

## **CORPORATE PARENTING BOARD**

### **REPORT OF DESIGNATED NURSE FOR LOOKED AFTER CHILDREN HEALTH ASSESMENT TEAM – City Hospital and Sunderland Teaching Primary Care Trust**

#### **HEALTH NEEDS OF LOOKED AFTER CHILDREN**

##### **1. Purpose of Report**

- 1.1** To advise the board of the work which is being undertaken by health to meet the health needs of looked after children and care leavers up to the age of 18 years.

##### **2. Background**

- 2.1** The main reason for children to become looked after is that they have suffered adverse circumstances in their lives and frequently have neglected physical and emotional health issues which are often complex. Some but not all of these issues can be caused as a direct effect of the abuse they have suffered. In Sunderland these health needs have been prioritised with committed paediatric clinical intervention which is supported by designated and named professionals.
- 2.2** The team has been in operation since 2000 and carries out the statutory health assessment of looked after children on behalf of the local authority. "Health" has a statutory responsibility to assist the local authority to address the needs of vulnerable children and it is the PCT's responsibility to ensure effective commissioning and delivery of health services for children who are looked after

##### **3. Current position**

- 3.1** This service was established to meet the standards set out in the Children Act 1989 and Promoting the Health of Looked After Children 2002. The standards required children and young people to have regular health assessments ensuring that carers and professionals had accurate up to date information which would inform the care provided.
- 3.2** Annually the Department of Health request activity based reporting identifying the number of comprehensive health assessments, dental checks and immunisations completed for those young people who have been looked after for more than 12 months. For the previous 4

years 90% of children and young people have had health assessment and dental checks, with immunisation rates between 86 – 91%. This in itself does not demonstrate the content and quality of the assessment process, but the expertise of the team is reflected in their willingness to respond to the needs of the client group and professional.

- 3.3** Audits have been undertaken this year to measure: -
- meeting the health standards for children when initially placed.
  - carers and children/young people in foster care views and satisfaction of the current system.
  - the views and satisfaction of those young people in residential care.

The results of all have been in the main positive, though some practice issues have been identified e.g. consent, the significance of annually rechecking children's health status.

- 3.4** Areas which have been further developed relate to supporting leaving care and the development of a working group to support residential staff.

#### **4. Accessing the Services**

- 4.1** The service is provided jointly by City Hospitals and Sunderland Teaching Primary Care Trust, however STPCT has commissioning responsibility.

- 4.2** The health assessment is provided in a number of ways based on the needs of the children and carers. One national standard is that all initial health assessments must be undertaken by a Doctor, in Sunderland they are seen by a paediatrician or community based medical officer. To ensure that identified unmet health needs have been suitably addressed the next review is also undertaken in this way. Subsequent assessments are undertaken either by a Doctor from the team, Designated Nurse for LAC or where there are few or no health needs by health questionnaire.

- 4.3** The hardest groups of children/young people to engage are those in residential and leaving care. Because of the difficulties some young people experience we offer an open door policy where we will see them when there are issues that they feel need to be addressed.

- 4.4** There are a number of issues which need to be taken into consideration which affect outcomes, some but not all of which relate specifically to health: -

- Valid consent being provided prior to health assessment – Children's Services.
- Legal status and the person who holds parental responsibility.
- Informed Consent.

- Consent being provided for the obtaining and sharing of information.
- Issues relating to confidentiality.

Other issues which can affect outcomes are: -

- Issues related directly to service provision – loss of lead professional.
- Multi-agency working – different priorities
- Pressure on services – changing expectations
- Responding to the needs and wishes of children and young people.
- What's happening in the child's life.

## **5. Future Steps**

- 5.1** National health guidance is being updated with the draft anticipated to be available at the end of 2008/beginning of 2009. It is hoped that it will reflect the complexities of health needs and the need for continuing dedicated services. Future service development needs to reflect both national and local priority areas. Sunderland has one of the largest regional looked after children populations and future workforce development needs to reflect Children's Services and Health priority areas such as emotional wellbeing, permanency, sexual health and drug and alcohol use.
- 5.2** Continuing the previous level of health services provision and expertise needs to be maintained given recent vacancies due to retirement. This needs to be seen as a priority within the safeguarding children arena with a shared understanding from both commissioners and providers.
- 5.3** Continued development of multi-agency working to gain greater understanding of issues which effect single agency performance.

## **6. Summary**

The current health service provision is seen as supportive, popular and addresses health needs.

Due to changes within staffing there is a need to ensure that looked after children remain a priority within agencies and this is reflected through commissioning and service delivery.

- 6.3** With continuing changes in workforce and legislation it is essential that communication and shared understanding remain priority areas.

## **7. Future updates**

At the request of the Corporate Parenting Board.

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