bi-annual inspection via the Care Commission – health needs of LAC are routinely included in the inspection with the Clinical Specialist for LAC speaking directly with inspectors.

### 3.2 Chief Executive Letter (16) - 28<sup>th</sup> April 2009

The Chief Executive Letter (16) offers specific goals which require to be achieved in respect of the health of LAC. The letter contains seven specific requirements, many of which have already been met and Highland's Multi Agency LAC Strategy Group is taking a lead on taking forward delivering on those outstanding.

*NHS Boards should nominate a Board Director who will take a corporate responsibility for LAC*

*The Director will put in place measures to ensure:*

- 1. NHS Boards fulfil their statutory responsibilities*
- 2. The implementation of We Can and Must do Better*
- 3. Every LAC is offered a health assessment by 2010*
- 4. Every LAC is offered a mental health assessment (in line with mental health strategy) by 2015*
- 5. Each LAC, who has their need assessed has their health care plan co-ordinated appropriately*
- 6. Performance in respect of health assessments and outcomes are measured*

### 3.3 These Are Our Bairns – Corporate Parenting Strategy

The corporate parenting strategy outlines the national strategy for Looked After Children and provides guidance on we achieve better outcomes for LAC. The strategy supports the integrated children's framework and reinforces the need for joint responsibility, across agencies, for LAC. Whilst "These are Our Bairns", is relatively new in strategic term, the LAC Service in Highland has been developed with its integrated principles, from the outset in 2004.

### 3.4 Integration with GIRFEC processes

The Clinical Specialist has contributed to the development and implementation of the GIRFEC practice model and procedures in Highland, and also nationally.

In particular, she has worked to ensure that the health assessment can be incorporated into the Child's Plan framework for each individual child, across the wellbeing indicators of 'safe, healthy, achieving, nurtured, active, respected & responsible and included".

Along with other members of the Looked After Team at the Bridge, the LAC Health Service has been included in the use of the new management information system, and further actions are being taken to ensure the maximum benefits from this.

### 3.5 Who Cares? Scotland – A Young Person's View of Health (June 2009)

In association with Who Cares? Scotland, we have conducted a survey with young people over the age of 12, in foster and residential care in Highland.

### Summary

34% return of questionnaire which showed that the majority of young people have a very good understanding of how/when and where to access health services. Almost all young people knew what made them healthy (e.g.: not smoking/good diet/lots of exercise etc).

### Key message

Knowledge is not an issue – the message that the YP had knowledge of services and health was strong but something happens to prevent access to the services they know are there. The drive should therefore remain on making services more accessible and offering outreach service when need be.

The results of the Who Cares? Scotland consultation was consistent with that in formal research.

### 3.6 Dr Patricia Guy, Associate Specialist Paediatrician, NHS Highland (Argyll) – Research into Smoking in Residential Care (2009)

As part of Masters Degree, Dr Guy undertook detailed research into smoking in residential care.

### Summary

The research replicated what was previously known from other areas:

- Many YP started smoking when in residential care/family smoking habits appeared to be influential and young people identified their carers as the main support in stopping smoking

3.7 These various developments have taken place as part of the implementation of *For Highland's Children 2*, and the Looked After Children Strategy Group will ensure the inclusion of all necessary health actions in the final drafting of the action plan that will be included in *For Highland's Children 3*.

## **Recommendations**

The Joint Committee is asked to consider this report and note that Highland's LAC health service continues to be well advanced in terms of meeting recommendations to address the various policy drivers.

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