ENCLOSURE: L

Agenda Item: 145/15

NHS
Bexley
Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 24 September 2015

<table>
<tr><td>Title</td><td colspan="3">Health Of Looked After Children Annual Report 2014/15</td></tr>
<tr><td colspan="4">This paper is for Decision</td></tr>
<tr><td>Recommended action for the Governing Body</td><td colspan="3">That the Governing Body:

Approve
1. Health of Looked After Children Annual Report 2014/15 and note priorities in section 12 of the attached report.</td></tr>
<tr><td>Potential areas for Conflicts of interest</td><td colspan="3">None.</td></tr>
<tr><td>Executive summary</td><td colspan="3">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 Governing Body are kept informed of the main issues, risks and key priorities to be considered over the coming year.</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="4">How does this paper support the CCGs objectives?</td><td>Patients:</td><td colspan="2">Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.</td></tr>
<tr><td>People:</td><td colspan="2"></td></tr>
<tr><td>Pounds:</td><td colspan="2"></td></tr>
<tr><td>Process:</td><td colspan="2">Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.</td></tr>
<tr><td rowspan="4">What are the Organisational implications</td><td colspan="2">Key risks</td><td>This report provides assurance that the CCG ensures accountability for the health of children who are looked after by LB Bexley.</td></tr>
<tr><td colspan="2">Equality</td><td>Services are provided in a manner which acknowledge and take account of equality and diversity issues.</td></tr>
<tr><td colspan="2">Financial</td><td></td></tr>
<tr><td colspan="2">Data</td><td></td></tr>
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Excellent healthcare – locally delivered

	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Engagement		
Audit trail		
Comms plan		
Author: Jill May Designated Nurse Safeguarding Children/LAC	Clinical lead: Jill May Designated Nurse Safeguarding Children/LAC	Executive sponsor: Simon Evans-Evans Director of Governance and Quality
Date	3 September 2015	

NHS
Bexley
Clinical Commissioning Group

ANNUAL REPORT:

THE HEALTH OF LOOKED AFTER CHILDREN

2014-2015

Jill May
Designated Nurse Safeguarding Children/Looked After Children
With contributions from Dr Sarah Ismail, Maria Hawes-Gatt, Jesca Gudza, Maria Tanner
Tracey Beeson, Kay Daly

CAMHS report:
Judith Tuck, Dr. Nidhi Dholakia , Rachel Holden

June 2015

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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 2014 to March 2015.

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. These statutory responsibilities formally became the responsibility of Bexley Clinical Commissioning Group in April 2013.

The Health and Social Care Act 2012 places a legal duty on CCG's to work with Local Authorities to promote integration of health and social care services. The CCG ensures there are clear lines of accountability and effective channels of communication to ensure that the health needs of looked after children are met without delay.

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 this vulnerable group, 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 in which health professionals contribute to the care planning cycle of looked after children and have appropriate skills and providers have arrangements in place for training, supervision and clinical governance and audit in place to assure the quality of health services provided to looked afetr children.
- 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 and Health and Wellbeing Strategy 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,2015)
- 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)
- Who Pays? Determining responsibility for payments to providers

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

'*Statutory Guidance on Promoting the Health of Looked After Children*' (2015) 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. Almost half of children in care have a diagnosable mental health disorder. Delays in identifying and meeting their emotional wellbeing and health needs can have far reaching effects on all aspects of their lives.

Longer-term outcomes for looked after children remain worse than their peers[1]. 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. **To meet with Children in Care Council to discuss their views about how health access and health reviews could be improved.**
   This will take place during 2015.

2. **To ensure the needs of unaccompanied asylum seekers are addressed**
   These needs are identified at the initial health assessment. The follow up of health needs is undertaken by the Looked After Children nurse, social worker or GP and monitored at health reviews. A letter detailing incomplete immunisation is also sent to GP. If they are in school and need the school leavers booster, the immunisation team will arrange for the young person to be seen.

3. **To develop a flagging system within sexual health services for looked after children to ensure their needs are prioritised**.
   Looked after young people have told the service they do not want to be treated differently and are offered a similar confidential service to all young people.

4. **To explore the use of technology to enhance the current health passport given to young people when they leave care**

[1] 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

Available technology has been reviewed, nothing suitable was identified, but this issue will remain under review.

5. **To further develop the Oxleas school nursing app to incorporate specific information for looked after children.**
   A review of the app has been undertaken and comprehensive information for all young people is available.

6. **To audit outcome measures following the heath assessment to ensure that issues identified have been followed up.**
   See audit reported in this report

7. **To audit the outcomes of strengths and difficulties questionnaires (SDQ's);**
   All initial health assessments include completing an SDQ .If any young person has a high score the social worker is invited to discuss at a Health, Education and CAMHS meeting.

8. **Improve the engagement by GPs in contributing to health reviews.**
   Letters are routinely sent to all GP's when a health review is due. This information helps provide information to support initial and review health assessment. GP's are also able to send the encounter report.

9. **Continue to work with the local authority to ensure timely notifications are received.** Notifications are being received in a timely manner however getting full information from the social worker is still a work in progress. Compliance with 28 day timescale has improved over the year to 79%
   `

10. **Continue to ensure we prioritise pre-school immunisations and capture a full dataset.**
    Immunisations are reviewed at every assessment and information sent to the GP and social worker. Follow up via telephone call is also provided by the administrator. Oxleas are working with RiO team to ensure a process to enable routine reporting of coverage of looked after children immunisation status.

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 Head of Nursing for Children and Young People.
- A Senior CAMHS social worker is a fulltime post.
- 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.

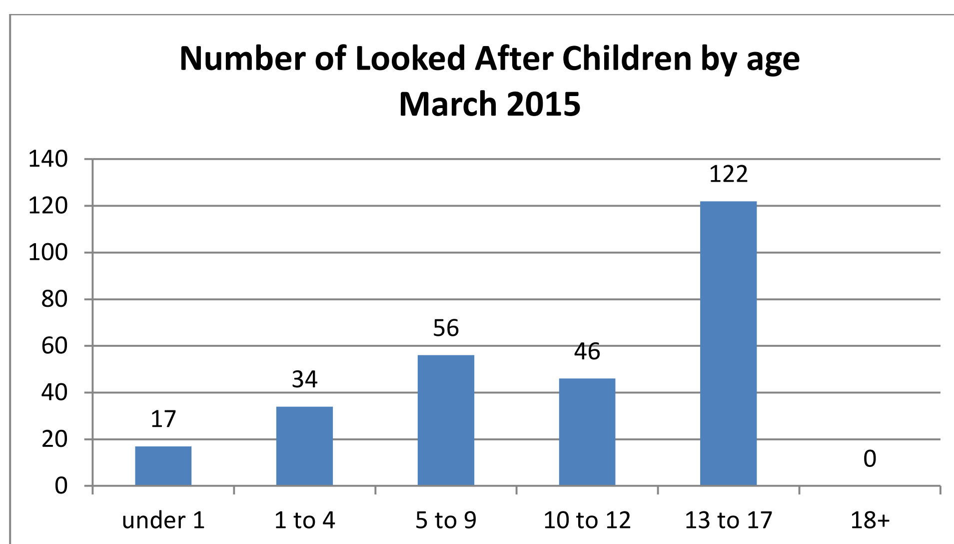
Designated nurse	Jill May
Designated Doctor	Dr Sarah Ismail
Looked After Children's Nurse	Jesca Gudza
Sexual Health Lead nurse	Becky Peters
Senior Social Worker CAMHS	Judith Tuck
Administrative support	Jackie Mitchell/Kay Daly

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.

The total number of looked after children in Bexley at the end of March 2015 was 275 excluding those in agreed short break respite placements. This is a provisional rate of 50 per 10,000 children aged 0-18 years. This figure is higher than the total for the previous year (254 children).

In March 2015 the majority of looked after children in Bexley were in foster placements (73.1%), 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 13 to 17 represented the largest age group.
- The gender split in March 2015 was 58% male and 42% female.

Ethnicity of looked after children:

- 63% White British,
- 9% Mixed Ethnic Origin.
- 19% 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. 51.3% 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 national tariff for looked after children's health assessments. Historically reciprocal arrangements have been in place but this no longer practical as placement patterns vary and do not support adequate financial and service planning to meet need and address access and quality.

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
- Immunisation

Data for health assessments is collected by the Department for Education annually for all children looked after for a year or more on the 31st 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 2014-15, Bexley's outturn for annual health assessments was 96.9% and dental checks was 89.6%. For children aged 5 years and under, the percentage completed was 100%. Comparative data places Bexley above the national average.

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**
Bexley 2015	**96.9%**	**89.6%**	**93.9%**	**100%**
Bexley 2014	93.4%	84.1%	83.3%	100%
Bexley 2013	98 %	78%	73%	100%
England Average 2014	88.4%	84.4%	87.1%	86.8%

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 2015, Bexley's outturn for annual health assessments was nearly 97% and dental checks have improved (a compliance rate of 89%). The considerable work to ensure robust recording particularly for out of area children has ensured recorded immunisations have improved significantly to nearly 94% children and young people being fully immunised. Comparative data places Bexley well 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

Health assessments

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. 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.
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

Initial health assessments are undertaken by community paediatricians. It is expected that medicals are completed within 28 days of a child coming into care.

Community paediatricians saw 76% of children within 28 days of entering care in the quarter to March 2015. This is a considerable improvement on the situation in previous years. Clinicians have given assurance of their clinical capacity to be able to meet this target. 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 continue to be delays in this information being sent. 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. Once all paperwork is received initial assessments are completed within 28 days.

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 completed 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 take place or at a venue and time of their choice. Opportunities are provided for the young person to talk without a carer present.

Oxleas have undertaken an electronic audit with young people and their carers to ascertain satisfaction with the health assessment process.100% of young people and carers reported they were treated with respect, were listened to and found the process helpful.
100% of carers felt supported by the service.

The Looked After Children Nurse meets regularly with CAMHS in order to review the care and support provided to a child or young person. With the introduction of the new updated RIO system in Oxleas the LAC Nurse will also be able to have access to the mental health records for all those who are looked after which will help facilitate a broader assessment at the reviews.

Between April 2014-March 2015 227 health reviews were completed (38 were completed by another health professional out of borough). This is a 32% increase on the number of children seen in the previous year. The Looked after children's nurse also completed 10 health assessments for children placed in Bexley by other boroughs. The number of children looked after by Bexley has been increasing over the last 5 years without additional nursing resources and is a considerable pressure on the Looked After Children nurse.

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.

Summaries of health assessments are available on the local authority electronic record. 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.

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

It is recognised that Looked After Children often have little information regarding their health whilst they have been in care. As a result the Head of Nursing (Oxleas), Head of Social Care and Designated Nurse undertook a project which will result in a comprehensive health history a ‘Leaving Care Passport’. Young people were involved in its development and young people were also asked their views when they attended for a health review. The audit included seeking views regarding the design, content and how young people would want to receive their health information. The feedback clearly demonstrated that young people want to know about their health whilst in care. This information is preferred via an app or on line system. Work on this is still being investigated but in the meantime additional inserts into the red book have been developed and piloted to ensure that children/young people have comprehensive information about their health. The outcome of the pilot will be evaluated and adjustments made if required.

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. The tracker was retrospectively reviewed by the Head of Nursing, Oxleas and the Looked After Children’s nurse. 32 children and young people are currently on the tracker. The range of issues identified includes:

- Sexual health x 3 young people
- Diarrhoea and vomiting
- Wounds not healing x2 children
- Breast lump
- Immunisations not up to date x 2 children
- Chest pain
- Mobility problems/knee problems
- A & E follow ups
- Shortness of breath
- Emotional health/ depression/self harm/High score Strength and Difficulties questionnaire x 3 children
- Behavioural issues

- Low weight
- Awaiting blood results
- Delayed GP registration
- Follow up of young people missing from care

To ensure that health assessments are carried out to the expected standard, the Head of Nursing in Oxleas reviewed 20 randomly selected records.
11 standards were looked at in this audit:

1. Were the health assessments up to date?
2. Was a key worker identified?
3. Was the child registered with a GP?
4. Was the child registered with a dentist?
5. Was vision and hearing checked?
6. Were immunisations up to date?
7. Were allergies recorded (or their absence)?
8. Was there evidence of health promotion discussed/support offered?
9. Was a health plan completed?
10. Had a Strength and Difficulties questionnaire (SDQ for emotional health) been completed within the last twelve months?
11. Were the identified health issues followed through by a health professional (and if not by whom)?

Findings:

The findings from the retrospective sample reviewed highlighted areas of very good practice and some areas that could be improved in the future.
The majority of records reviewed met the standards set.

- Strength and Difficulties questionnaire (SDQ): This was completed in **fifteen** records. However, in five records there was no evidence of completion of this form or explanation as to why the form had not been completed.
- Vision: All **twenty** children reviewed had vision discussed where age appropriate. However, one child had not formally had it checked.
- Hearing: This was discussed in all **twenty** health assessments where age appropriate. However, one child had not had their hearing reviewed.
- Immunisations: were discussed at every review. However, of the **twenty** records seen, 1 child had outstanding immunisations. The health assessment shows that this was referred to the social worker and GP to follow up.
- Dentist: twelve children had been reviewed by a dentist. Of the eight that were not reviewed, three were too young.
- Allergies: **fourteen** records recorded allergies or stated “none known” on the assessment form. However, six health assessments did not record anything and were left blank.
- GP: All **twenty** records reviewed showed that the child/young person was registered with a GP - 100%
- Key Worker: **nineteen** records showed the social worker as the key worker.
- Care Plan: All **twenty** records showed a section 46 completed which contained a care plan following the health assessment which was sent to the social worker for each child or young person.

- Health promotion: was recorded in **nineteen** records. The one record where it was not recorded was an out of borough child.

Actions

- Work closely with the immunisations team to test the feasibility of targeting the hard to reach young people.
- Audit the GP practices that contribute to the health assessments and ascertain if there are any that do not. If there are some that do not contribute then a proactive approach to engagement will be undertaken.
- Ensure that the voice of the child or young person is evident in the care plan..
- Be more explicit in the care plan regarding the health promotion advice given.
- Devise a process map for SDQ's.
- To ensure achieving and evidencing outcomes becomes more robust an outcomes tracker will be developed to maintain an oversight of the health outcomes achieved for children and young people. The outcomes tracker will then also be audited to ensure that the system is sufficiently rigorous. The results of this are set out on p.10.

Substance misuse

There were no looked after young people who have been in care for a year identified as having substance misuse issues in 2014/15. 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

In previous years Public Health has provided a comparison of data for looked after children with Bexley's annual statistics for our responsible population. This is a valuable analysis which has not been available for 2014/15 data. It is important Puiblic Health department is able to provide this for next year's report.

In the last year intensive work has been carried out to improve the coverage and recording of immunisations for looked after children. Significant improvements have been achieved in data collection from GP's and for children placed out of borough.

Factors that affect coverage for looked after children include:

- Often immunisations are started later or delayed.
- 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.

8. 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 2015). 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 Looked After Children nurse works in the sexual health clinics and can therefore follow up a young person in both services if required. Sexually active young people over 13yrs are offered chlamydia screening.

The Looked After Children's Nurse 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.

9. 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.
Attendance:

- Head of Nursing for Children and Young People
- 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 LBB

- Children’s Placements Services Manager LBB
- Health Assessment Administrator Oxleas
- Administrator Children’s Social Care
- Designated Nurse for Safeguarding Children and Looked After Children

10. 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. It is important the Looked After Children nurse is involved in delivery, arranging this will be a priority this year. Training 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.

11. Child and Adolescent Mental Health services (CAMHS) for Looked after children

This section of the report outlines the nature of the assessment, intervention and treatment provided by Specialist CAMHS for Adopted and Looked After children and young people between 1st April 2014 and 31st March 2015. An overview of the referrals, clinical presentations such as presenting difficulties, historical factors and formulation of mental health difficulties, as well as the type, duration and number of interventions provided over that period are discussed.

CAMHS service provision in relation to looked after and adopted children (LAAC)
For the majority of adopted and looked after children who receive a CAMHS service, their care is coordinated by the multi-disciplinary CAMHS Looked-After and Adopted Children’s Team (3 wte). When interventions or specialist assessments are needed which are not available from the LAAC team, these are provided from members of the wider CAMHS multi-disciplinary team (MDT).

Number of children and young people receiving a service
Overall, 146 adopted and looked after children and young people received a service during this period. Of these, 99 were looked after by LB Bexley, 21 were looked after by local authorities other than Bexley and 26 were adopted.

Referral Type	No. of Children
Bexley LAC	99
Out of Borough LAC	21
Adopted	26
Total	146

A small proportion of the children and young people who received a service during this period were referred during a previous year.

Referrals April 14 - March 15

61 children and young people were referred to and accepted by CAMHS for the Looked After and Adopted Children team in this period. There were 4 children and young people not accepted; 2 adopted and 2 Bexley Looked After Children with 3 having neuro-developmental difficulties which were signposted to more appropriate services and 1 had insufficient information provided in the referral to be clear what the young person's needs were.

Referral Type	No. of Children
Bexley LAC	36
Out of Borough LAC	6
Adopted children and young people	19
Total	**61**

Ethnicity:

Two thirds of the children / young people referred were White British, 10 were of Black mixed heritage, 5 were Black African ethnicity, 4 were of White Other ethnicity and 2 children were African-Caribbean.

Ethnicity	No. of Children
White British	40
Black mixed heritage	10
Black African	5
White Other	4
African Caribbean	2
Total	61

Age breakdown at referral:

Age	Gender	
	Male	Female
Under 5	7	4
6-10	16	6
11-15	11	9
16+	2	6
Total	36	25

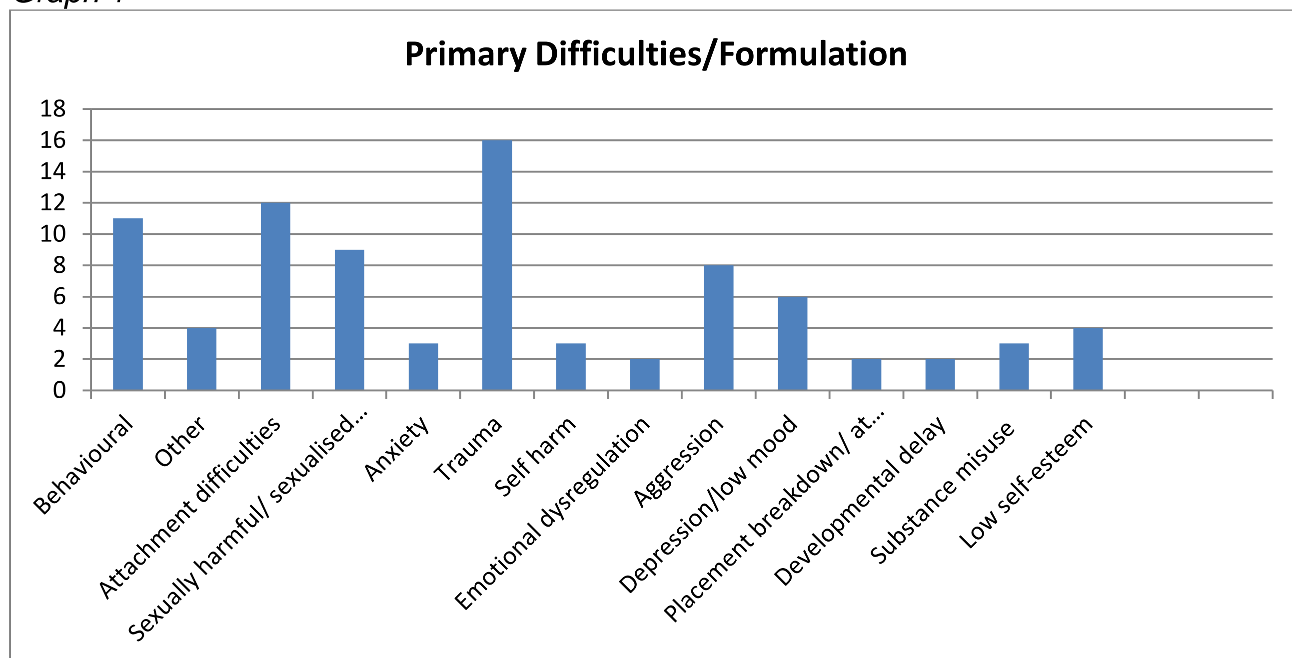
11.1 Clinical presentations

Presenting Difficulties/Formulation

The presentation of all children and young people was highly complex and therefore a 'Biopsychosocial' model was used when formulating the difficulties[2]. Graph 1 shows the various difficulties experienced by the children and young people referred to Specialist

CAMHS[3]. As is evident in the graph, there were multiple difficulties experienced by the children and young people.

Graph 1



The number of difficulties totals more than the number of children seen, as most children presented with more than one difficulty

Other Difficulties

Attachment difficulties were a major factor in the child or young person's presentation and underlie the mental health difficulties for most young people. A key role of mental health interventions from Specialist CAMHS in relation to attachment is to help children and young people to develop and maintain attachments with their carers. Trauma was also a common area of difficulty.

Other difficulties described were: confusion about identity, desire to run away, difficulties expressing wishes and emotions, difficulties with reflection and anticipation, emotional and cognitive impairment, engaging in abusive relationships, eating difficulties, poor understanding of his/her own and others physical and emotional responses, school difficulties (cognitive and behavioural), enuresis, adjustment difficulties, and sleep difficulties.

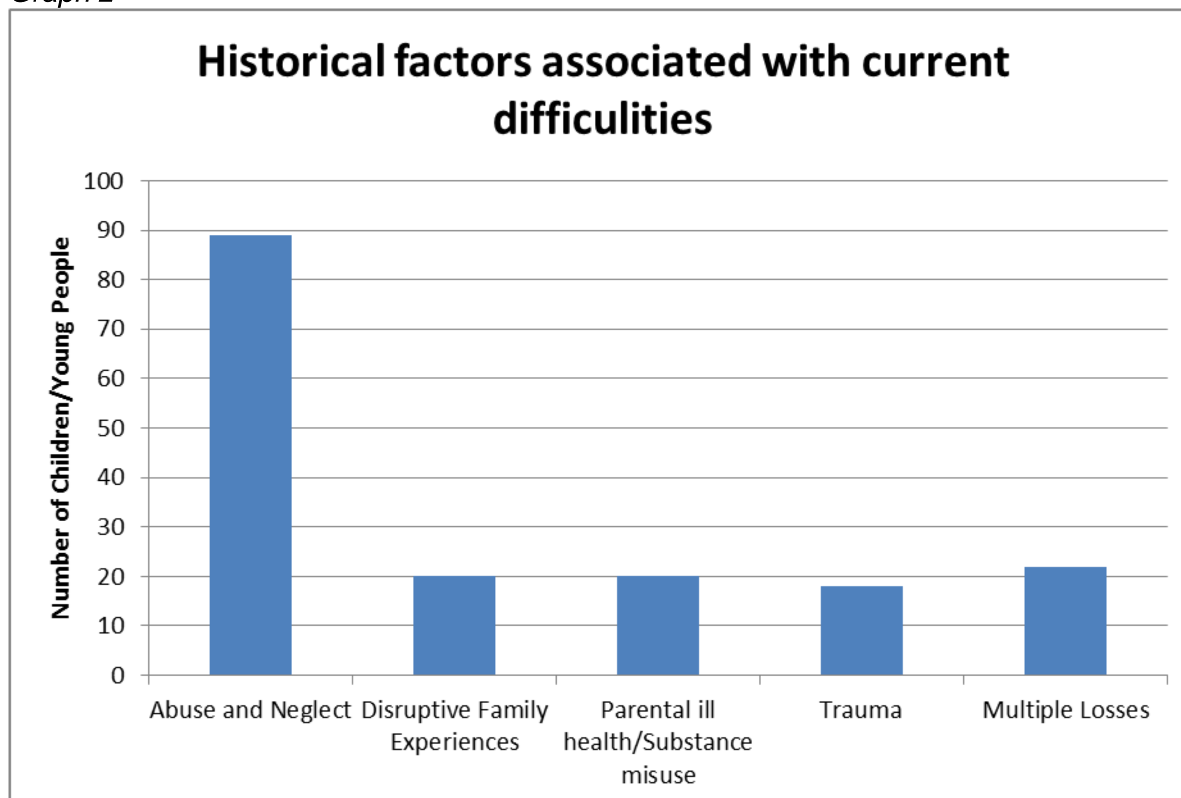
Neurodevelopmental Disorders and Learning Disability

In addition to the difficulties with mental health and emotional well-being, 13% of children also had neurodevelopmental disabilities e.g. ASD (Autism Spectrum Disorder), and ADHD (Attention Deficit Hyperactivity Disorder),6% had a Learning Disability and 3% had both.

Historical factors in the child/young person's presentation

Graph 2 outlines the historical factors associated with the current presenting difficulties of the children and young people receiving treatment during the period April 2014 – March 2015. Most commonly, children and young people presented with a history of abuse and or neglect.

Graph 2



11.2 Mental health Interventions

Nature of Specialist CAMHS involvement

Whilst there is specific NICE guidance for Looked After Children children and young people including guidance relating to provision for their mental health needs, there are also other NICE guidelines for specific disorders (e.g. Depression, Anxiety and Trauma) which are relevant for this population of children and young people. The main difference in evidence-based practice for Looked After children and young people is the importance of and emphasis on close, collaborative partnership working and interagency working as well as the role of specialist CAMHS consultation to professional networks. There is also a role in supporting placement stability given the vulnerability of Looked After Children to and from mental health conditions and the risk of increased mental health difficulties with multiple placements.

Evidence based interventions are offered and provided to all adopted and looked after children and young people accessing the service. Choice of intervention is driven by:

- Formulation or diagnosis of the child/young person's difficulties
- Evidence for what will be most efficacious in treating these difficulties
- Agreement of the young person and their social worker and carer

Interventions accessed by Looked After and Adopted Children (LAAC) can be organised into 3 broad categories:

Category 1:

- Psychiatric review and pharmacological intervention
- Assessment and management of risk

- Self-harm assessments
- Neuropsychological assessment
- Other specialist assessments

Category 2:

- Carer support (individual and group)
- Psycho-education
- Network consultation

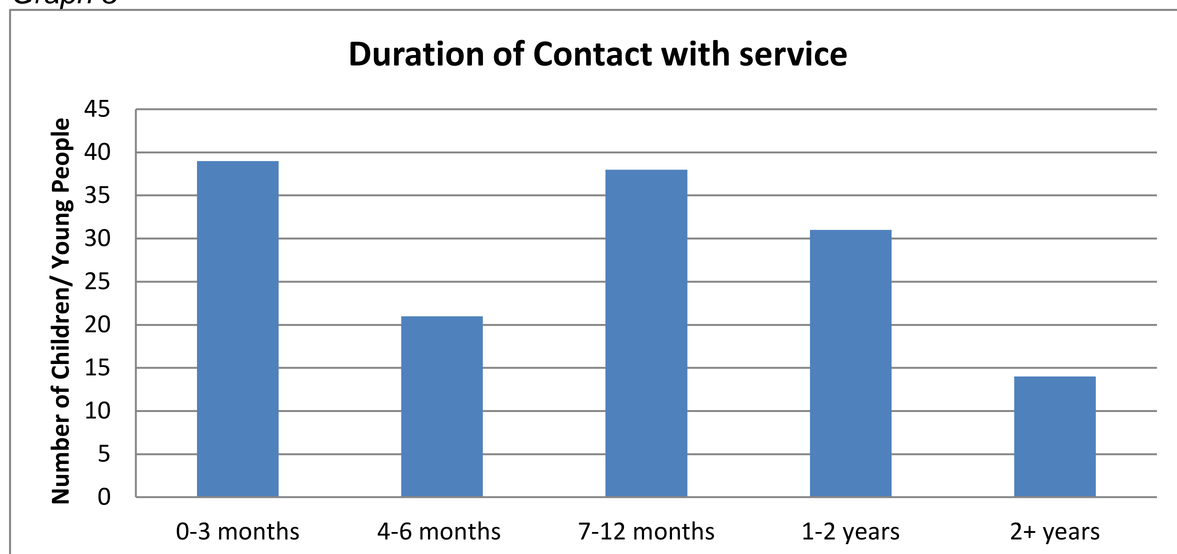
Category 3: Psychological Therapy (individual and group)

- Psychotherapy (1x weekly)
- Substance misuse intervention
- Cognitive Behaviour Therapy
- Theraplay
- Eye Movement Desensitization and Reprocessing **(**EMDR)
- Non Violent Resistance (NVR)
- Inter-personal Therapy (IPT)
- Other psychological therapy

Intervention and treatment length

The type and length of treatment and intervention offered is driven by the formulation of the young person's difficulties. The duration of interventions ranged from one off consultations to on-going intervention over 3 years. On average young people had been receiving some form of treatment from the service for 1 year. Psychological treatments ranged from 6 weeks of CBT to 2.5 years of psychoanalytic psychotherapy. Graph 3 outlines the length of time over which children and young people were seen in the service[4].

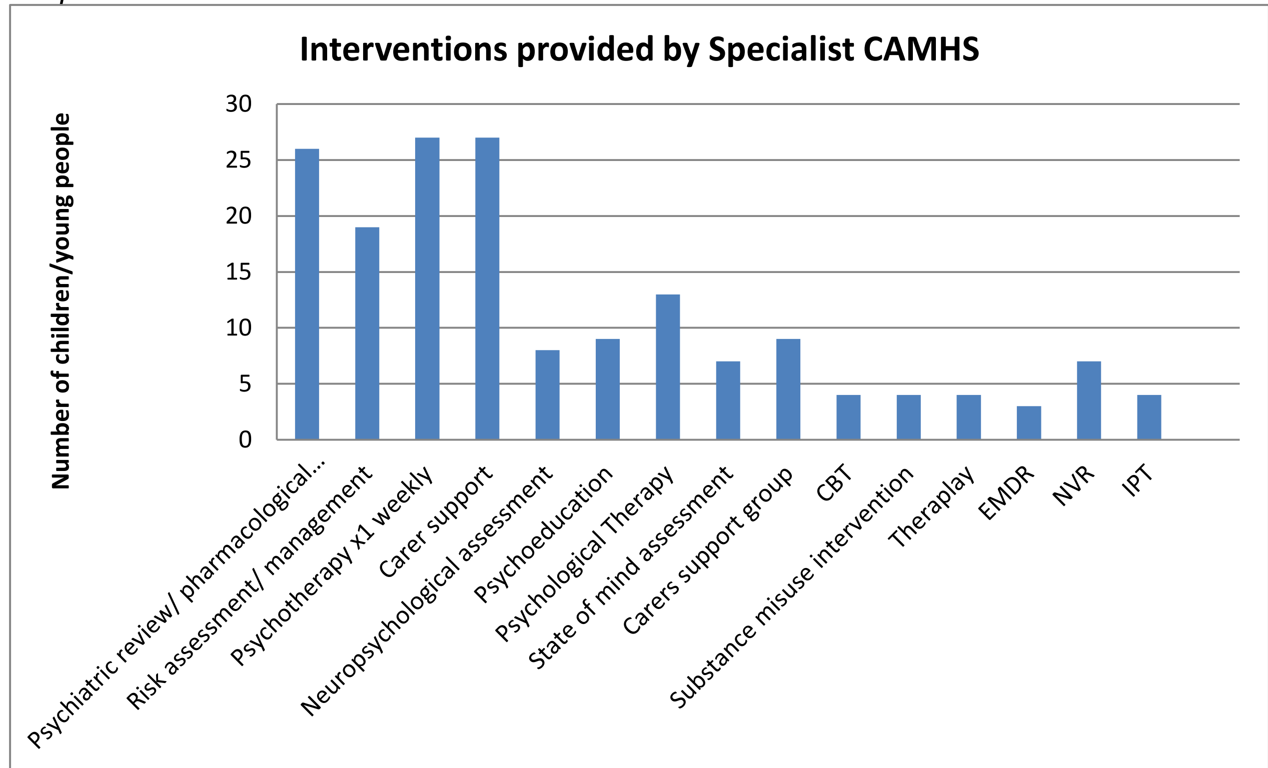
Graph 3



[4] Contact duration is measured from the first intervention to when the intervention ends. During this time, there may be multiple interventions whereby the young person and network receive consultation and/or therapeutic intervention(s)

Types of assessment and intervention/treatment offered
Evidence based treatments are offered and provided to looked after children and young people. All interventions are formulation driven and the range of interventions and assessments provided during this period are outlined in Graph 4

Graph 4

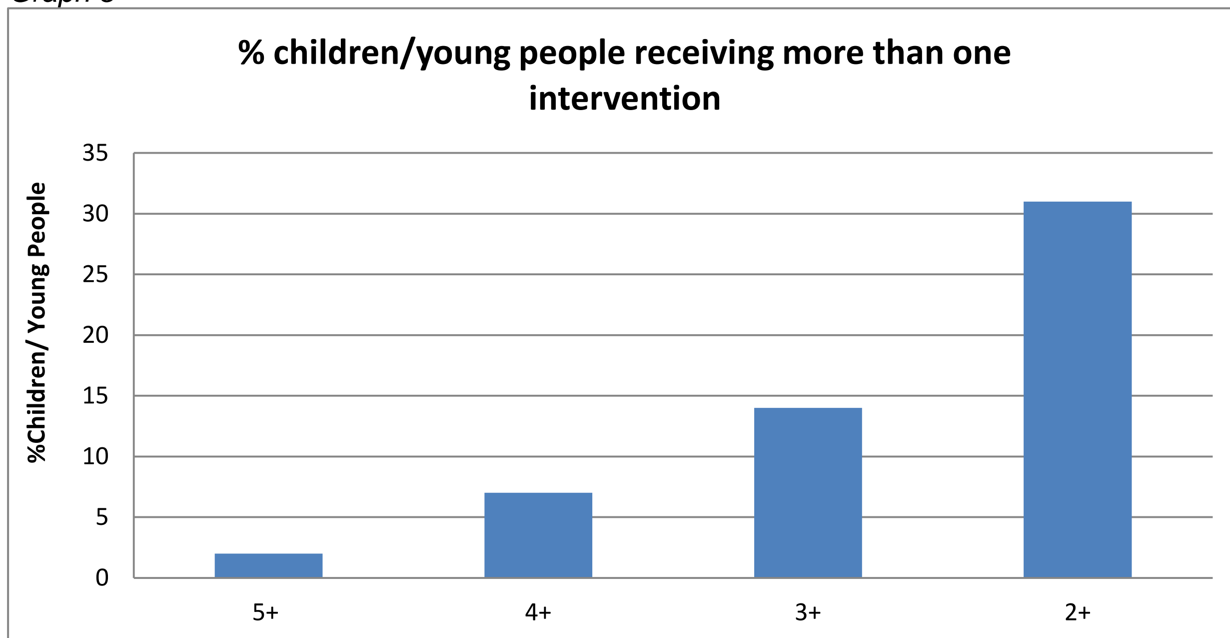


Other treatments included 3x weekly psychotherapy (provided by a trainee), sibling therapy, group psychotherapy, parent/child psychotherapy, Family Therapy and behavioural observations provided within this period.

Multiple Interventions

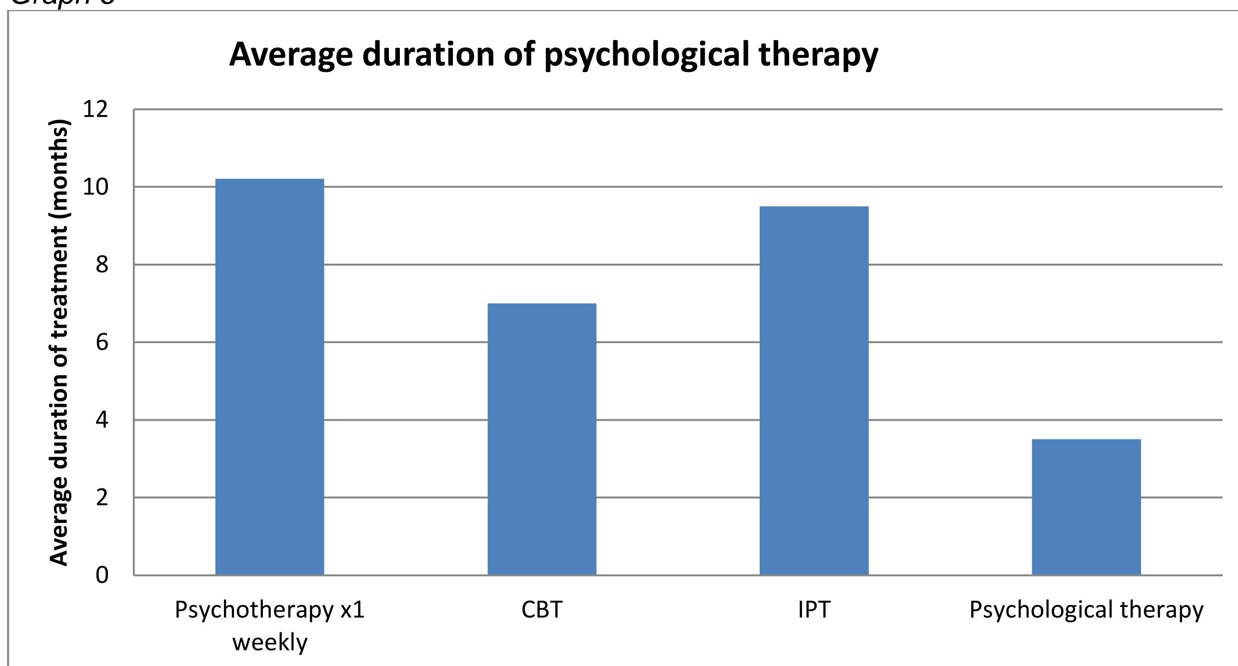
Due to the complex nature of the presentations of looked after children and young people, in 31% of cases more than two treatments / interventions were provided and in 17% of cases, more than three interventions were provided.

Graph 5



Length of treatment for specific therapies

Graph 6



In addition to this data, one young person who engaged in 3x weekly psychotherapy did so for 30 months[5]; one child who engaged in Theraplay did so for 2 months, sibling therapy lasted for 2 months and group psychotherapy lasted for 6 months.

11.3 Outcome Measures

Clinical Outcomes:

[5] This intensive treatment was provided by a trainee Child and Adolescent Psychotherapist supervised by a senior Psychotherapist in the service. Trainee posts are funded nationally, i.e. not by local commissioning organisations.

A wide range of Routine Outcome Measures are used to track outcomes across a number of domains to assess the impact of the clinical interventions provided.
Until recently CAMHS has been a member of a national body, CORC[6] which collates, reports and benchmarks the outcomes from over 70 services nationally. Whilst it is not possible to disaggregate the Looked After and Adopted Children data from the service overall, Bexley CAMHS has achieved good to excellent clinical outcomes for young people when compared to services across the UK.
In 2014, Oxleas withdrew from CORC in the context of joining the London and South East Children and Young People's IAPT Collaborative. We are now in a transitional phase of collecting and reporting service wide outcomes data for CYP IAPT and developing local systems which will enable the reporting of the data against individual children and young people.
One routine outcome measure is the Goal Based Outcome– a patient and clinician reported outcome tool. This sets and rates goals at the start of treatment and at reviews. It is not yet possible to provide LAAC team specific data but of those cases across the service where treatment goals have been reviewed, 90% show significant improvement. This is considered to be statistically significant and indicative of a clinically effective service.

Experience of service outcomes

Every six months (or at the end of treatment / intervention if that is sooner) all young people over the age of 9 years and all carers are invited to provide quantitative and qualitative feedback on the service they have received using the CHI-ESQ (Experience of Service Questionnaire).
The following comments from adopted and looked after children and young people are in response to the questions:

1. What was really good about your / your child's care?
2. Is there anything else you want to tell us about the service you received?

Young people's feedback:

- I was listened to and felt like I was being helped throughout the sessions
- It helped me with a lot of problems and I now feel happier since I've been coming here
- The good bit about my care is that (named clinician) understood my problems
- Never change it!
- All the people at CAMHS are lovely understanding people
- I felt comfortable here

Carer feedback:

- All involved have a good understanding and knowledge
- All staff have been very helpful. The help I was given and strategies all helped my situation
- I was involved in every aspect of my foster child's care. I had individual sessions and was offered advice and given information, skills and strategies to assist in helping my child.
- At times second to none, falling short of a magic wand! Professional and long term, 4 years. At times weird and uncomfortable
- (Named clinician) really amazing, intuitive, fantastic (named clinician) has really changed my life. Have seen many other agencies who were unable to help

[6] CAMHS Outcomes Research Consortia

- I felt included and kept up to date in the involvement (young person) had with CAMHS. (Named clinician) and (named clinician) both very approachable and understanding
- Overall excellent service – just a shame (young person) didn't engage. I am a bit disappointed the work has finished because it is an on-going issue and through no fault of yours nothing has been resolved.

11.4 Service-wide provision to Looked after and adopted children and young people

Looked after and adopted children's team (LAAC):

This multi-disciplinary team consists of 3 whole time equivalents comprising Senior Social Worker, Child and Adolescent Psychotherapists and Clinical Psychologist.

Other CAMHS teams:

Where LAAC present with multiple areas of difficulty, clinicians from across CAMHS co-work with the LAAC team to provide interventions to looked after and adopted children.

- **The Adolescent Team** - works closely with the LAAC team to provide risk assessment and management, intensive interventions and outreach to young people experiencing crises and acute mental health needs.
- **Substance misuse specialists** (1.5 wte) provide specialist interventions for young people who have mental health difficulties and substance misuse issues
- **The learning disabilities and neuro-developmental team** provides specialist interventions for LAAC who have a diagnosis of a neuro-developmental disability such as ASD (Autism Spectrum Disorder), and ADHD (Attention Deficit Hyperactivity Disorder)
- **The under 5 specialist** supports the CAMHS interventions for infants and under 5s
- **The generic team** provides specialist treatments for Looked After Children such as Family Therapy or specific group interventions

Oxleas is a training organisation and has trainees and students on placement from all CAMHS professional disciplines who contribute to the service for LAAC such as nursing psychiatry, child and adolescent psychotherapy clinical psychology social work, family therapy, occupational therapy.

Clinical service relating to looked after and adopted children and young people

The following clinical interventions are offered to looked after and adopted children and young people:

Assessments:
- Psychiatric
- Cognitive
- Risk including self harm
- Mental health
- Mental state / internal world/attachment representations
- Neurodevelopmental

Treatments: (individual, parent-child, group)
- Pharmacological
- Psychological therapies

    - Cognitive Behaviour Therapy (CBT)
    - Psychoanalytic Psychotherapy – individual, group, sibling group, parent-child
    - Interpersonal Therapy (IPT)
    - Non Violent Resistance (NVR)
    - Systemic Family Therapy
    - Integrative Psychotherapy
    - Mentalisation Based Therapy
- Substance misuse interventions

Mental Health consultation (to professionals, parents and carers)
- To social workers, schools, residential units, school nurses,
- To foster carers, birth parents and adoptive parents
- Adoptive and foster parent group
- KEEP – foster carers training group in conjunction with Social Care

Other mental health service provision:
Training:

- Psycho-educational training for foster carers, social workers, teachers, Tier 2 therapists, health visitors, nursery workers, residential unit workers, educational psychologists
- Foster carer training

Membership of multi-agency forums:

- Placement Panel
- Looked After Children Education Forum
- Looked After Children Health Forum

Partnership working
- Consultations with social work teams and children's placement service
- Involvement in Looked After Child Reviews, Personal Education Planning meetings, annual Special Educational Needs Education Health and Care planning Reviews, strategy and professional meetings, and in CAF (Common Assessment Framework planning) if young person is adopted

Other areas of support:

- Providing mental health input in adoption preparation
- Follow up on high scoring SDQs. All scores are shared with CAMHS. If a young person scores in the clinical range and they are not receiving a service, a consultation is offered to the social worker to explore whether the young person would benefit from a mental health intervention

12. Priorities for the Looked after children's health team 2015/16

1. The Looked After Children nurse to contribute to foster carer training programme

2. The Looked After Children nurse to meet with Children in Care Council to discuss their views about how health access and health reviews could be improved.

3. The Looked After Children nurse to attend and contribute to the work with Missing children

4. Review implementation of the red book/leaving care information

5. Oxleas to review Looked After Children nurse resource