

# **CORPORATE PARENTING REPORT**

## **Promoting the Health and Wellbeing of Children in Care**

### **1 Summary**

The focus of the last Corporate Parenting Report presented to Council in December 2017 was education of Children in Care (CiC). The report referred to the need for children in care to experience stability in order for their desired outcomes and potential to be met.

CiC and care leavers are a marginalised group, who are overrepresented in other vulnerable groups in society, e.g. teenage pregnancy, youth offenders, prison and homeless populations. It is important that preventative work is done to avert the need for these children entering the care system and to ensure their needs are identified and met when they do enter the system.

This report outlines the statutory framework in respect of promoting the health of CiC. It makes reference to the issues facing them in terms of their health, the structure for delivery of health care services, some performance data and developments within the context of children's health.

### **2 Statutory responsibilities**

Under the Children Acts 1989 & 2004, Clinical Commissioning Groups (CCGs), NHS England & Local Authorities have a duty to cooperate and work together to commission & provide support and services to looked-after children to promote their health and wellbeing, including:

- Statutory Health Assessments
- Regular dental checks
- GP Registration
- Access to universal and specialist health services where needed
- Completion of the Strength & Difficulties Questionnaires
- Support towards transitions including for Care Leavers
- Have in place a Designated Doctor & Nurse for Children in Care

### **3 Common health issues for Children in Care**

- Emotional and Mental Health Needs including deliberate self harm
- Developmental delay (i.e. communication)
- Poor oral health
- Bedwetting / soiling

- Substance misuse
- Missing routine preventative care i.e. immunisations
- Poor management of long term health conditions
- Adverse Childhood Experiences (ACEs) – can have an impact on all aspects of health with lifelong effects

It is becoming more widely understood how adversity in childhood can severely impact on long term health outcomes across a lifetime including reduced life expectancy. The fact that longer term outcomes for CiC remain far worse than their peers is evidence of an important health inequality, and needs to be treated as a public health priority.

#### **4 Challenges**

- Rising numbers of CiC population (reflected nationally) within the context of increasing financial constraints
- Turnover of social workers which provides a challenge in terms of continuity of care and the sharing of information between health and children's social care
- Providing continuity of health care within the context of numerous placement moves for some CiC
- Increased complexity of needs
- Addressing & improving health outcomes without stigmatising children
- Capacity within partner agencies to provide high quality services for CiC

#### **5 Specialist Health Services for Children in Care in Gloucestershire**

Most health services in Gloucestershire are commissioned by Gloucestershire CCG. The Designated Doctor (Dr Imelda Bennett) and Designated Nurse (Pauline Edwards) are the lead professionals who work closely with lead officers in children's social care to develop services on an ongoing basis.

Specialist GPs at the Hadwen Medical Practice are commissioned to provide all Initial Health Assessments (IHA) for Children on admission into Care.

A recently formed new team of CiC Nurses hold caseloads of children and provide all Review Health Assessments, follow up, liaison, support for carers etc.

A Permanence (Adoption) Medical Team provide adoption medicals and medical advice in relation to children's plans for permanence.

Children and Young People's Services (CYPS - previously CAMHS) provide mental health services to children in care and supervision and support to the team around the child.

## 6 Data and performance

**Health Assessments:** The number of children who had been in care continuously for 12 months as at 31/03/17 who have had an up to date assessment - 321 (85.8%)

**Dental Checks** - the number of children who had been in care continuously for 12 months at 31/03/17 who have had an up to date dental check – 324 (86.6%)

**Immunisations** - the number of children who had been in care continuously for 12 months at 31/03/17 who had up to date immunisations – 311 (83.1%)

Our aspiration is to achieve 100% compliance in respect of CiC accessing the services on offer. However, there are a number of challenges in achieving this, including how professionals work with young people who decline to access services. In addition, as stated in Section 4 above, continuity of the workforce (social workers specifically) within children's social care is also crucial in terms of the robustness of the partnership between the two agencies and the ongoing sharing of crucial information.

## 7 New service developments

- Establishment of a new Children in Care Nursing Team (since Jan 2018) who will be able to hold a caseload of children (including oversight of children placed out of area)
- NHS England, My Life, My Plan Pilot – a pilot project which provides individual personalised commissioning (IPC) to support children's emotional and mental health
- Supporting Foster Carers – plan to establish a new service specifically supporting newly approved foster carers to improve placement stability
- Development of an animated video about Children in Care health assessments – this will be published on You Tube to allow for wider access
- Development of Professionally Printed Health Passports (from 16<sup>th</sup> birthday) to provide health information including family history to support children towards independence
- Focus on Adverse Childhood Experience's (ACE's)

CiC, when asked, say that they want to be treated like their friends and peers. Services therefore need to be developed with this in mind and must not stigmatise or label children who are in care, while at the same time promoting positive action to improve their health outcomes. Our children and young people also tell us that they value continuity from professionals working with them. Children are regularly asked for their views about their care and development of services both on an individual basis and through the Ambassadors and CiC Council. They have been involved in the recruitment of the new nursing team and the development of the IPC project since it started. They have also given their views about the format and style of the health passport.

**Cllr Richard Boyles**

**Cabinet Member for Children and Young People**