NHS
Blackburn with Darwen
Clinical Commissioning Group

BLACKBURN WITH DARWEN CLINICAL COMMISSIONING GROUP (CCG)

ANNUAL REPORT

The Health and Wellbeing of Blackburn with Darwen Looked after Children (LAC)

April 2014 – March 2015

Author: Sheila Morris –Designated Nurse for Looked after Children

Acknowledgements:

Dr Zaffar Sultan: Designated Doctor for Looked after Children (NHS BwD CCG)

Louise Hartley: Specialist Nurse for Care Leavers (Lancashire Care Foundation Trust/BwD CSC)

Susan Clarke: Head of Safeguarding / Designated Nurse (NHS BwD CCG)

Sue Pinner: CIOC CAMHS Practitioner (BwD LA CSC)

Sara Barr-Frost: Senior Operating Officer for Children and Young Peoples Commissioning (NHS BwD CCG)

Jane Jones: Safeguarding Lead /Nursing and Quality Directorate (Lancashire Care NHS Foundation Trust)

CONTENTS: **Page**

1.0 Introduction

1.1 This report is produced for the Blackburn with Darwen Clinical Commissioning Group (BwD CCG) in response to the Department of Health's revised publication 'Statutory guidance on Promoting the Health of Looked After Children' (PHWB, March, 2015) which requires a report on the delivery of service and the progress achieved in meeting the health needs of Looked After Children (LAC). The report highlights how the services continue to work in line with statutory guidance to address health issues, include looked after children and young people in decisions about their health and encourage them to take some responsibility for their own health.

1.2 This report sets out in detail:

- The statutory guidance for CCG's in relation to looked after children
- The importance of multiagency partnerships and joint working in addressing health issues and risk taking behaviours for looked after children.
- The positive improvement in uptake of health assessments.
- The compilation and follow up of health care plans.
- The emotional and mental health needs for looked after children and young people.
- The developments that are being made to ensure that care leavers are having their health needs addressed.
- The contact details for the Designated Looked after Children's Nurse and Doctor.

And concludes with some recommendations to inform the direction of future commissioning decisions

1.3 2014-15 Summary of achievements.

- >97% in-house review health assessments (RHA) completed on time.
- LAC data collection SSDA903 data above national average.
- Quality Assurance checks for all RHA.
- Completion of an audit of Initial Health Assessments (IHA) completed on time (ELHT).
- Designated LAC Nurse is maintaining interagency working to ensure a high level of continued communication to promote the health of children in care by being co-located within LA Children's Services.
- Recruitment of full-time Specialist Nurse for Care Leavers-(Fixed term 18month contract).
- Annual health questionnaire targeting care leavers.
- Health passports available to all care leavers.
- Weekly drop in at Barbara Castle Way for care leavers (Wednesday PM)
- Quarterly Joint Strategic LAC meetings with the LA & BwD CCG commissioners/senior managers
- Designated Nurse for LAC attends and contributes to multi agency Case Tracking and management panel
- Designated Nurse for LAC attends and contributes to the corporate parenting specialist advisory committee

- Designated Nurse for LAC attend and contributes to multi agency Fostering Panel
- Designated Nurse for LAC attends and contributes to the statutory Virtual Schools Head meetings hosted by the Local Authority.
- Designated Nurse for LAC delivers clinical safeguarding supervision for LCFT staff working with LAC & care leavers
- LAC Training/workshops delivered across LCFT
- Joint SDQ workshops delivered in BwD by CAMHS & Designated LAC Nurse
- Administrative responsibility for in-house initial LAC medicals transferred to ELHT Community and Neurodevelopmental Paediatric services.
- Multi-agency SDQ panel meetings held fortnightly to address the emotional health & wellbeing of LAC & Care leavers.
- Joint review of a child's journey (10 cases) through the care system. Reviewing emotional health and wellbeing using the strengths and difficulties questionnaire (SDQ).

2.0 The role of Blackburn with Darwen Clinical Commissioning Group (BwD CCG)

2.1 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, 2013)
- Children Leaving Care Act (2000).
- You're Welcome-Quality Criteria for Young People Friendly Health Services (DH, 2011)
- Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (NHS Commissioning Board 2013)
- DRAFT: Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015)
- Looked after children: Knowledge, skills and competences of healthcare staff (RCGP,RCN and RCPCH March 2015)

2.2 The Children Act (1989) provides a comprehensive framework for the care and protection of all children and young people in need, including those living away from home. Statutory Guidance on 'Promoting the Health & Well-Being of Looked after Children' (PHWB) DOH 2015, sets out the responsibility of the Local Authority and NHS to work in partnership to commission health services for looked after children. The changes to the commissioning of health services which began in April 2011 have meant these statutory responsibilities formally became the responsibility of Blackburn with Darwen Clinical Commissioning Group in April 2013. The National Institute of Clinical Excellence (NICE) 2013, guidance 'Looked after Children and Young People' also focusses on how organisations, professionals and carers can work together in a multi-agency environment placing children and young people at the centre of decision making.

2.3 The NHS Commissioning Board (2013) Safeguarding Vulnerable people in the reformed NHS Accountability and Assurance framework mandated that CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. This includes employing, or securing, the expertise of designated doctors and nurses for looked after children. CCGs need to demonstrate that their designated clinical experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

2.4 NHS England in their draft revision of the above document 'Safeguarding Vulnerable people in the NHS-Accountability and Assurance Framework (March 2015), outlines that the designated professional's role is to work across the local health system to support other professionals in their agencies on all aspects of safeguarding and child protection. The revised document clearly identifies that designated professionals are clinical experts and strategic leaders for safeguarding and as such are a vital source of advice and support to health commissioners in CCGs, the local authority and NHS England, other health professionals in provider organisations, QSGs, regulators, the LSCB/SAB and the health and wellbeing board.

2.5 CCGs are responsible for securing the expertise of designated professionals on behalf of the local health system. The arrangements for Blackburn with Darwen CCG are that the Designated Doctor (LAC) is commissioned from East Lancashire Hospital's Trust (ELHT) and the Designated Nurse for LAC is commissioned from Lancashire Care Foundation Trust (LCFT). Service specifications with clearly defined service outcomes and reporting arrangements are in place. The intercollegiate document (2015) advises on the designated capacity required by a CCG which is proportionate to the child population and numbers of looked after children in the geographic footprint that is covered by the CCG

2.6 BwD CCG as with all NHS commissioners must ensure that the services it commissions meet the particular needs of looked after children. In meeting the health needs of this vulnerable group, it needs to focus on ensuring that looked after children are able to access universal services as well as targeted and specialist services where necessary. The CCG with its partner CCG's and public health services contributes to meeting the health needs of looked after children by:

- Commissioning effective services i.e. Community Adolescent Mental Health Services (CAMHS), Speech and Language Therapy (SALT).
- Delivery through provider organisations i.e. Lancashire Care Foundation Trust (LCFT) Child and family Health services (CFHS).
- Individual health practitioners providing co-ordinated care for each child, young person and carer.

3.0 Governance arrangements within the CCG

3.1 The CCG has a Looked after Children Group meeting which meets on a quarterly basis. The group consists of the designated health professionals, Local Authority LAC managers; public health; children's commissioners (CCG); Senior managers for the LCFT health visiting and school nursing services and the provider safeguarding team. The aim of this group is to ensure that the CCG is receiving appropriate advice and support in respect of the planning, strategy and the audit of quality standards in relation to health services for looked after children. It is also a forum for integrating the working and learning of the lead health professionals for looked after children in the CCG area. The key messages from this group feed into the CCG

safeguarding assurance meeting. An annual Looked after Children health report is received by the CCG Quality performance and Effectiveness Committee (QPEC), and the BwD Corporate Parenting Specialist Advisory Committee.

4.0 Looked after Children (LAC) – Blackburn with Darwen (BwD)

4.1 The commissioned designated health roles and the wider commissioned community health services commissioned from LCFT work in accordance with all current and historic legislation applicable to children and young people who are looked after by the Local Authority and placed within BwD from other Local Authorities. Health and wellbeing of looked after children remains high on the Government's agenda and is a key area of the following:

"Statutory Guidance on Promoting the Health and Wellbeing of Looked after Children" 2009, March, 2015 (revised guidance) is statutory for CCG's, Strategic Health Authorities as well as Local Authorities.

"Working Together to Safeguard Children" (Revised) March 2015. Sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004.

"Promoting the quality of life for looked after children and young people" October 2010 updated 2013 - National Institute for Health and Clinical Excellence (NICE) & Social Care Institute for Excellence (SCIE). The focus is on putting the child or young person at the centre of every activity that affects their life and how agencies and services can work together to improve the quality of life (physical health, social, educational and emotional wellbeing).

"Every Child Matters: Change for Children agenda" Nov 2004, which has provided a blueprint for radical reform of Children's Services.

"Think Family: Improving the life chances of families at risk" Jan 2008, which emphasises the need for services to consider the whole family unit and their circumstances, if we are to address the wider barriers to opportunity, and the risk factors children face from their environment.

"***Healthy lives, brighter futures: the strategy for children and young people's health" Feb 2009***, is the child health strategy produced as part of "***The Children's Plan Agenda" Dec 2007.*** This strategy presents the Government's vision for children and young people's health and wellbeing.

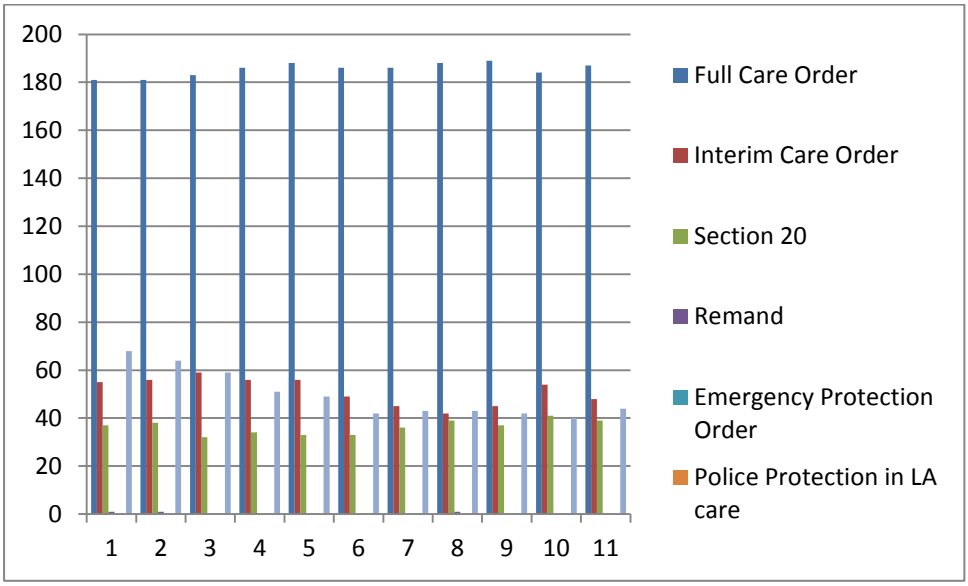
4.2 Definition of a Looked after Child

4.2.1 Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if he or she:

- is provided with accommodation for a continuous period for more than 24 hours
- is subject to a care order; or
- is subject to a placement order

For a breakdown of the Legal status of Looked after Children in BwD-(See chart 1)

Chart 1



4.2.3 A looked after child ceases to be looked after when he or she turns 18 years old. On reaching his or her 18th birthday, the status of the child changes from being looked after to being a young adult eligible/relevant for help and assistance from the local authority. Such help and assistance is usually provided in accordance with the various aftercare provisions of the Children Act.

4.2.4 For this report, the definition of a 'looked after child' is a child who has been continuously looked after for at least 12 months up to and including 31 March 2015. This definition has been used because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment. It is also the cohort of children for whom information on outcomes such as health, wellbeing and offending are collected through the Social Service Departments Activity (SSDA903).

4.2.5 The Department for Education publishes annual statistics on looked after children in England. These statistics are taken from the SSDA903 return that local authorities submit for the children they are responsible for. The latest publication was published in September 2014 and reports on looked after children for the year ending 31 March 2014. For further information follow the link below: *https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption--2*.

4.3 The nature and prevalence of health problems in looked after children

4.3.1 'Statutory Guidance on Promoting the Health of Looked after Children' (Revised, 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. Therefore, longer-term outcomes for looked after children remain worse than their peers. 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 sexually or physically abused, they will often fail to care for themselves.

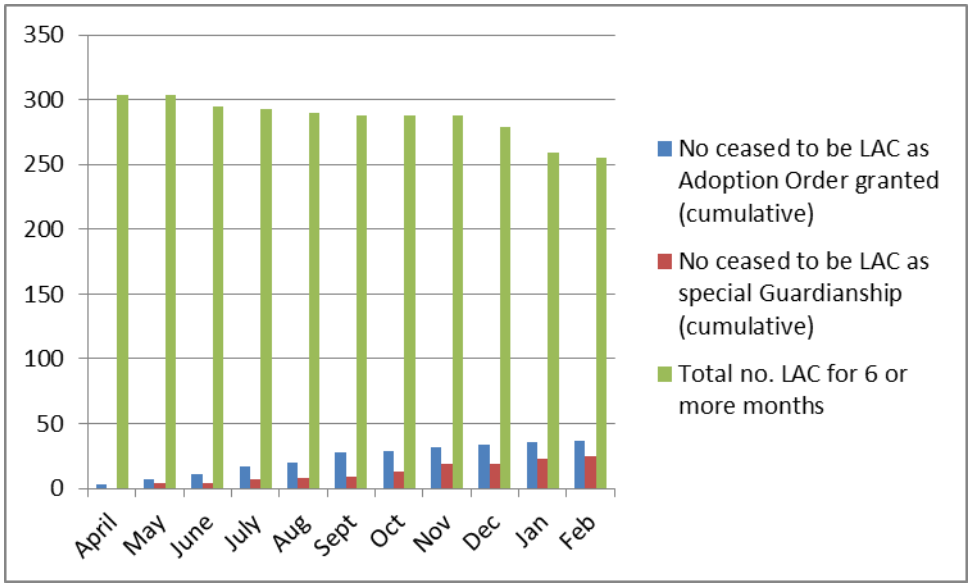
4.3.2 Children and young people in care want to be treated in the same way as other children and young people, but what we know is that the NHS can only effectively meet their needs when it has systems and processes to actively track and target their health needs. That is why the statutory health assessments and health care plans are so vital. The challenge is to involve children and young people and their carer's 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.

4.3.3 Unaccompanied asylum seeking (UAAS) children are recorded as being placed in care primarily due to absent parents. However, they may also have experienced a range of additional problems including neglect or abuse. Unaccompanied asylum seeking children and young people who are placed in BwD from other countries may speak little or no English and will often have witnessed or suffered events outside the day to day experience of many doctors or nurses in this country. They often have additional health needs which may include coping with trauma and bereavement as well as adjusting to a new country, dealing with immigration and language issues, and possible racism and discrimination. Unaccompanied asylum seeking children are also unlikely to have medical records from their country of origin and their immunisation status may be unknown.

4.4 Profile of looked after children (National picture)

4.4.1 At 31 March 2014 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, reunification home, adoption, special Guardianship orders (Chart 2) placement breakdowns etc. 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.

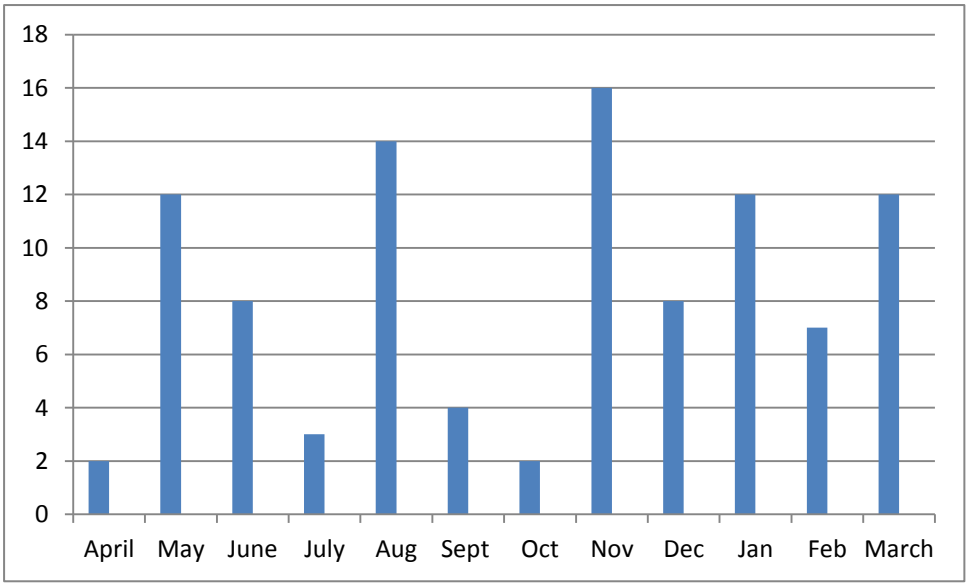
Chart 2 outlines the number of LAC adopted/Special Guardianship Order (SGO) during the year as a percentage of the number of LAC who had been looked after for 6 or more months.



4.5 Numbers of BwD Looked after Children

4.5.1 On the 20th April 2015 there were 323 looked after BwD children – of which 197 were living in BwD and 126 were living out of the borough. Generally there are between 315 to 325 BwD LAC. The data has been provided by the Local Authority and is a snapshot at a specific point (April 2015). The number of LAC has increased slightly over the last 12 months in-line with the national trend. On average there are 8 new LAC per month (this can vary between 3 and 16 per month (see Chart 3) It should be noted that a further 116 LAC are placed in BwD from other authorities raising the number of LAC to approximately 450-500 at any one time. (Demographics of BwD LAC Appendix 1)

Chart 3 below outlines the number of Looked after Children entering care 1st April 2014-31st March 2015



**This figure does not include 116 looked after children placed in BwD by other authorities.

4.6 Performance Indicators

4.6.1 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 Department (SSDA903). The indicators request quantitative data on:

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

4.6.2 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 20 working days of entering care, and there are children entering and leaving care throughout the year.

4.6.3 For those children looked after for a year or more who are reported on in the annual returns, performance for health assessments in Blackburn with Darwen has been consistently good for a number of years. In 2013-14, Blackburn with Darwen data for annual health assessments was 96% dental checks was 94% and development checks for children aged 5 years and under, the percentage completed was 100%. Comparative data places Blackburn with Darwen above the national average.

5.0 Designated LAC Professionals

5.1 In England the term designated doctor or nurse denotes professionals with specific roles and responsibilities for looked after children, including the provision of strategic advice and guidance to assist service planning and to advise clinical commissioning groups in fulfilling their responsibilities as commissioner of services to improve the health of looked after children. In England designated professionals (Doctors and Nurses) are statutory roles, it should be noted that the Named and Designated professional are distinct roles and as such should ideally be separate post holders to avoid potential conflict of interest. The PHWB, (DOH, 2009) guidance on the roles and responsibilities of designated professionals did not make it sufficiently clear the differences between strategic and operational roles. The wording has been amended to clarify that the role is strategic, separate from any responsibility for individual LAC (although individual professionals may also provide a direct service to children and young people outside their designated role.)

5.2 The PHWB guidance sets out the roles of a number of specific health professionals in assessing and coordinating the health care of looked after children. It states that all healthcare staff who come into contact with looked-after children should work within the Royal Colleges' *intercollegiate framework.* This framework sets out the knowledge, skills and competencies that staff with varying degrees of contact with and responsibility for looked after children should have. A revised framework was published in March 2015. The post is at level 5 of the intercollegiate framework, requiring the highest level of expertise in looked after children's health. Sufficient time and funding should be allowed to fulfil specialist responsibilities effectively, with dedicated and effective secretarial support. The guidance advises that:

The Designated Doctor will:

- Hold consultant status or hold a senior post with equivalent experience and training
- Have undertaken further training in paediatrics and adolescent health and wellbeing.
- Have substantial clinical experience of the health needs of LAC
- Be clinically practicing in community paediatrics in part of the CCG's geographical area
- Have established leadership and negotiating skills

The Designated Nurse will:

- Be a senior registered nurse/or HV
- Have extensive clinical experience of the health needs of LAC
- Have undergone training in the specific needs of children and young people
- Have completed specific relevant post-registration training at Masters Level
- Hold a senior level post (equivalent to consultant)
- Have established leadership and negotiating skills

5.3 The guidance also outlines the capacity required in respect to these functions:

- Designated Doctor LAC – A minimum of 8 hours per week (0.2WTE) per 400 Looked after children
- Designated Nurse LAC – A minimum of 1 WTE Designated nurse LAC for a child population of 70,000 with dedicated administrative support.

5.4 The CCG commissions the Designated Doctor for LAC from ELHT. The post is 0.1 wte providing one session (4 hours) of a paediatrician time per week. The post is supported by a medical secretary. The Designated Nurse for looked after children (1 wte) is commissioned by the CCG and hosted by LCFT. The post is supported by LCFT generic safeguarding administrators.

5.5 Due to movements in and out of care, more than a third as many children 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 and geographical areas. This dynamic picture is particularly relevant when managing the designated LAC nurse workload and demands of the service. The Designated LAC Nurse is a member of LCFT's safeguarding team. She maintains close relationships with universal and other specialist services, and in particular with East Lancashire Hospital Trust (ELHT) paediatrics, the Child and Family Health Service (CFHS), East Lancashire Child & Adolescent Services (ELCAS), Substance Misuse Teams, Midwifery services, Sexual Health Teams, Community Dental Services. She continues to work with colleagues in all of the children's social care teams, residential care staff, carers' and with other agencies (statutory and voluntary) to promote health and to meet the health needs of LAC both in and out of borough. The Designated LAC Nurse is an independent member of BwD Foster Panel. The fostering panels are held on a monthly basis with approximately one full day of preparatory reading prior to the panel. Training is provided for all foster panel members to ensure that they are kept up to date with current trends and legislation in relation to their role. All foster panel members have annual appraisals led by the panels chair and fostering team manager.

6.0 Joint Working

6.1 Promoting the health of looked after children is not the job of any one person. Effective multiagency working between social workers, health professionals including Public health, Education and carers is essential. The Designated Nurse for LAC is co-located with Children's Social Care teams in Blackburn.

6.2 Public Health (BwD LA) is responsible for commissioning School Nursing Services and NHS England are responsible for commissioning Health Visiting Services. The commissioning of Health visiting services is due to transfer to Public Health in October 2015. LCFT Child Family Health Service (CFHS) remains the provider of those services.

6.3 Nationally there has been an increase in the numbers of looked after children demonstrating the continued need to maintain services to address the disadvantages they experience with regards to mental and physical health outcomes. There are statutory requirements placed on a local authority to address the health needs of looked after children as part of the process of care planning. The shared responsibility to promote the health and wellbeing of BwD's looked after children apply whether children are placed in or out of the borough.

6.4 LCFT, CFHS & the Designated Nurse coordinate a health response to vulnerable children placed in private residential settings in the BwD area. These young children are invited to attend the local health centre for their statutory health assessment and to meet the health professional responsible for formulating their healthcare plan. Often children placed in BwD from other areas are high risk cases. They are very vulnerable young people, frequently missing from home, victims of sexual exploitation, and/or involved in criminal activities.

7.0 Training

7.1 It is essential that staff working with LAC possess the knowledge, skills and competences to effectively safeguard, protect and promote the welfare of children and young people in care. The need for professionals working with LAC to have the appropriate knowledge to enable them to deliver safe, effective and appropriate care is highlighted in statutory guidance pertaining to the promotion of the health and wellbeing of LAC (DoH, 2015). The requirement for staff to undertake LAC training is further strengthened by the Intercollegiate Document 'Looked after Children: Knowledge, Skills and Competences of Health Care Staff' (March, 2015). The interface between the training requirements for safeguarding and LAC are clearly demonstrated in both intercollegiate documents.

7.2 Training is delivered to staff within the BwD health economy and evaluated throughout the year for all staff involved with LAC. Training is also delivered to UCLAN's student nurses. The training delivered has been very positively evaluated and some comments and feedback from the LAC training within this reporting period are outlined below:

"Has given me a very good grounding and understanding to fulfil my role as a health visitor involved with LAC"

"Very informative, feel reassured to approach/liaise with LAC team for support when working with LAC"

"Feel better equipped to complete documentation with confidence & make appropriate referrals"

8.0 Health Assessments

Initial Health Assessments

8.1 A comprehensive review of looked after children should take place four weeks (20 working days) after he or she comes into care. A health plan should be available for discussion at the local authority (LA) statutory child care review (SCCR). The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (March 2010) states that "the responsible authority is required to make arrangements for a registered medical practitioner to carry out an assessment of the child's state of health and provide a written report of the assessment. The aim of the assessment is to provide a comprehensive health profile of the child, to identify those issues that have been overlooked in the past and that may need to be addressed in order to improve his/her physical and mental health and wellbeing, and to provide a basis for monitoring his/her development while s/he is being looked after." The initial health assessment must be carried out by a registered medical practitioner while subsequent assessments may be carried out by a registered nurse or by a registered midwife.

8.2 The legal requirement for who carries out health assessments for looked-after children are set out in the Care Planning, Placement and review regulations (England) 2010. These requirements carry forward those in the 1991 Care planning Regulations. The revised Promoting the Health and Well-Being (PHWB, 2015) guidance simply reflects the legal position. Amending the legal requirements to enable registered nurses to undertake initial health assessments or to conduct health assessments reviews without supervision would require parliamentary approval for a change in the law.

8.3 The initial health assessments for looked after children within BwD are carried out by the paediatricians within ELHT for children up to the age of 16 and by the GP for those young people between the ages of 16-18. Review health assessments for looked after children i.e. BwD children placed in borough and those placed within BwD from other local authorities are undertaken in BwD by the school nursing and health visiting services. This arrangement is clearly outlined within the service specifications.

8.4 The aim of the statutory health assessment is to provide a comprehensive health profile of the child, to identify those issues that have been overlooked in the past and that may need to be addressed in order to improve his/her physical and mental health and wellbeing, and to provide a basis for monitoring his/her development while s/he is being looked after. "It is the responsibility of the responsible authority to make sure that health assessments are carried out. The frequency of review health assessments for children aged 5 years and under is 6 monthly and for children aged 5 years and over it is annually. In general, CCGs have a duty to comply with requests by local authorities for assistance to make sure that the assessment happens. The responsible authority must inform the CCG (or the local health board if a child is being placed in Wales), as well as the general medical practitioner, when a child starts to be looked after or changes placement. Where the child is to be placed out of area, local authorities should notify the CCG for the area, in which the child is currently living, and the CCG and the local authority for the area in which the child is to be placed. All LCFT/ELHT staff completing health assessments use the British and Adoption, Fostering (BAAF) paperwork as recommended by the National institute of Clinical Excellence (NICE)

8.5 The outcome of the health assessment is that a health care plan (health recommendations) is generated. This is part C of the BAAF document which provides a health summary and any recommendations that need to be followed through. It should specify those actions to be taken and services provided to meet the health needs identified in the assessment; the person or agency responsible for undertaking each action/providing each service, the likely timescales and the intended outcomes. A looked after child may also undergo routine health checks at school, alongside their peers, as part of the Healthy Child Programme. Issues raised by school health checks and actions to be taken should be included in the child's health plan. Issues raised by the health reviews should be considered as part of the care planning and review process and any necessary actions including revisions to the care plan (The Children Act 1989 Guidance and Regulations Care Planning, Placement and Case Review Volume 2). The Designated LAC Nurse quality assures all health assessments for LAC both in and out of borough. A full copy of the health assessment should be forwarded to the child/young person's general practitioner (GP), and copies of the health plan forwarded to the social worker, child/young person (age appropriate) and their carer, including their birth parents if appropriate.

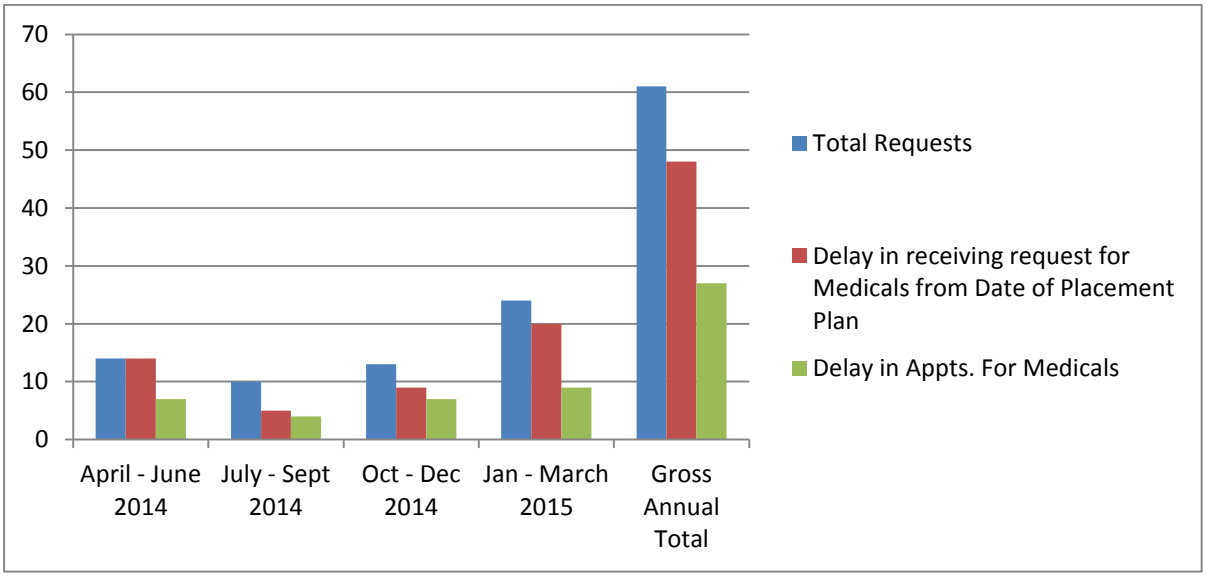
8.6 When drawing up a health plan for a child, responsible authorities are required to ensure s/he is provided with health care, including any specifically recommended and necessary immunisations and any necessary medical and dental attention. This will include registering the child with a general medical practitioner (GP) and arranging regular check-ups with a dentist (The Children Act 1989 Guidance and Regulations Care Planning, Placement and Case Review Volume 2). As of the 1st April 2015 all children must have a named GP responsible for their care.

8.7 There is a statutory requirement for Initial Health Assessments (IHA's) to be undertaken within 20 working days of a child becoming looked after by the Local Authority. Periodically the Designated professionals have experienced a delay in receiving the review request and the required paperwork from Children's social care which has resulted in an unnecessary delay in arranging the initial health assessment and this has impacted on the 20 day target. In April 2014 new procedures and pathways were introduced to address this issue, initially there was marked improvement but within the last 2 reporting quarters this has again become an issue. Charts 4a and 4b below highlights the extent of the delays experienced. This target is now a standing agenda item at the quarterly CCG Looked after Children Group meeting and a breakdown of reasons for delayed assessments is provided at each meeting by the designated Doctor. This has been acknowledged by social care colleagues and is being addressed.

Chart 4 (a) – Outlines the delays in receiving LAC paperwork and Initial Health assessments in 'percentage' format.

	April to June 2014	July to September 2104	October to December 2014	January to March 2015	Gross Total
Total Requests	14	10	13	24	61
Delay in receiving request for Medicals from Date of Placement	14 (100%)	5 (50%)	9 (67.6%)	20 (83%)	48 (78%)
Delay in medical Appointments	7 (50%)	4 (40%)	7(53.6%)	9 (37.5%)	27 (44%)

Chart 4 (b) Outlines the delays in receiving LAC paperwork and Initial Health assessments in 'number' format.



8.8 A significant amount of work has taken place over the last year to focus attention on the importance of ELHT receiving consent/placement plans within 5 working days. As can be seen from the figures above, this delay occurred in 78% of cases over the year. However, consent forms are now usually received along with the requests. This was a reason for delays last year but has improved significantly this year. Once the notification had been received by ELHT, in the majority of cases appointments for initial medicals were provided within 2-3 weeks. Only 3 appointments within the reporting period were delayed due to Failures to attend.

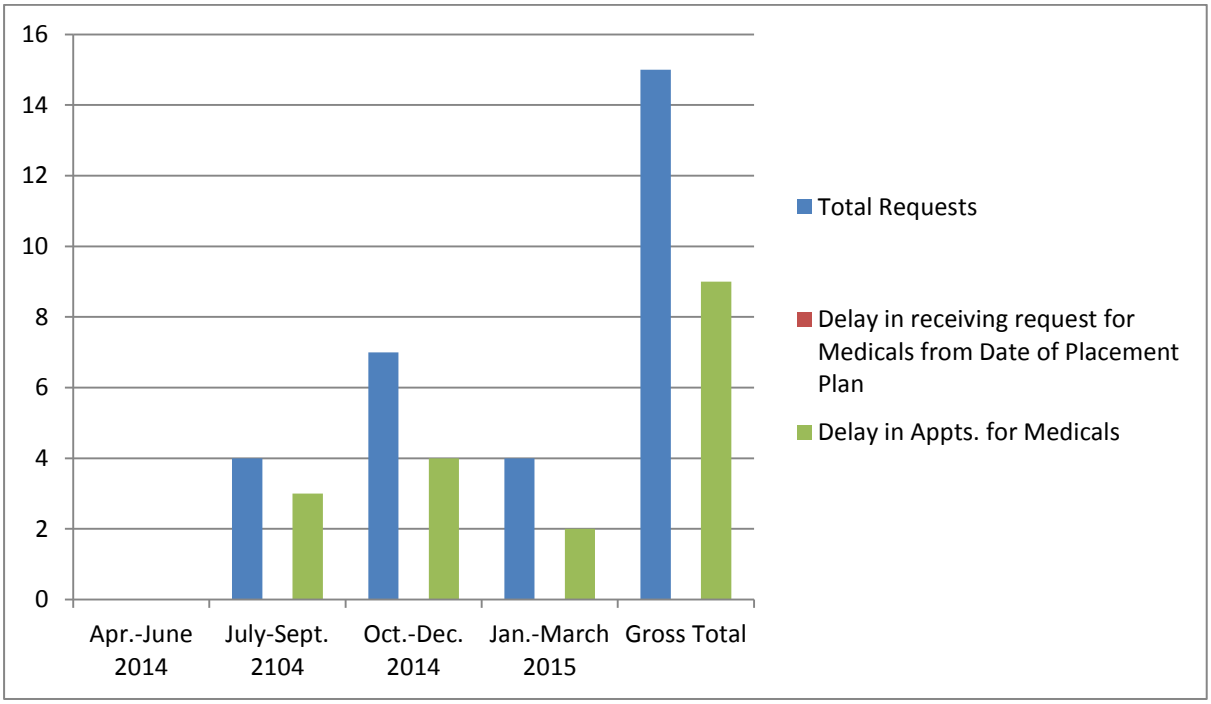
8.9 In conclusion the reasons for the delays in achieving initial health assessments within the mandated timeframe can be categorised into 3 areas: the delay in receiving the request and relevant paperwork from Social care; failures to attend and the cancellation of appointments by the carers.

8.10 It is a similar picture for the IHA's of out of area (OOA) looked after children who are placed within BwD. It is the delay in the receipt of the paperwork which impacts on the target being met. Chart 5 below outlines how this has impacted on the timeliness of the assessment taking place.

(Data/targets for initial health assessments are not collated as part of the Governments SDA903 returns. However, Ofsted/CQC inspectors usually ask the question relating to the statutory 20 day target for undertaking initial LAC health assessments).

Review health assessments

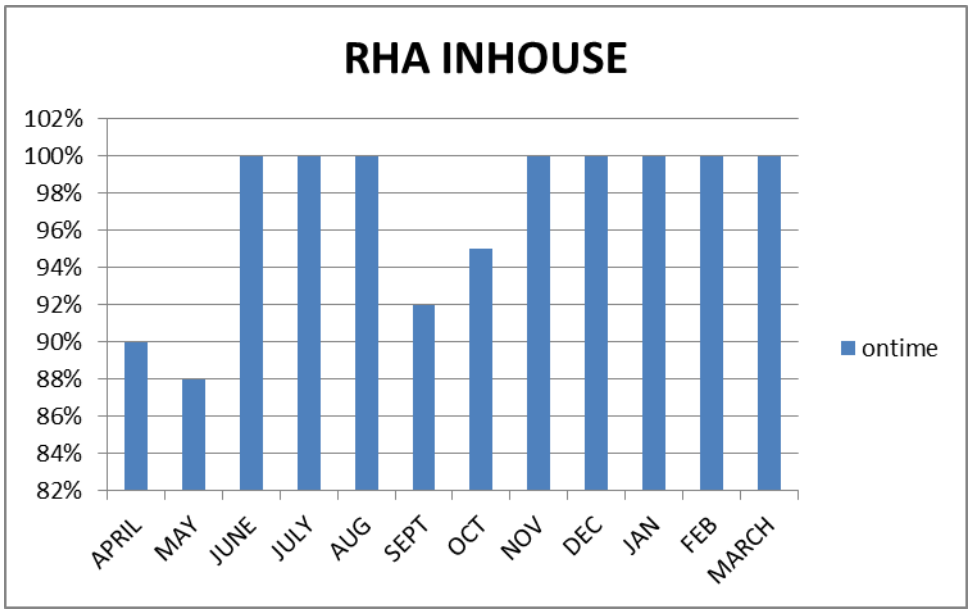
Chart 5 Review Health Assessments (RHA's) - LCFT BwD Key Performance Indicator (KPI)



8.11 The Department for Education Statistical First Release - outcomes for children looked after by Local Authorities in England as of 31st March 2014, outlined that the statistical average for review health assessments was 88%.

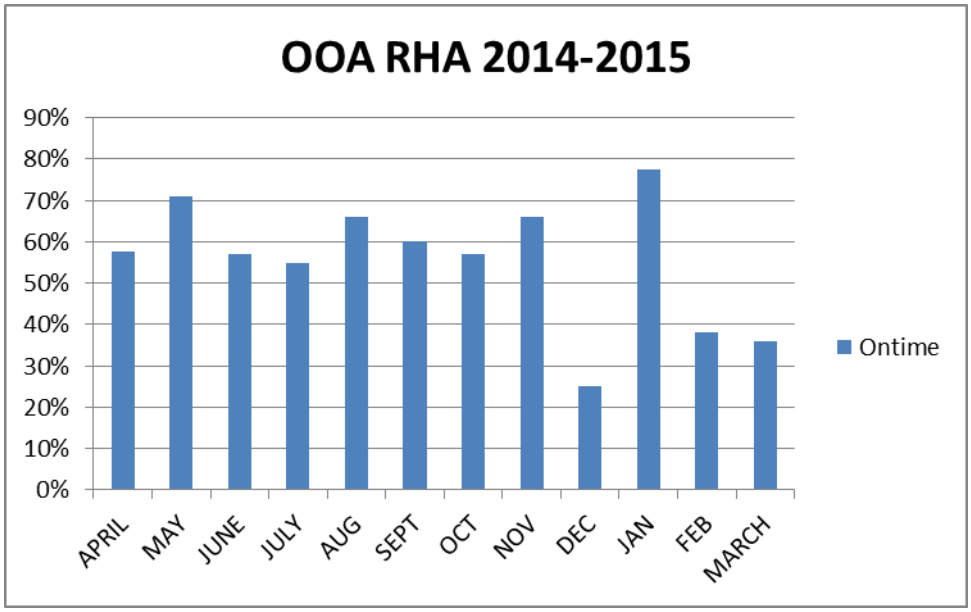
8.12 The Designated Nurse (LAC) monitors the KPI data on a weekly basis and feeds back progress to the children and families health service (CFHS) heads of service and team leaders. This ensures outstanding health assessments are dealt with in a timely manner. The following charts (6 & 7) highlight the KPI in relation to RHA completed within the required timeframe both within borough and out of area (OOA). The aim is to complete 90% of review assessments within the timeframe and continue to strive towards this target. There are a number of issues that impact on this 90% target-i.e. school holidays, sickness, family contact arrangements, LAC failing to attend or re-scheduling appointments or refusing to engage with staff.

Chart 6: Percentage of review in house health assessments completed on time



8.13 In respect of BwD children who are placed out of the BwD Local authority area it can be clearly seen below (Chart 7) that review assessments for this cohort of children are not completed within the required timeframe. This is a priority area for development for 2015 -2016.

Chart 7 Number of health assessments completed on time for LAC placed outside of BwD



8.14 The Designated Nurse attends the weekly LA Case Tracking & Management Panel (CTMP) to ensure LA HOS are made aware of any LAC placed out of borough where their health needs cannot be met/or delayed. Communication with Designated LAC nurses and other health colleagues in other authorities continues in order to ensure that the needs of LAC are met. The Designated LAC Nurse monitors all review health assessment returns/timescales on a weekly basis. SG administrators will then send out reminders, requesting the swift return of any outstanding health assessments.

The Designated LAC Nurse will contact CCG commissioners directly when providers fail to co-operate with this statutory request and then raise this with BwD CCG Head of Safeguarding, and particular areas of concern have been raised with NHS England.

9.0 Out of Borough Placements / placement changes

9.1 There are many reasons why some looked after children live away from their home authority. Some may need to live out of area to help keep them safe from harm or from dangerous influences closer to home. Others may need specialist care that is not available in all local authority areas, or long-term foster placements that are in very short supply in many areas. Some looked after children move out of area so that they can live with brothers and sisters, or to be cared for by relatives who are approved as foster carers. Local authorities will be held more accountable for their decisions to send children to live far from home (Ofsted, From a Distance, looked after children living away from their home area April 2014). Since January 2014, a decision to place a looked after child in a 'distant' placement, out of their home area, can only be approved by the Director of Children's Services in a local authority. They will need to be satisfied that the placement is in the child's best interests and will meet the child's identified needs. (Consultation on safeguarding for looked after children: changes to the Care Planning, Placement and Case Review (England) Regulations 2010: government response, Department for Education).

9.2 The Designated Nurse receives many requests to undertake health assessments for LAC placed in BwD from other authorities. However, the exact number of LAC placed in our area is often unknown due to authorities failing to notify the Designated Nurse that they have placed a child in BwD. Private residential/fostering agencies also fail to notify the Designated Nurse that they are operating in BwD. Michael Gove (Secretary of State for Education, 2013) announced new arrangements that would enable information about children's homes to be shared more effectively between those who are responsible for keeping children safe, however this did not include health authorities.

9.3 Informing other Authorities about children placed with them is undertaken by the Local Authority rather than by health, although there is direct communication between nurses and health visitors. A transfer letter will be completed if a looked after child is to be placed outside of borough. This will provide essential information about registrations with GP's and Dentists, as well as identifying specific requirements, for example, specialist equipment, so that services are in place in advance and the transition is as seamless as possible.

9.4 Proper planning of placement moves and related information sharing between agencies has been a challenge in some areas. The PHWB guidance includes a number of points that will be particularly relevant for dealing with these challenges. These include:

- Stressing that in making a judgement about the suitability of an out authority placement for a child, the responsible authority should assess, with input from health services, the arrangements which it will need to put in place to enable the child to access services such as primary and secondary health care. Regulations require that the receiving CCG is consulted.
- Reiterating the legal requirement for local authorities to notify the child's GP, the CCG where child is currently living and the CCG for where the child will be placed (as well as those caring for the child, and where appropriate parents) when a new placement is to be made in out or out of area. It is

suggested that the person to notify in the CCG could be the designated nurse.

- Making clear that fear about sharing information should not get in the way of promoting the health of looked after children, and that protocols for information sharing should reflect the *HM Government guidance* on information sharing for practitioners and managers.

9.5 There are over 200 CCGs covering England, so many local authorities will be working with multiple CCGs, even for children placed within their area. The guidance states that, when a child is moved out of a CCG area, arrangements should be made through discussion with the originating CCG, those currently providing healthcare and new providers to ensure continuity of healthcare. It stresses that CCGs should ensure that any changes in the healthcare provider do not disrupt the objective of providing high quality, timely care and that the needs of the child should be the first consideration.

10.0 Commissioning/Tariffs

10.1 When children are placed in care by local authorities, once notified, the originating CCG are responsible in ensuring there are appropriate services to complete an initial/review health assessment. The Payment by results (PBr) guidance (2014/15) has mandated a non-mandatory payment for these health assessments. This is currently under review and is being implemented differently across England. This is causing inequity of services provided to LAC and is an issue under debate nationally. Locally, the CCG are currently in the process of considering implementation of the tariff for LAC aged 5-18yrs who are placed in BwD from other authorities. This is likely to include 0-4yrs when Health Visiting commissioning transfers from NHS England to the local authority. Currently for LAC placed outside of BwD the Designated Nurse (LAC) normally receives invoices and service level agreements (SLA's) from the host authorities or GP's which are then forwarded to the CCG for authorisation and payment.

10.2 Referrals to other relevant specialist /targeted services i.e. CAMHS/SALT may incur further charges. Dependant on the outcome of current discussions regarding PBr, there are implications for increased workload for CFHS, the Safeguarding Team and the Designated Nurse for LAC.

10.3 The CCG needs to take account of national guidance on the commissioning of the statutory health assessments for looked after children placed out of area and a priority area for 2015/16 will be in reviewing the CCGs compliance against guidance, identifying any gaps and taking the necessary action to ensure full compliance. This presents many challenges to health and also to social care, due in part to the fragmentation of the commissioning arrangements as a result of the health service reforms in 2013. In recognition of these challenges the Lancashire Children and Maternity Services Commissioners Network has established a task and finish group with the aim of developing a robust, outcomes focused commissioning system for health service provision for looked after children.

11.0 Mental Health / Emotional Well-being

11.1 It is recognized that LAC and young people have an increased vulnerability for emotional and mental health difficulties (PHWB, 2015). The reasons are often multiple and complex. LAC may have a genetic vulnerability, have been exposed ante-Nataly to drugs/alcohol and domestic violence, and subsequently experience neglect harm and distress. A multi-agency and multi-professional approach to

recognizing emotional and mental health of LAC and referring for appropriate support and therapeutic support should lead to better outcomes, prevention of later mental health issues and improved learning and achievement outcomes. Resilience in children and young people can be promoted by the opportunity to have consistent relationships with adults and children, opportunities for educational achievement and leisure activities. Failure to recognize and meet the needs of this group makes this already vulnerable population at risk of increased risk-taking behaviours such as self-harm, substance misuse, risky sexual behaviour, and pregnancy (PHWB, 2015)

12.0 Statutory Strengths and Difficulties Questionnaire (SDQ)—(Appendix 2)

12.1 Since 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. The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and also positive behaviour. The SDQ data is collected by Local Authorities and a summary is submitted to the DCSF through the annual SSDA903 return. This is a screening tool used with 5-16yr old children to identify five areas associated with emotional health (Goodman et al 1998);

- emotional symptoms
- conduct problems
- hyperactivity and inattention
- peer relationships
- pro-social behaviour.

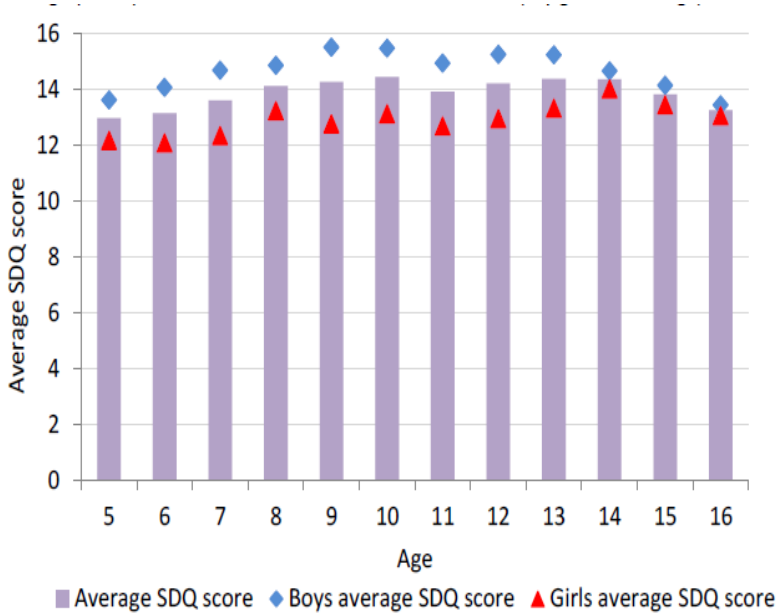
The SDQ has been internationally validated and is appropriate for all Black and Minority Ethnic Groups (BME).

12.2 The Strengths and Difficulties Questionnaire (SDQ) should be completed for every child looked after for at least 12 months and aged 5 to 16 as at the end of March. Nationally, in 2014, there were 34,770 children in this cohort, however just 68 per cent of these returned an SDQ score (DfE, 10th Dec 2014)

12.3 In 2014, the percentage of looked after children with emotional and behavioural health that is considered normal is 50.4 percent, borderline is 12.8 percent and cause for concern is 36.7 percent. Just half of looked after children have ‘normal’ emotional and behavioural health; this has changed very little over the last three years based on their SDQ scores. More boys than girls have emotional health that is a cause for concern.

12.4 A higher score on the Strength and Difficulties Questionnaire indicates more emotional difficulties, with a score of 0 to 13 being considered normal, a score of 14 to 16 considered borderline cause for concern, and 17 or more a cause for concern. In 2014, a higher proportion of boys (40.1%) than girls (32.6%) scored 17 or above on their SDQ, indicating cause for concern with their emotional health. LAC boy’s score higher than LAC girls at all ages (see Chart 8).

Chart 8: At all ages, looked after boys score more highly than girls on their SDQ scores (DfE 2014)



Average (mean) score for looked after children on the SDQ, by gender and age, 2014

12.5 In April 2015, members of the BwD CCG Looked after Children's Group requested that a small study take place to review a child's journey through the care system using the SDQ as a tool. At the time of the report, 244 children had been looked after by BWD for over a period of 12 months. Originally, the study was to include 20 children however, due to time and capacity this proved to be too time consuming and the sample size was reduced to ten. The Designated Nurse (LAC) and the Looked after Children CAMHS practitioner led on the study and the presentation of the report findings.

12.6 It was expected that the significant harm experienced by the child, together with other pre care experiences would result in the identification of higher mental or emotional health needs than the average. Within the cohort studied it was identified that 70% of the children had experienced 3 types of significant harm which made it very difficult to separate out the effects of specific mental health or behavioural difficulties. Educational factors such as multiple school moves, fixed term exclusions and statements of special education need were envisaged to be associated with increase mental and emotional health need. In one research paper it was hypothesised that children who had experienced unsuccessful reunification would have increased mental and emotional health needs, alongside those who have experienced a number of placement moves and breakdowns. One example of our population was a child with special needs who has been in care for six years after being removed from the child's birth family and suffering significant harm. During this time the child has had 10 different care placements, with 9 different care givers. There has also been an unsuccessful reunification to the child's birth family which has impacted on the child's mental and emotional health needs; this is evidenced in his fluctuating high SDQ scores during this period. During this SDQ review it was noted that several children had experienced between 4 - 11 placement moves during their time in care.

12.7 Moving home and having to establish a new carer may also result in separation from siblings, a change of school, loss of contact with friends, relocation to a new geographical area. Many of these changes may cause distress to children and in

combination; these stressors can have considerable impact on the child. The experiences of the LAC are unique; these children clearly need co-ordinated multi agency working to address the multiple factors that contribute to the persistence of their emotional and behavioural difficulties. Placement changes are inevitable and in some circumstances desirable. However, the key is to minimise the number of changes children experience. Placement instability therefore needs to be considered both within the wider context of children's past histories and with reference to the multiple levels and types of change they experience.

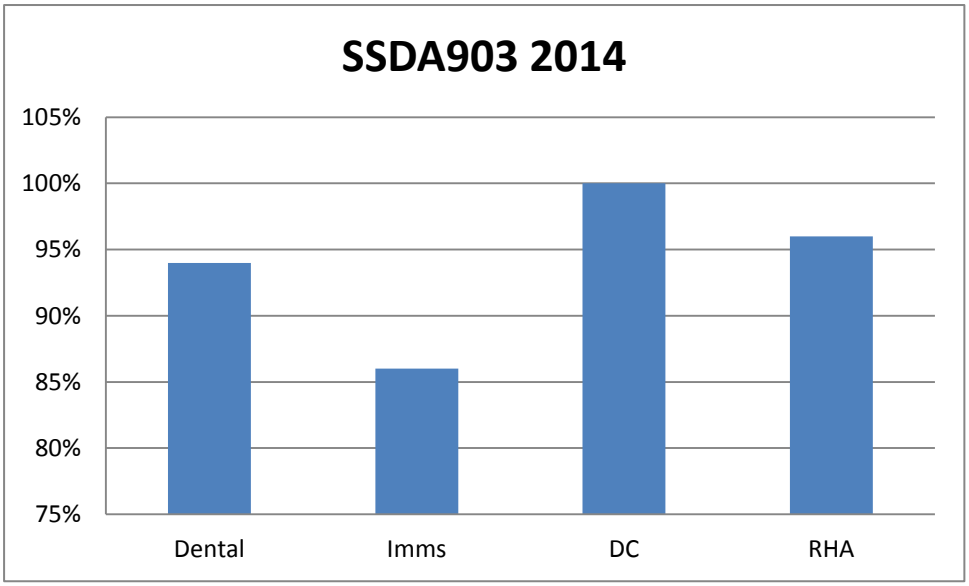
12.8 It is the authors' view that additional mental health needs for LAC children in BWD cannot be attributed to a single variable or even easily explained by an interaction of variables. Rather it is highly likely that the mental and emotional health needs of LAC arise from a complex interaction of both pre and post care experiences, which makes it difficult to measure the effects of specific experiences as seen in the case highlighted above.

13.0 Blackburn with Darwen LAC - Immunisations, dental assessment and annual health assessments (SSDA903)

13.1 Nationally the majority of looked after children are up to date with immunisations (87.1 percent), and their annual health check (88.4 percent), as well as having their teeth checked by a dentist (84.4 percent). All of these figures are higher than in 2013 and 2012, most notably for immunisations which have increased by 4.0 percentage points since 2012. Comparable data for non-looked after children is not available. The BwD data compares favourably with the national figures (see chart 9).

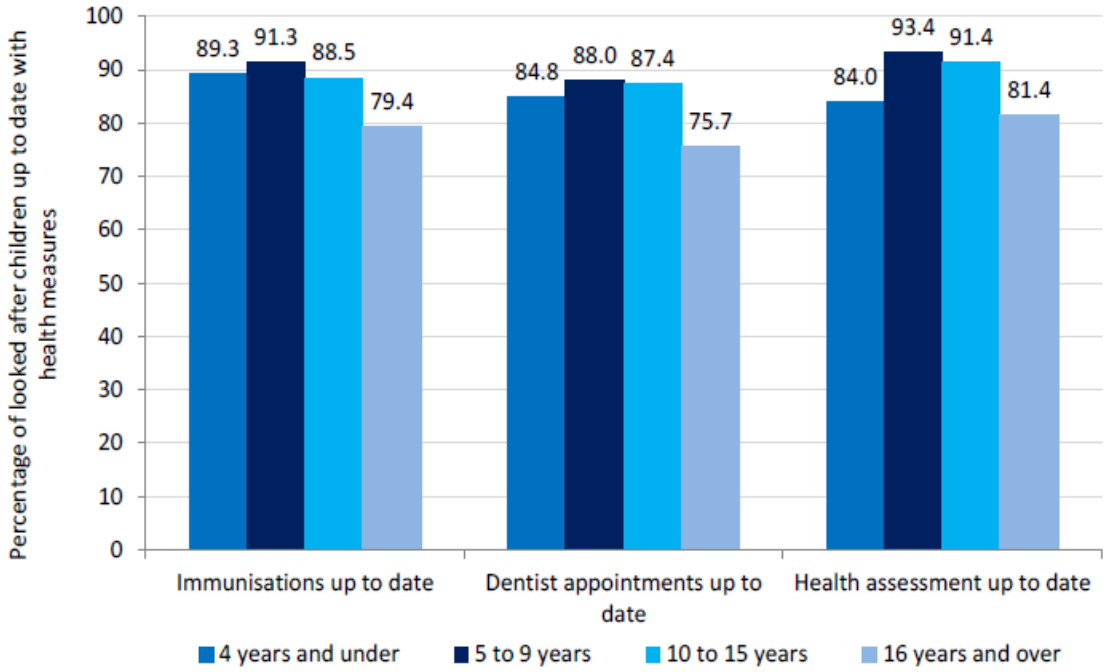
13.2 It has been identified nationally that Looked after children aged 16 and above are less likely to be up to date with health measures, scoring the lowest on all three health checks. However, these rates have improved across all ages and all health measures since 2013 (except for annual health assessments for the '4 years and under' category which fell by 0.5 per cent) (see Chart 10).

Chart 9 Blackburn with Darwen Looked after Children SSDA903 Returns 2014



*DC-Development checks / *IMMS-Immunisations / *RHA-Review Health Assessments

Chart 10 (DfES, 2014)



13.3 In 2014, there were 8,760 children looked after who were aged 5 or under. Of these, 86.8 per cent were up to date with their development assessments (health surveillance/ promotion checks), compared with 84.6 per cent in 2013 and 81.7 per cent in 2012.

14.0 Engage Multi-agency team (BwD Sexual Exploitation Support Team)

14.1 Some young people who are looked after have been the victims and sometimes the perpetrators of sexual abuse and may at times enter into abusive relationships that reproduce these early experiences. It is important to work with them to look at ways of helping them make and value healthier relationships. A young person who has been sexually abused is likely to have a distorted view of what a good sexual relationship is about. They need to be helped to see what the differences are between healthy and abusive relationships.

14.2 The Designated LAC Nurse works closely with the specialist nurse practitioner from the Engage Team to ensure the health needs of the young people are met without duplication of services. Sexual Exploitation is a major issue which involves physical, emotional and sexual abuse of young people. The effects are devastating to the victims and their families. BwD are at the forefront of addressing this issue and the multi-agency Engage team is recognised as a model of good practice. Prevention underpins the work of the Engage team and in order to reduce the numbers of young people suffering this form of abuse members of the Children's Trust acknowledge that prevention is a shared responsibility.

14.3 It is important to acknowledge that many of those same factors which place some young people at risk of exploitation place others at risk of developing exploitative behaviours. There is well documented evidence to suggest that young people who display sexually harmful behaviour may also have suffered from difficult childhood

histories that include domestic violence, familial child abuse, neglect, emotional abuse, time spent in care, disrupted schooling and low educational attainment. Evidence indicates that a significant proportion of sexual offences are committed by adolescents and that low levels of inappropriate sexual behaviour can develop into serious and exploitative behaviour which persists well into adult hood. Agencies require clear guidance about the difference between experimental and harmful sexual behaviour demonstrated by children and young people behaviour and when and how to take action to address (Blackburn with Darwen Sexual Exploitation Prevention Strategy). The Designated Nurse for LAC undertakes Assessment, Intervention & Moving on Assessments (AIM), working directly with children who display sexually harmful behaviours or sexually abuse other children.

15.0 Young People Leaving Care

15.1 Young people leaving care are a particularly vulnerable group, and research has consistently found that their health and well-being is poorer than that of young people who have never been in care (DCSF, 2009). The PHWB Guidance (2015) sets out what the LA and the NHS need to do in order to discharge their duties to promote the health of looked after children. Its scope does not extend to their responsibilities in relation to the health of relevant or former relevant children. As a result of the PHWB guidance consultation in 2014 the section on care leavers has been strengthened to emphasise how important it is that professionals consider transition as part of the pathway planning. Many aspects of young people's health have been shown to worsen in the year after leaving care. Compared to measures taken within three months of leaving care, young people interviewed a year later were almost twice as likely to have problems with drugs or alcohol and to report mental health problems. There was also increased reporting of 'other health problems' including asthma, weight loss, allergies, flu and illnesses related to drug or alcohol misuse and pregnancy (DCSF, 2009).

15.2 Young people are supported by the leaving care team as there is a high risk of homelessness, drug use and/or offending (Broad, 1999). The transition period from leaving care is felt to be a phase during which care leavers experience additional stresses and they may not have the necessary continuity of support (Wade, 2003). The leaving care team support young people until their 21st birthday or their 25th birthday if in higher education or have complex needs. A number of reports emphasise the importance of a holistic and interagency approach to supporting care leavers during this transitional period (Broad, 1999; NLCAS, 2005; NCH, 2008).

16.0 Developing health services and the new role of the Specialist Nurse for Care Leavers

16.1 The LA successfully recruited a specialist nurse for care leavers in November 2014. The funding was secured via Public Health for a period of 18 months. The specialist care leaver nurse is co-located with the local authority leaving care team based at Anchor Ave Darwen. She works closely with the leaving care team personal advisors (PA's) to provide ongoing support to care leavers to ensure they have access to universal health services on a full-time basis. She is available at Barbara Castle Way Health Centre for health consultations on Wednesday afternoons to support/advise young people, their carers, and staff on any health issue.

16.2 Engagement with the young people has been encouraged through direct multi-agency working. Joint home visits, appointments and contacts with the Leaving Care Team Personal Advisors have been undertaken which has enabled the Specialist nurse to promote the role and offer appropriate advice, treatment and care.

16.3 Health needs have been assessed and addressed through direct work, referrals and signposting. Key areas have been supporting young people accessing universal and specialist health services including dental and GP appointments, mental and sexual health and drugs and alcohol misuse. Focus has also been on promoting healthy eating and lifestyles. The Specialist nurse is working with the personal advisors to update and complete a health passport for all care leavers to provide them with a copy of their own health information. She attends the monthly leaving care focus group with leaving care team personal advisors. At these meetings young people have been asked their views of the leaving care team annual health questionnaires and changes have been made to reflect these. The health questionnaires are being undertaken at the moment and it is a multi-agency team effort to ensure all the care leavers have the opportunity to complete it.

16.4 The Specialist Nurse negotiated the use of an IPad through the Local Authority participation officer to undertake the health questionnaires on survey monkey and feedback is positive with young people stating the ease of completion and maintaining confidentiality as improvements.

16.5 Narratives (Participation & feedback)

''I finally feel like my health is being sorted out'' – feedback from young person to social worker and PA. Female aged 18 with on-going abdominal issues.

''If you hadn't taken me to the GUM clinic I would have cut them (genital warts) off myself'' – male aged 20 with genital warts and chlamydia.

''I don't know how we managed without the nurse before she joined the team ''– PA leaving care team.

''I think we need a leaving care nurse to help us with our health and take us to appointments if we are worried.'' – Male aged 19 at Care Leavers Focus group.

16.6 **Overall Specialist Nurse for Care Leavers contacts since December 2014-April 2015**

Total Individual contacts– 67

Need	**Numbers**
Taken to a health appointment	18
GP appointment for support	10
Attended at Drop in	14
Focus Group – 3 sessions	(8-10 YP each session not counted in total contacts.)

Themes Specific contacts out of above figures which required referral and transport to an appointment are

Issue	**Numbers**
Dental health	12
Emotional and mental health	9
Sexual health	7

17.0 Participation & Consultation

17.1 Consultation with, and participation of LAC is prioritised with young people about healthcare plans, implementation, review and change (with full explanations about why actions/omissions are necessary). LAC and care leavers are encouraged to provide feedback and make suggestions about improving health services within the borough following their health assessment. The Specialist Care Leaver Nurse has worked closely with the leaving care team personal advisors (PA's) and has produced a health questionnaire for care leavers to comment on their health and service provision within the borough. The information from the questionnaire will help improve services commissioned by the LA and CCG commissioners.

17.2 A number of school age LAC have very recently raised concerns that they are being singled out and made to feel different while at school. It appears that LAC are required to leave lessons for the purpose of the health assessment.

LAC comments

"It's not ok to be taken out of class, it's always my favourite lesson and it's hard to catch up"

"You get taken out of class and then you don't know what you're doing"

"It always happens when I'm having fun"

"It's not fair"

This feedback from the children has been listened to and steps have now been taken to ensure that this practice is stopped.

18.0 Successes within this reporting period

1. Performance indicators for review health assessments remain above national average
2. The CCG commissioned a Senior Operating Officer for Children and Young People, with a particular focus on commissioning of services for LAC.
3. The LA successfully recruited a full-time specialist nurse for care leavers located with the leaving care team. Although this is a fixed term 18mth public health funded contract all agencies are striving to improve the health and wellbeing of care leavers.
4. Arrangements to provide all young people leaving care with a comprehensive health history to support their move into adult life are in place.
5. Positive feedback from care leavers & partner agencies.
6. Increased participation in activities with care leavers (Health questionnaire-ongoing)
7. ELCAS Mental Health Practitioner co-located with Children's Social Care Looked After Team (CIOC Team)

19.0 Priorities Identified for 2015-2016

1. Children's Social Care to improve the quality/standard of LAC Placement Plans. The LA continues to monitor this on a weekly basis. Designated doctor to continue to raise concerns re the quality and content of the plans with LA heads of service.
2. Continue to improve the timeliness and quality of health assessments undertaken on children placed in and out of BwD

3. CCG to review its compliance against the national guidance on the commissioning of the statutory health assessments for looked after children placed out of area, identifying any gaps and taking the necessary action to ensure full compliance
4. To meet with VOICE LAC group to discuss their views about how health access and health reviews could be improved. To raise concerns with the CCG & Corporate Parenting Board, LCFT and change the way services are delivered or commissioned
5. Strengthening the voice of Looked after Children within health assessments and service developments by undertaking care leaver health questionnaires
6. To ensure the needs of unaccompanied asylum seekers and care leavers are addressed by inviting them to attend for health assessments and reviews at venues suitable to them
7. Public health to review the funding for the Care Leavers Specialist Nurse Post by 2016
8. Improve the numbers of care leavers attending their review health assessments. The specialist care leaver nurse will attend focus groups and target those with outstanding health assessments.
9. To ensure care leavers are provided with a comprehensive health history/health passport by their 18th birthday
10. The school nursing service to cease the practice of removing LAC from classes for the purpose of undertaking RHA.
11. Maximising LAC/SDQ training and development opportunities for all staff by holding 6 monthly workshops working alongside .CAMHS. Staff will have the knowledge relating to the SDQ process
12. To audit the outcomes of strengths and difficulties questionnaires (SDQ's)
13. Run 6 monthly LAC workshops to improve the standard of LAC statutory review health assessments.
14. Promote the contribution of General Practitioners to the Looked after Children health assessment processes.
15. Designated LAC professionals to attend regional LAC meetings/forums
16. LCFT to appoint Named Nurse for Looked after Children-This will be a leadership role to drive forward the priorities for LAC across the LCFT footprint.

19.0 Conclusion

19.1 The CCG, LA and Health have well imbedded procedures in place to ensure that the health needs of all looked after children are prioritised. Our overall performance is monitored through key performance indicators, Care Quality Commissioning (CQC) and Ofsted inspections. It is a challenging performance area but one in which BwD performed well in the last CQC/Ofsted inspection being awarded 'Good'. However, in order to progress the health care of Looked after Children, multi-agency partners will need to continue working together to promote the health and emotional wellbeing of all children and young people, including care leavers and unaccompanied asylum seekers.

References

1. Department for Education Statistics (December, 2014) - national statistics Outcomes for children looked after by local authorities. DfE
2. Great Britain: UK Parliament. Care planning, placement and case review (England) regulations, SI 2010/959. London: (HMSO; 2010).
3. 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
4. http://www.rcpch.ac.uk/improving-child-health/child-protection/looked-after-children-lac/looked-after-children-lac

Bibliography

1. Consultation on safeguarding for looked after children: changes to the Care Planning, Placement and Case Review (England) Regulations 2010: government response, Department for Education)
2. Department of Health, Department for Education. Promoting the health and welfare of looked after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. March 2015.
3. DOH 2015, Statutory Guidance on Promoting the Health and Well-being of Looked after Children, 2015).
4. Looked After Children: Knowledge, skills and competences of health care staff. Intercollegiate Role Framework March 2015
5. NICE. Quality standard for the health and wellbeing of looked-after children and young people. NICE quality standards [QS31]. April 2013. *https://www.nice.org.uk/guidance/qs31*
6. The Children Act 1989
7. The Children Act 1989 Guidance and Regulations Care Planning, Placement and Case Review Volume
8. The Children Act 2004(Ofsted, From a Distance, looked after children living away from their home area April 2014).
9. Real Life Research (April 2015) A review of the School Nursing Service.
10. Who pays? Determining responsibility for payments to providers, NHS England, 2013

APPENDIX 1:

Charts outlining, Blackburn with Darwen LAC population by ethnicity, placement type, private fostering arrangements, residential establishments, fostered by family and friends and placed with parents.

Chart 11: Ethnic Origin

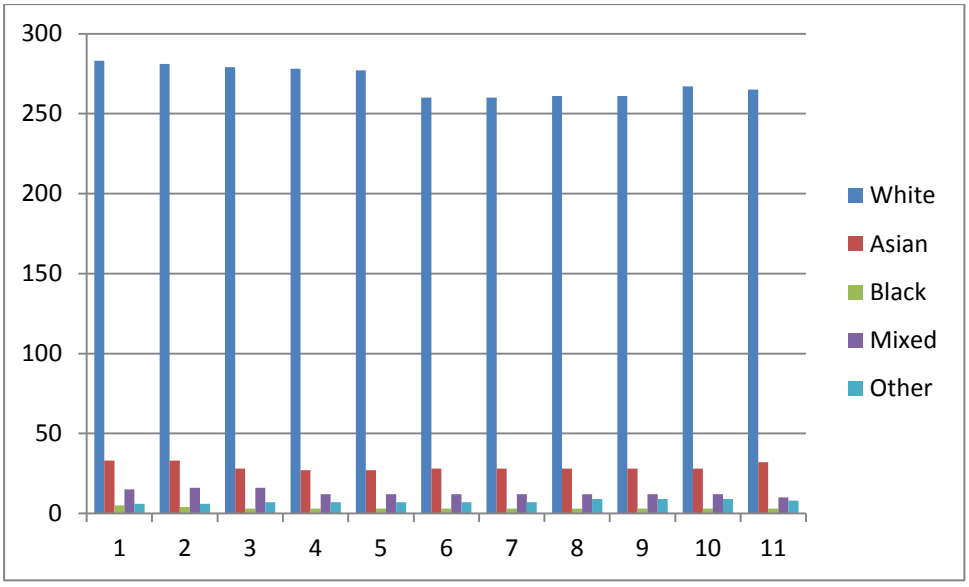


Chart 12: Placement types

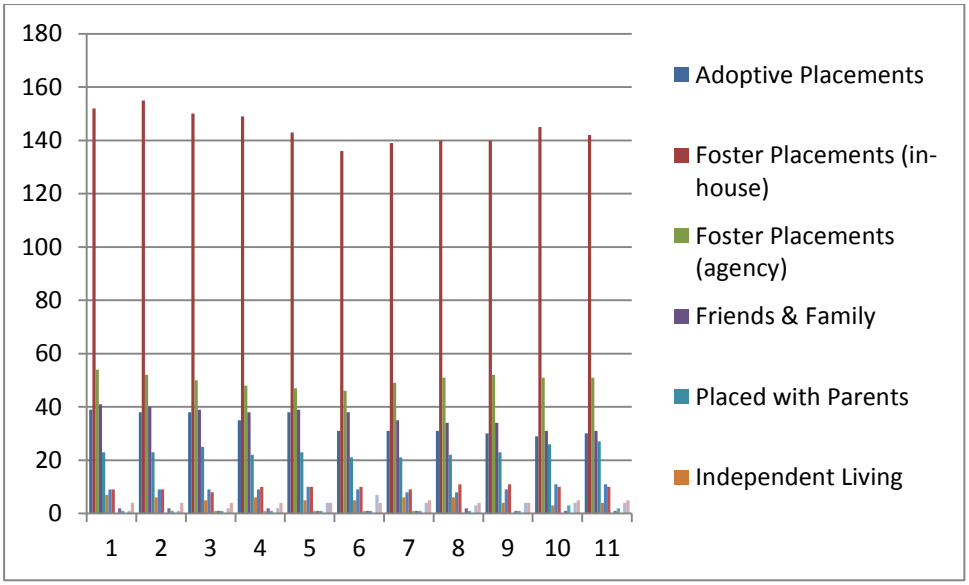


Chart 13: Private Fostering April 2014- Feb 2015

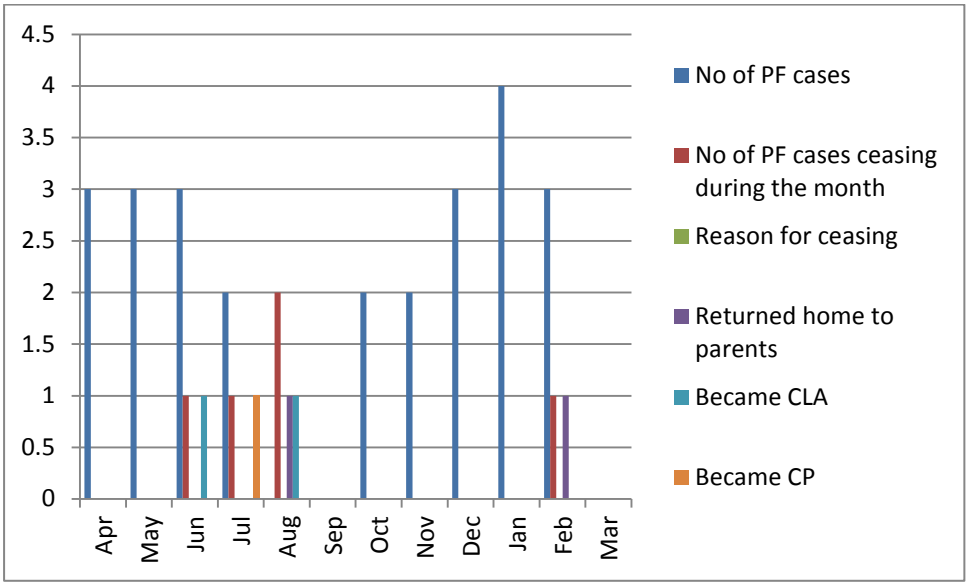


Chart 14: Percentage of Looked after Children in residential care

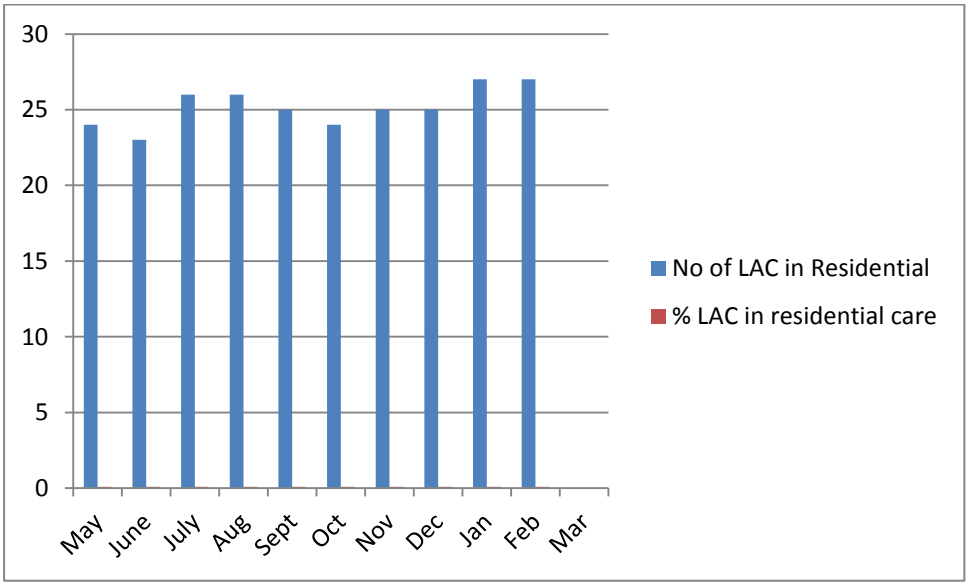


Chart 15: Children fostered by Family or Friends

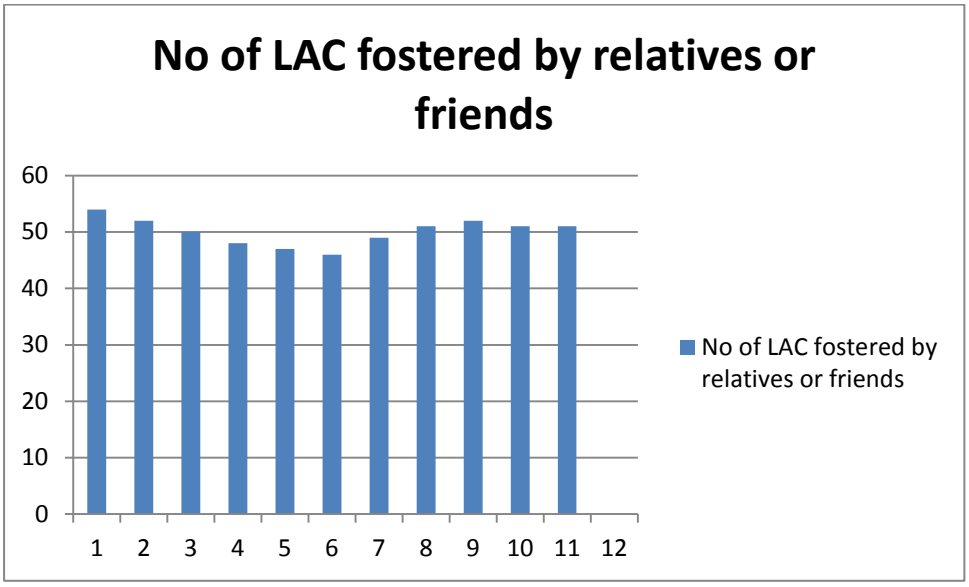
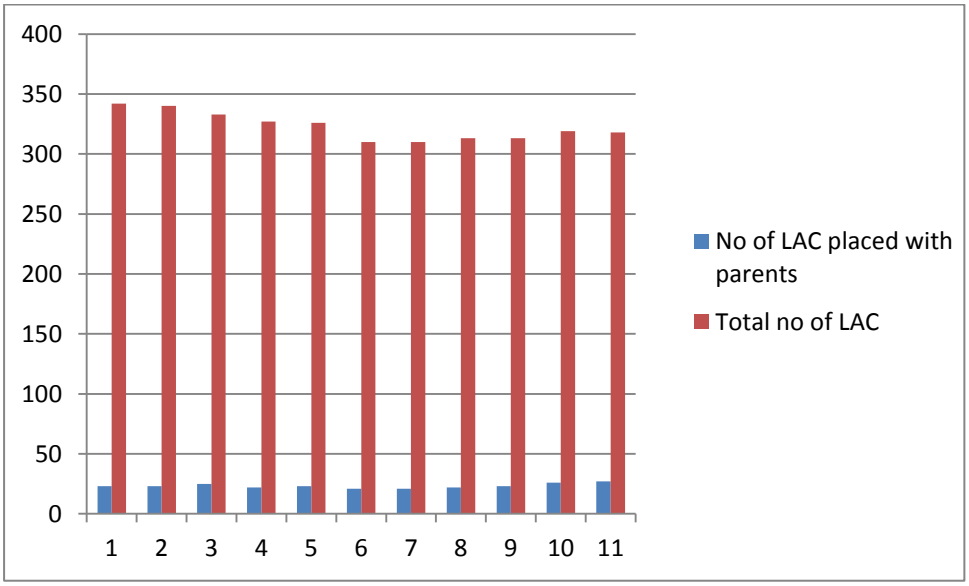


Chart 16: Number of Looked after Children placed with parents



Appendix 2

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Signature ..... Date .....

Parent/Teacher/Other (please specify:)

Thank you very much for your help

Appendix 3

Blackburn with Darwen Health LAC Professionals Contact Details

Name & Designation	Telephone Number & E-Mail
Sheila Morris Designated Nurse for Looked After Children	01254 584505 sheila.morris@lancashirecare.nhs.uk
Louise Hartley Specialist Nurse for Care Leavers	01254-666888 louise.hartley@blackburn.gov.uk
Louise Haine Administrative Assistant	01254 58413 louise.haine@lancashirecare.nhs.uk

Name & Designation	Telephone Number & E-Mail
Dr Zaffar Sultan Designated Doctor for Looked After Children	Dr Zaffar Sultan Consultant Community & Neurodisability Paediatrician Burnley General Hospital Casterton Avenue Burnley BB10 2PQ Phone:01282-803421 (Secretary: Alison Matthews) Fax: 01282-801271
Donna Smith Administrative Assistant	01254-732897 donna.smith@elht.nhs.uk