

## Governing Body (public) meeting

**DATE: 25 September 2014**

<b>Title</b>	<b>Health of Looked After Children annual report 2013/14</b>	
Recommended action for the Governing Body	That the Governing Body: <b>Approve</b> Health of Looked After Children annual report 2013/14	
Executive summary	<p>Bexley Clinical Commissioning Group (CCG)) are required to receive an annual report on the delivery of service and the progress achieved in meeting the health needs of Looked After Children. This ensures the board are kept informed of the main issues, risks and key priorities to be considered over the coming year.</p> <p>The NHS contributes to meeting the health needs of looked after children by:</p> <ul style="list-style-type: none"> <li>• commissioning effective services</li> <li>• delivery through provider organisations</li> </ul>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	This report provides assurance that The CCG ensures accountability for the health of children who are looked after by LB Bexley.
	Equality and diversity	Services are provided in a manner which acknowledge and take account of equality

**Clinical Commissioning Group**

		and diversity issues,
	Patient impact	
	Financial	
	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Consultation (public, member or other)	Not applicable	
Audit (considered/approved by other committees/groups)		
Communications plan	For publication on NHS Bexley CCG website	
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Date	5 <sup>th</sup> September 2014	

**ANNUAL REPORT:**  
**THE HEALTH OF LOOKED AFTER CHILDREN**  
**2013-2014**

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August 2014

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## **Introduction**

This report is produced for the London Borough of Bexley and NHS Bexley Clinical Commissioning Group in response to the Department of Health publication 'Statutory guidance on Promoting the Health of Looked After Children' (2009) which requires a report on the delivery of service and the progress achieved in meeting the health needs of Looked After Children (LAC). This report covers the period April 2013 to March 2014.

## **The role of Bexley Clinical Commissioning group (CCG)**

Under the Children Act 1989 and amended legislation health organisations have a duty to comply with requests from the local authority to help them provide support and services to children in need. The changes to the commissioning of health services which began in April 2011 have meant these statutory responsibilities formally became the responsibility of Bexley Clinical Commissioning Group April 2013.

For the duty to be discharged effectively NHS commissioners must ensure the services they commission meet the particular needs of looked after children. In meeting the health needs of looked after children health organisations need to focus on ensuring that looked after children are able to access universal services as well as targeted and specialist services where necessary. The NHS contributes to meeting the health needs of looked after children by:

- commissioning effective services
- delivery through provider organisations
- individual practitioners providing co-ordinated care for each child, young person and carer.

## **Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment for Bexley acts as a starting point for commissioning services for looked after children and identifies that looked after children are particularly vulnerable to poorer outcomes including health. Looked after children data forms part of the compendium of information used for the JSNA.

## **1. The policy context**

The services and responsibilities for Looked After Children are underpinned by legislation, statutory guidance and good practice guidance which include:

- Statutory Guidance on Promoting the Health and Well-being of Looked After Children. (DH,2009)
- Promoting the Quality of Life of Looked After Children and Young People. (NICE, 2010)
- Children Leaving Care Act (2000).
- You're Welcome-Quality Criteria for Young People Friendly Health Services. (DH,2011)

## **2. The nature and prevalence of health problems in looked after children**

'Statutory Guidance on Promoting the Health of Looked After Children' (2009) details the extent and nature of health problems among children in the care system. This shows that looked after children and other young people share many of the same health risks and

problems of their peers, but often to a greater degree. Children often enter the care system with a worse level of physical health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. They can face emotional challenges caused by emotional turmoil within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults.

Longer-term outcomes for looked after children remain worse than their peers<sup>1</sup>. The impact on the infant/child brain of neglect, trauma, disrupted attachments, lack of attention to their emotional and physical needs and unpredictable primary care-givers is a major factor in their limited capacity to thrive emotionally and physically in a foster placement and learn in an educational setting. They may not have had early hearing and sight tests, they may have missed out on vaccinations and may have very poor dental health. If they have been physically abused, they will often fail to care for their body themselves.

Children and young people in care want to be treated in the same way as other children and young people, but what we know is that the NHS can only effectively meet their needs when it has systems and processes to actively track and target their health needs. That is why the statutory health assessments and health care plans are so vital. The challenge is to involve children and young people and their carers in local arrangements, so that their needs are met without making them feel different. The focus should be on ensuring their access to universal services as well as targeted and specialist services.

### 3. Summary of progress

**1. The Looked After Children's Nurse to maintain interagency working to ensure a high level of continued communication to promote the health of children in care by attending social work team meetings.**

This has been maintained during 2013. The post holder began a sabbatical in February 2014. Cover arrangements were put in place but it is acknowledged that attendance at team meetings since March 2014 has not been possible.

**2. CAMHS and LB Bexley to work together to fill the lead social worker vacancy by Sept 2013.**

Post filled July 2013.

**3. The Looked After Children's Nurse to ensure all relevant information regarding children placed out of borough is available on social work electronic systems.**

All information uploaded on to RiO. LAC nurse has access to new social care electronic system (liquid logic) to facilitate recording.

**4. To increase the number of Initial Health Assessments completed within 28 days by working with the local authority to improve the provision of consent.**

A significant amount of joint work with the local authority has taken place this year to focus attention on the importance of consent being provided to enable paediatricians to undertake the medical. A joint pathway has been agreed with a weekly status report being sent to social care teams. In March 2014 compliance rose to 81%, but this improvement has not been maintained. The issue has now been escalated to the LSCB. The Head of Social Care has undertaken to ensure the situation is resolved.

**5. Looked After Children's Nurse to agree training topics with placements team and deliver training sessions to foster carers.**

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<sup>1</sup> Haywood J. and James C. (2008) *Improving the health of children in care and care leavers in London 2008/9*. Unpublished paper, Care Services Improvement Partnership

Ongoing. List of topics sent to placements team for consideration.

**6. Continue to raise awareness of pre-school immunisations and embed systems to ensure we capture a full dataset.**

All uploaded to RiO. Process in place for administrative support to follow up immunisation in schools and improved communication with GP practices

**7. Looked After Children's Nurse to attend fostering panel to promote information sharing**

This was in place during 2013, however The Looked After Children's Nurse began a sabbatical in February 2014. Cover arrangements for the post were put in place by Oxleas, but during this period attendance has not always been possible.

**8. Looked After Children's nurse to provide sexual health clinics at Erith Health Centre once a week.**

In place

#### **4. Staffing**

- The Looked After Children's nurse is a fulltime post funded jointly with the local authority and provided by Oxleas. Management is through the community nursing teams. The post holder started a sabbatical in February 2014. Cover arrangements are in place, but it is acknowledged that service provision has not been as comprehensive for part of this year as a result.
- A Senior CAMHS social worker is a fulltime post. This post was vacant during 2012/13 but was appointed to in July 2013.
- A Designated Doctor for Adoption and Fostering provides 2 sessions a week.
- The Designated Nurse undertakes a dual role in that she is also the designated nurse for safeguarding children.
- Administrative support is provided by Oxleas NHS Foundation Trust.

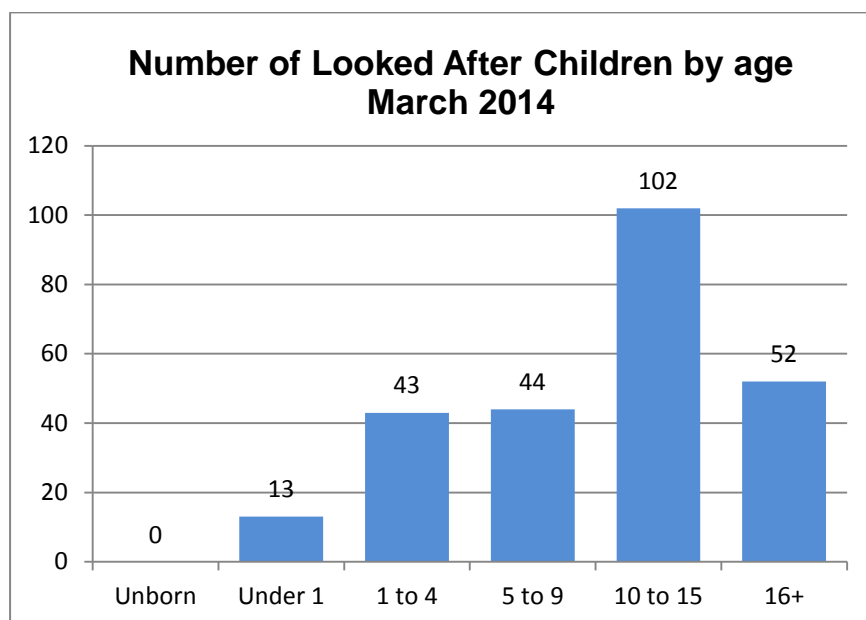
- |                                 |                                        |
|---------------------------------|----------------------------------------|
| ○ Designated Doctor             | Dr Sarah Ismail                        |
| ○ Designated nurse              | Jill May                               |
| ○ Looked After Children's Nurse | Jesca Gudza (interim cover Paula King) |
| ○ Sexual Health Lead nurse      | Teresa McDonald                        |
| ○ Senior Social Worker CAMHS    | Judith Tuck                            |
| ○ Administrative support        | Jackie Mitchell/Kay Daly               |

#### **5. Profile of looked after children**

At 31 March 2013 there were 68,110 children in England looked after by local authorities, an increase of 2% on the previous year. This number excludes those in agreed short term respite placements. Due to movements in and out of care, more than a third as many children again will experience the care system in any one year. Such short periods of being looked after create particular challenges for assessing and meeting health needs, as is the extent of movement of children between different carers. This dynamic picture is particularly relevant when planning local service provision.

Data for March 2014 is not yet published, however it is expected that the total number of looked after children in Bexley at the end of March 2014 will be 254 excluding those in agreed short break respite placements. This is a provisional rate of 46 per 10,000 children aged 0-18 years. This figure is similar to the total for the previous year (256 children).

In March 2014 the majority of looked after children in Bexley were in foster placements (76%), with the remainder being placed for adoption, in other community placements or in secure units. As in previous years, Bexley has a small number of looked after children who were unaccompanied asylum seekers.



- Children aged 10 to 15 represented the largest age group
- The gender split in March 2014 was nearly equal, with 52% male and 48% female.

Ethnicity of looked after children:

- 68% White British,
- 9% Mixed Ethnic Origin.
- 14% Black

There were small numbers of Asian, 'other white' and 'other' ethnic group.

### **Out of Bexley Borough placements.**

Under section 23(7) of the Children Act 1989, local authorities have a duty to place children near their homes. 41.7% of looked after children, are placed outside of the local authority, the majority are placed in neighbouring boroughs. This has implications for how health services are commissioned and provided for these children as the responsible commissioner for health services for Bexley children will not be the commissioner (or provider organisation) where the child is resident.

Under the 'Establishing the Responsible Commissioner' Guidelines, PCT's and their successors retain responsibility for commissioning health services other than primary care for looked after children placed out of borough by their corresponding local authority. Securing clarity of clinical advice to support commissioning from a distance with a number of stakeholders involved can be problematic.

The Looked After Children Nurse carries out many of these assessments, particularly those for children placed in neighbouring boroughs. The health care plans for children placed out



of borough undertaken by other providers are received and monitored by the Looked After Children Nurse but she is not always able to influence timings of these assessments.

Bexley's Looked After Children's Nurse also completed 16 health reviews for children in care placed within Bexley from other boroughs. These add to the workload and will not be reflected in local authority statistics. There is a move nationally to develop a tariff for looked after children's health assessments. Historically reciprocal arrangements have been in place but there is growing evidence that this is no longer practical as placement patterns vary and do not support adequate financial and service planning to meet need and address access and quality. Contracting arrangements next year will prioritise the needs of Bexley children placed out of borough.

## **6. Inspection**

### **Ofsted inspection of services for looked after children services**

Ofsted inspected Bexley's fostering services in April 2014. The overall effectiveness of services for looked after children and young people was judged as requiring improvement. In relation to their health care the inspectors judged that *looked after children were offered good services to promote their physical and emotional health and well being.... Dedicated specialist CAMHS give high priority to assessing the needs of looked after children. CAMHS provide good timely assessments and support staff and carers.* The inspectors raised the issue of treatment not being as timely. This is addressed fully in section 8 of this report.

*'Care leavers are given good access to services that support their health needs, including regular medical checks and a health passport... the looked after children's nurse is proactive and flexible in her approach to ensure that all care leavers address their health needs'*. Work will continue during 2014/15 to explore the use of technology to enhance the current health passport given to young people when they leave care.

## **7. Performance Indicators**

National performance indicators are produced in partnership with social care. These indicators provide data for the Children's Annual Performance Assessment required by central government from social care departments.

The indicators request quantitative data on:

- Annual health assessments
- GP registration
- Annual dental checks
- Sight checks
- Lifestyle issues

Data for health assessments is collected by the Department for Education annually for all children looked after for a year or more on the 31<sup>st</sup> March. These figures do not reflect the actual workload as all children taken into care require an initial health assessment within 28 days of entering care, and there are children entering and leaving care throughout the year.

For those children looked after for a year or more who are reported on in the annual returns, performance for health assessments in Bexley has been consistently good for a number of years. In 2013-14, Bexley's outturn for annual health assessments was 93% and dental checks was 84%. For children aged 5 years and under, the percentage completed was 100%. Comparative data places Bexley above the national average.

These positive outcomes have been due to the Looked After Children's Nurse continuing to use creative means to engage with young people and being more flexible in her work pattern. This includes:

- Arranging evening telephone consultations by text with the 16+ group following liaison with their social workers.
- Providing the young person with a choice of venues to meet
- Using self assessment forms for those that did not want to see the nurse via email or by post or during the 6 monthly review with the support of the independent reviewing officer
- Increased clinic time which has meant more appointments available.
- Home visits with the social worker to children placed out of borough

### Comparative Data

Percentage of children looked after for 12 months or more who have had dental and health checks

	Annual Health Assessments	Dental checks	Immunisations up to date	5 and under development assessments
<b>Bexley 2014</b>	<b>93.4%</b>	<b>85%</b>	<b>81.5%</b>	<b>100%</b>
Bexley 2013	98 %	78%	73%	100%
England 2013	87%	82%	83%	84%

### Health assessments

It is the responsibility of the local authority to ensure health assessments are carried out and that every child has a health plan. Health organisations have a duty to comply with requests by the local authority and also to ensure that health plans are effective.

Initial health assessments are undertaken by community paediatricians. It is expected that medicals are completed within 28 days of a child coming into care. There are several themes that affect outcomes on a number of performance indicators. These include:

- Children placed out of borough
- Timely notification and correct paperwork received for health assessments from the local authority
- Data collection

154 children were seen for an initial health assessment between April 2013-March 2014. This is a significant increase on last years figures when 99 children were seen.

Community paediatricians saw 81% of children within 28 days of entering care in the quarter to March 2014. This is a considerable improvement on the situation during 2012/13. However this was not sustained in the first quarter of 2014. Clinicians have given assurance of their clinical capacity to be able to meet this target. However,clinicians are reliant of the local authority providing notification that a child has been placed and consent for the medical to take place from the parent or themselves as the corporate parent. There have been delays in this information being sent.

Children often enter the care system with undiscovered and unresolved health issues. It is therefore not in the best interests of children to delay this medical. A pathway of escalation to managers when consent is not received within an agreed timescale has been established and a weekly status list is provided to social care teams. The issue has now been raised at

the LSCB and the Head of Social Care has undertaken to resolve the situation in relation to notification and consent.

There is a statutory requirement for children in care aged 5 and under to be offered a health review every 6 months and for children over 6yrs, annually. These are offered by the Looked After Children's Nurse. Health assessments are carried out either within the home, in clinics at Erith Health Centre and at Queen Mary's Child Development Centre. Adhoc days to suit the older age groups at the Bexley Youth Advice (BYA) centre in Bexleyheath. Opportunities are provided for the young person to talk without a carer present. Young people are also given a choice of venue and time to be seen. The nurse meets regularly with CAMHS.

The Looked After Children's Nurse has now been trained to undertake under 5 health assessment completes most of them with support from the health visiting teams if necessary or if it is the best option for the child.

Between April 2013-March 2014 171 health reviews were completed (36 were completed by another health professional out of borough). The use of RIO for booking all health assessments and to log reports has improved communication within the team.

The Looked After Children's Nurse has been able to refer to the community doctor for developmental assessments and behavioural concerns via RiO. Referrals are also sent to GP's to follow up a young person if they need intervention i.e. blood test. The close working relationship with the CAMHS services ensures that discussions can take place as to the appropriateness of a referral, preventing delays within the child/young person's pathway.

The introduction of the new Rio system will enable health practitioners within Oxleas to be able to view the child's complete record across all disciplines which will further support the assessment process.

Health assessments are available on the local authority electronic record. The local authority moved from CF21 to Liquid Logic in 2014 which has led to delays in data being uploaded and being accessible to the social worker. The Independent Reviewing Officers have access to information before undertaking a review meeting. Foster carers and the GP also receive a copy. The Looked After Children's Nurse will also share relevant information with the child's school and the Looked after children education team.

Identified health needs are kept under review by the Looked After Children's Nurse and concerns are discussed with the child's Independent Reviewing Officer so that these can be addressed at the review. There is a tracking system in place to follow up on identified health issues – issues are addressed proactively and are reviewed as appropriate, as well as at the statutory reviews.

To ensure that health assessments are carried out to the expected standard the service carried out a review of 15% of the caseload (25 records) randomly selected from the data base held within the service.

The audit reviewed if the record contained:

- Discussion with the carer/young person about their health since the previous assessment
- GP details
- Signed consent from the young person
- Nursery /school (when applicable)
- Physical checks
- Emotional wellbeing assessments
- Discussions in relation to sexual health ,smoking and drug misuse

### ➤ Immunisation status

The audit found that clear discussions were had within the assessment and evidence of carrying out physical check and reviewing immunisations, dental checks /optician and emotional well-being.

All records had information in relation to GP, nurseries and schools (where appropriate)

The SDQ information which is collated by the social worker was not recorded within a number of the assessments.

Although implicit consent is given when a young person attends for a health assessment explicit consent was given verbally and recorded in 18 (72%) records ,only 12 (48%) had signed consent.

The record did not record if health promotion leaflets had been given at the time of the consultation to support the topics discussed within the assessment.

### **Actions**

- Assessment documentation to record explicit consent and to encourage the young person to sign
- Consideration to be given to include the SDQ within the nursing review to ensure a holistic assessment is carried out
- Resource pack to be developed to be given to the carer/young person with age appropriate literature
- Audit of outcome measures following the Health Assessment to be carried out in 2014/15 to ensure that issues identified have been followed up .

It is important that all young people leave care with a comprehensive health history to support their move into adult life. A discharge pack has been agreed with children's social care to ensure every care leaver over 18 years now receives:

- a copy of their last health assessment, all immunisations received and a copy of their 'Significant Life Events Report' which is held electronically. This is not currently produced in a user friendly format for the young person and is a priority for review in the coming year.
- a list of Bexley GP's and dental practices and how to register
- information regarding local sexual health clinics

### **Substance misuse**

There were no looked after young people who have been in care for a year identified as having any substance misuse issues in 2013/14. Young people are referred into specialist substance misuse services and are assessed within five working days. The substance misuse nurse attends all looked after children reviews and meets with independent reviewing officers to ensure issues are picked up and addressed. The SMART (Drug Use Screening Tool) screens children aged over 12 years, at health reviews and by social workers.

### **Immunisations**

Immunisations for looked after children are variable across the different age groups.

COVER<sup>2</sup> for Bexley's responsible population is reported for children aged 1 year, 2 years and 5 years. The tables below provide a comparison of COVER for looked after children (an experimental analysis) with Bexley annual COVER statistics for our responsible population 2013/14.

### 1 Year Age Group

Immunisation	Looked after children COVER (%)	Responsible population COVER
Dip/Tet/Pert/Polio/Hib Primary	93.8 (2 children incomplete)	95.1
Meningococcal C	84.4 (5 children incomplete)	94.9
Pneumococcal Primary	93.8 (2 children incomplete)	95

### 2 Year Age Group

Immunisation	Looked after children COVER (%)	Responsible population COVER
Pneumococcal Booster	64.1 (14 children incomplete)	87.7
Hib/Meningococcal C	66.7 (13 children incomplete)	88.9
1 <sup>st</sup> MMR	66.7 (13 children incomplete)	88.5

### 5 Year Age Group

Immunisation	Looked after children COVER (%)	Responsible population COVER
2 <sup>nd</sup> MMR	60.9 (18 children incomplete)	88.1
Dip/Tet/Pert/Polio Preschool Booster	56.5 (20 children incomplete)	84.4

Statistics for the 1 year age group compare favourably with Bexley's responsible population, however figures for the 2 year and 5 year old age groups are generally much lower.

Factors that affect coverage for looked after children include:

- Often immunisations are started later or delayed. COVER measures vaccinations given in timely manner and therefore delays in vaccination impact on achieving COVER.
- Some immunisations are only given until a certain age, for example Pneumococcal vaccine is only given up to 2 years of age, therefore if a child starts their primary immunisation after 2 years of age, they will not receive this vaccination and this will have a lasting effect on coverage.
- The immunisation history of asylum seekers/unaccompanied minors is usually unknown. Therefore they will begin the immunisation programme much later.

<sup>2</sup> COVER (Coverage of Immunisations Evaluated Rapidly) as defined by Public Health England. The COVER programme monitors immunisation coverage for children in the UK who reach their first, second or fifth birthday. At first birthday coverage of the DTaP/IPV/H, MenC and Pneumococcal immunisation courses are monitored, at second birthday the Hib/MenC booster, Pneumococcal booster, and MMR1 are monitored, and at fifth birthday pre-school booster and MMR2 are monitored.

In the last year intensive work has been carried out to improve the coverage of immunisations for looked after children. Significant improvements have been achieved in data collection from GP's and for children placed out of borough. Monthly reports are produced to identify children/young people with incomplete immunisations.

## **8. Assessment for emotional and behavioural difficulties**

It is recognised that there is a higher level of emotional and mental health needs amongst children who are looked after, this is incorporated into strategic planning and operational delivery of Child and Adolescent Mental Health Services (CAMHS) services.

Bexley CAMHS LAC and Adoption Team offers a service to Bexley looked after children, children from out of borough placed in Bexley and adopted children living within Bexley.

Bexley CAMHS Looked After Children and Adoption Team consists of:

Full-time Senior Social Worker– Team Leader  
Half-time (0.5) Principal Child and Adolescent Psychotherapist  
Half-time (0.5) Child and Adolescent Psychotherapist  
Two part-time (0.5 and 0.5) Clinical Psychologists  
Part-time Administrator

The clinical psychologist posts were vacant for a short while. CAMHS recruited a temporary part time psychologist for one year until January 2015. This resulted in a short delay at the end of 2013 before children were able to start psychological treatments. This has now been resolved and children who were on the treatment list for psychological treatments are now in treatment.

The full time senior social worker offers consultation, signposting and advice to the local authority, schools, health and other agencies. The team leader is also crucial in the consultation and psycho-education services offered to carers and the network around the child.

The Ofsted review of safeguarding and looked after services in Bexley in April 2014 found that CAMHS give high priority to assessing the needs of looked after children. CAMHS professionals provide good, timely assessments and support staff and carers.

Ofsted reported a few looked after children have been waiting a substantial amount of time for individual psychotherapy. Before any psychotherapeutic intervention can begin, a period of careful preparation is required. This involves the setting up of functioning relationships of all the adults involved in the child's care as each will have an important role to play as the child follows the treatment trajectory in psychotherapy. The adults need to be prepared for the disruption to the network once the treatment begins to help the child loosen the psychological defences that s/he believes have kept her/him safe up until now. Without preparation and the necessary understanding of this process, the therapy will fail as the child refuses to attend. Children and young people often demonstrate behaviour which carers and school staff find hard to understand, manage and contain. The consultation with professionals, carers, adoptive parents and families is to support strong, stable placements from which the child can grow emotionally and develop resilience. This consultation is available for all the children receiving a service from CAMHS and we encourage carers and other members of a child's network to take up this offer which is part of the Bexley CAMHS LAC Team Care Pathway - *Developing the therapeutic web around the child.*

The majority of children / young people that are referred to Bexley CAMHS LAC have suffered chronic neglect and abuse in their early lives as well as multiple and traumatic losses. This means that much of the trauma is pre-verbal and held in the sense memory of the brain. Consciously remembered trauma will be enveloped in feelings of shame and blame leaving it equally inaccessible to the adult until the child/young person has reached a place and/or sense of safety in placement and relationships.

In addition there are also clear pathways for urgent assessment in terms of Deliberate Self-Harm, which any child/young person living in the borough can access.

**First Stage of treatment** - regular consultation is available to the professionals around the child- social care, foster carers and schools – developing the therapeutic web around the child.

The children will at best have anxious avoidant or ambivalent attachments but mostly disorganised attachments. Without this first stage of treatment the second stage of treatment is ineffective as the child/young person is unable to relinquish coping mechanisms. It is vital that the network recognise and understand the impact the child's internal functioning will have their functioning as each adult may play out some aspect of the child's emotional difficulties.

**Second Stage of treatment** - individual or group psychotherapy/psychology, sibling/parent-child work.

With linked up, reflective key adults around the child, each adult plays an essential role in shifting the child's experience of relationships. This then provides a firmer foundation of feeling safer and understood making it possible for the child/young person to be directly involved in a psychological intervention.

Additional to this work and reflecting needs, a carers and adoptive parents' group has started, run by a Clinical Psychologist and the Senior Social Worker, with the aim of delivering seminars on psycho-education and giving carers / adoptive parents a space to think about ways children communicate and how to best meet the children / young people's needs. Alongside this a further group for children who are receiving group psychotherapy will run to support these carers in caring for children who may be emotionally impacted by their therapy. There are plans to run a group for carers who are experiencing secondary trauma from being exposed to the trauma experienced by the children they care for.

The CAMHS Looked After Child and Adoption Team is involved in delivering the KEEP programme which is a joint project with Children's Social Care, funded for a period of four years by the DfE. The KEEP programme is an evidence based group programme for carers aimed at enhancing the skills of carers in responding to children's behavioural and emotional difficulties. The programme aims to facilitate carers to act as agents of change with young people, promoting their development, increasing placement stability and enabling young people to have the best possible experience of being looked after.

The CAMHS Looked After Child and Adoption Team is represented on appropriate multi-agency panels such as placement panel, education and health meetings in order to be fully integrated into the Local Authority corporate parenting functions in relation to looked after children.

Psychiatry is available as and when necessary. When child and adolescent psychotherapy and clinical psychology trainees and social work students are on placement within CAMHS they contribute to the team.

When a referral is accepted to CAMHS and is passed to the Looked After Child and Adoption Team an initial assessment is offered to gather further information, ensure that goals are identified and initial consultation is given. Once the clinician has completed the initial assessment and formulation a clinical intervention will be offered . The following clinical interventions are offered:

- Consultation to foster carers, social worker, schools, residential units, school nurses, parents
- Mental health assessments
- Deliberate self-harm assessments and interventions
- Mental state assessment
- Psychological Treatments - long term and brief interventions
- CBT (Cognitive behavioural therapy)
- Cognitive assessments
- EMDR (Eye movement desensitization and reprocessing is a form of psychotherapy)
- Psychoanalytical Psychotherapy
- IPT (Interpersonal Psychotherapy)
- Parent-child Psychotherapy
- Integrative Psychotherapy
- Group Psychotherapy
- Family therapy
- KEEP – foster carers training group in conjunction with Social Care
- Sibling group work
- Mental health psycho-educational training for foster carers, social workers, teachers, health visitors, nursery workers, residential unit workers, educational psychologist
- NVR programme (Non Violent Resistance)

When a young person reaches the age of 18 the Looked After Child and Adoption Team will, if appropriate, facilitate the smooth transition from children's services to adult mental health services, whilst providing information to the Looked After Children's Nurse for the child's health passport.

There are a number of specialist sub-teams within CAMHS who at times are also involved in the treatment of looked after children, in conjunction with the specialist CAMHS looked after children team.

- The adolescent team works closely with the CAMHS looked after children team to support the most high risk young people in the service. This team offers outreach support and intensive treatment with an aim of preventing hospital admission or reducing length of admission
- The substance misuse service supports young people in care if there are concerns about their drug and alcohol use.
- The learning disabilities and neuro-developmental team works with young people who have a diagnosis of significant learning or neuro-developmental disabilities such as Autism spectrum disorders, and Attention Deficit Hyperactivity Disorder.
- The under 5's team support the Looked After Child and Adoption Team by offering their expertise with children under the age of 5.

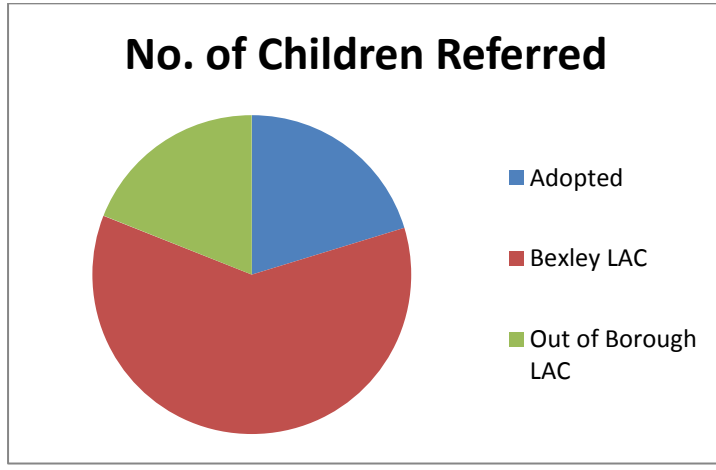
#### **Referred 01/04/2013 - 31/03/2014**

Total Number of Cases Referred = 79

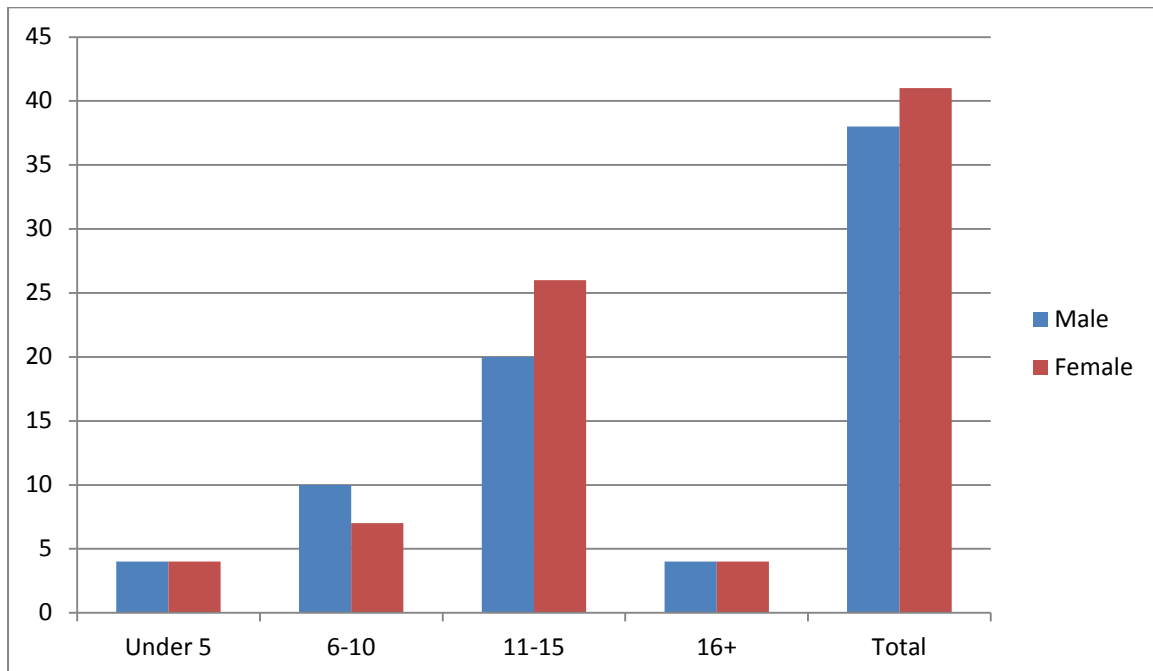
Referred and closed in the last year = 14



Referral Type	No. of Children
Adopted	16
LAC	48
Out of Borough LAC	15



Age	Gender	
	Male	Female
Under 5	4	4
6-10	10	7
11-15	20	26
16+	4	4
<b>Total</b>	<b>38</b>	<b>41</b>



**Presenting Problems 01/04/2013 – 31/03/2014**  
*(Young person can present with more than one problem)*

<b>Difficulty</b>	<b>No. of Children</b>
Attachment Difficulties	1 (although most children have insecurity in attachment)
Psychosis	1
Peer Problems	6
Aggression/Anger	3
Self-Harm/Suicidal	11
Autism/Aspergers/ADHD/LD	10
Emotional Difficulties	41
Placement Difficulties	4
Family Problems	7
Behaviour	13
Substance misuse	2
Risky Behaviour	7

As of 31 March 2013 in addition to the 79 children and young people who were accepted referrals within the past year 65 young people remained open to the looked after children and adoption team with a total of 90 children open to the team as of 31<sup>st</sup> March 2014.

**Other areas of support:**

- Training for foster carers:
- Taking part in adoption preparation
- Consultations with social work teams and children's placement service as required
- Consultations to foster carers, social workers and schools as needed.
- Involved in CAF if young person is adopted
- Following up on SDQ reports

From April 2008 all Local Authorities in England have been required to provide information on the emotional and behavioural health of children and young people in their care. A Strengths and Difficulties Questionnaire (SDQ) is completed for each looked after child aged between 4 and 16 years inclusive. The questionnaire is completed by the young person and the main carer and then scored together. The SDQ is a reliable and valuable screening tool for mental health difficulties and can therefore be helpful in identifying previously unidentified mental health/emotional problems. While social care ensures completion of the SDQ, all scores are shared with CAMHS. An SDQ is also completed at the initial health assessment.

If a young person scores in the clinical range and is not receiving a service, a consultation is offered to the social worker to see if the young person may benefit from a mental health intervention. Scores above 18 are considered to be clinically significant. Average SDQ score for a looked after child in Bexley's care for at least a year 2013/14 was 14.18.

## **9. Promoting healthy relationships and sexual health**

Young men and women in care and leaving care are more likely than their peers to be teenage parents. (Promoting the Health of Looked After Children 2009). There were no pregnancies in young people in care this year. The increased vulnerability to pregnancy is due to care leavers, and young people in and on the edge of care, being disproportionately affected by key risk factors for teenage pregnancy which are experience of abuse, poor mental health, low educational attainment, school absence and poverty. Unaccompanied asylum seeking children may have additional negative experiences, including bereavement and sexual violence.

Vulnerable young people need additional support to enable them not to repeat their own experience of parenting and the cycle of poor attachment once they do decide to have a baby.

It is therefore critically important that children in care and care leavers are helped to gain the self esteem and skills needed to develop loving, respectful and safe relationships. This will include having the confidence to delay early sex until they are ready to make safe and positive choices, and when they decide to become sexually active to have the skills to know how to access and use effective contraception confidently to prevent an unwanted pregnancy and reduce the risk of contracting a sexually transmitted infection.

Bexley have commissioned a Family Nurse Partnership programme which is a voluntary intensive visiting programme to support young mothers under 19yrs starting from early pregnancy. There is a robust evidence base demonstrating improved health and aspirational outcomes for the child and the young person.

Support around teenage pregnancy and sexual health is provided to all young people, regardless of their sexual orientation or preference. This is provided by the Looked After Children's Nurse who has specific training in contraception and sexual health services at the young person's annual health review. If indicated the Looked After Nurse will signpost to additional services. All those over thirteen years are provided with a mobile phone contact number for quick access to the looked after children's nurse. This number is also given to all foster carers and social workers. In addition there is a text messaging service available to all young people in Bexley which is accessed anonymously. The service provides information on a range of health issues. In addition, the LAC nurse works in the sexual health clinics and can therefore follow up a young person in both services if required.

The Looked After Children's Nurse offers a service at the 16+ Drop In sessions and accepts referrals from social workers as well as foster carers for those in need of sexual health advice.

CQC inspection found effective sexual health support is provided to care leavers and looked after young people in Bexley. Pregnant looked after young people are automatically referred to the 'Best Beginnings' vulnerable women midwifery team which includes a teenage pregnancy midwife.

## **10. Multi agency working**

The joint Looked After Children Health and Social Care Team meet bi-monthly to ensure an overview of the health needs of looked after children, discuss specific health issues and monitor trends and statistics. Membership has been strengthened over the year to

Attendance

- Community Paediatrician for Looked After children

- Looked After Children Nurse
- Corporate parenting manager
- Senior Social Worker CAMHS
- Service Managers Children's Social Care
- Knowledge Management representative LLB
- Children's Placements Services Manager LBB
- Health Assessment Administrator Oxleas
- Administrator Children's Social Care
- Designated Nurse for Safeguarding Children and Looked After Children

## **11. Supporting Foster Carers to promote health**

Foster Carers are given a written health record for each child in their care, which includes the child's state of health and identified health needs. This is regularly updated by the carer and moves with the child.

Foster carers are provided with contact details for the nurse and information on how to access the services the child needs. This may include access to CAMHS consultation services for the child or carer.

Training for carers is provided annually on a variety of topics. This may include first aid, emergency medical conditions, puberty, healthy eating and promoting leisure activities. Basic sexual health, contraception and sexually transmitted (STI's) training is provided to carers by the Sexual Health Lead Nurse.

## **12. Conclusions**

Procedures are in place between the Local Authority and health organisations to ensure that the health needs of looked after children are prioritised.

- Performance indicators for health needs remain consistently high
- Arrangements to provide all young people leaving care with a comprehensive health history to support their move into adult life in place.
- Tracking of health recommendations and looked after children with complex needs in place
- Collection of health data now in place and will continue to be developed.
- All 16 + Care Leavers are contacted 8 weeks after leaving care by the Nurse or their social worker to ensure they are registered with a GP and have contact details for sexual health services and remain on caseload until 18yrs.
- The SMART (Drug Use Screening Tool) screens children aged over 12 years, at health reviews and by social workers. As well as screening for substance use this tool also looks at other lifestyle issues
- CAMHS looked after children team are liaising closely with adult mental health to provide a seamless transition into adult services.

## **13. Priorities for 2014/15**

1. To meet with Children in Care Council to discuss their views about how health access and health reviews could be improved.
2. To ensure the needs of unaccompanied asylum seekers are addressed

3. To develop a flagging system within sexual health services for looked after children to ensure their needs are prioritised.
4. To explore the use of technology to enhance the current health passport given to young people when they leave care
5. To further develop the Oxleas school nursing app to incorporate specific information for looked after children.
6. To audit outcome measures following the health assessment to ensure that issues identified have been followed up
7. To audit the outcomes of strengths and difficulties questionnaires (SDQ's)
8. Improve the engagement by GPs in contributing to health reviews.
9. Continue to work with the local authority to ensure timely notifications are received.
10. Continue to ensure we prioritise pre-school immunisations and capture a full dataset