



Health and Wellbeing Research: Looked After Children and Young People

Blackburn with Darwen

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INTRODUCTION

The number of looked after children in England continues to increase. Children who enter care often have lifestyles characterised by poverty, poor parenting, abuse or neglect. Evidence shows that looked after children have poorer health outcomes and lower levels of educational attainment than their peers; therefore the health and wellbeing of looked after children is a priority issue for public health.

A looked after child is defined as someone who is under the age of 18 and:

- 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

In Blackburn with Darwen (BwD), latest figures show that at the end of December 2014 there were 307 looked after children and young people in the care of the local authority, with half of these residing out of area. A number of statutory organisations commission services to support looked after children and young people (LACYP) within the Borough. The 2014 BwD Annual Health Report for Looked after Children identified the ongoing progress that has been made to ensure that the health needs of all LACYP are addressed, and that an up-to-date health plan is produced following assessments. In order to further inform the delivery of service provision to support LACYP in BwD, the Centre for Public Health (CPH), Liverpool John Moores University, were commissioned to undertake research to identify gaps and make recommendations for improving health and wellbeing for LACYP in BwD.

METHODOLOGY

A comprehensive research framework was implemented to inform the development and delivery of services for LACYP in BwD. The key focus for the research aims were to: describe the epidemiology of health outcomes for LACYP in BwD, identify gaps in current service provision, and assess the quality of service experienced by LACYP. A mixed-methods approach was used to enable the triangulation of a range of qualitative and quantitative evidence. Specifically, the following methods were used:

A **rapid systematic literature review** was conducted to provide evidence on identifying, monitoring and evaluating health, emotional and social outcomes of LACYP; access and suitability of health services for LACYP; effectiveness and acceptability of interventions to improve the health and wellbeing of LACYP; and interventions with short and long term impacts on health.

Logic modelling was implemented to explore the frameworks and processes in place in BwD to enable the routine monitoring and identification of health, emotional and social outcomes. The logic model was developed upon completion of engagement with stakeholders, and used to identify current activities, outcomes, outputs and gaps.

Local data and intelligence on LACYP was reviewed and analysed. This included data taken from Protocol (the system used to record LACYP information in BwD), the Youth Justice Service (YJS) and Lifeline. Receiving data on LACYP for analysis was dependent on partner engagement with the research project and availability and accessibility of data. Additional data to enable analysis of health outcomes were unavailable. It was therefore not possible to compare outcomes with the wider population of children and young people in BwD.

Finally, **qualitative methods** were used to gather evidence regarding knowledge, perceptions, attitudes and experiences of the LACYP with a specific focus on health and wellbeing. A range of interviews and focus groups

were undertaken with twelve children and young people in care, four children living in residential care homes, five care leavers and three children and young people placed outside of BwD. Interviews were also undertaken with six foster carers and nine professionals.

FINDINGS

HEALTH STATUS OF LACYP

LACYP in BwD appear to have a good understanding of health and the importance of a healthy lifestyle. LACYP primarily viewed health in terms of nutrition and physical activity, although happiness and stability was discussed by some as an important contributor to health. No LACYP and few carers or stakeholders discussed alcohol, drugs or sexual health. The care leavers associated health with wellbeing, recognising the influence of health on educational attainment, social support and parenting; these young people acknowledged that positive supporting influences were particularly important for health. Although evidence from quantitative data and interviews with young people suggest self-reported health behaviours are good, carers described how young people would enter their care with very poor eating habits and dental health. This finding highlights potential discrepancies in the recording of data via the health assessment, and the overall assessment of the health and wellbeing of LACYP in BwD.

The LACYP felt they had appropriate access to health services and described their GP, school nurse, foster carer or school staff as the main source of support and signposting. Care leavers described that their personal advisor would provide them with help in seeking support for health needs, if required. Carers and stakeholders described the important emotional support needs of vulnerable children and young people, as a result of the problems which have characterised their lives. Stakeholders felt that access to the child and adolescent mental health service (CAMHS) in BwD could be disjointed and that a more coordinated approach between services could be developed. Carers felt that mental health support was often not available until the young person had reached crisis, and participants from both stakeholder and carer groups acknowledged that LACYP may not recognise when they require emotional support.

*"If you're sad you won't exercise but if you're happy you'll be energetic".
(Female aged 10, junior focus group)*

*You have got to be happy so that you can run around and things... because if you're not happy then you can't get loads of exercise
(Female, aged 10, children's home)*

HEALTH ASSESSMENTS

All LACYP in care for more than 28 days should receive a health assessment (HA). A review of HAs found that completion of HAs in BwD was good, with the vast majority of all LACYP having a HA recorded (93.5% of those living outside of BwD and 89.1% of those living in BwD). Whilst data were not available for all LACYP (either because it was not recorded on their HA or their latest full HA was not available to researchers), analyses suggest that around a fifth of LACYP in BwD reported having worries about their health. Where data were available, analyses show that a quarter of LACYP aged 10 and over reported smoking, and just over one in ten drank alcohol and/or used drugs. More young people living in BwD reported drug use (20%, 7/35) compared to those living outside the area (8.2%, 4/49). Despite the low HA figures, data provided by Lifeline show that an average of 35 LACYP had been referred to the service each year between 2012 and 2014 (total n=104). Care leavers, carers and stakeholders expressed concerns that

*The age of our [foster children] it's like "well what you touching me for? Leave me alone I don't want to be... why do we have to go?"
"Oh it's just something we have to do." "Well why? I'm healthy, I'm fine" (Foster carer 1)*

LACYP, especially adolescents, do not like their health assessments; they find them intrusive, repetitive and feel they set them apart and make them 'different' from other children and young people.

INTERVENTIONS TO IMPROVE HEALTH AND WELLBEING

The evidence base for interventions to improve the health and wellbeing of LACYP in both the short and longer term has expanded considerably in the last decade. BwD already have the most effective programmes in place and no appropriate effective programmes were identified that are missing in BwD. There are programmes in place that are based on recent robust evidence (such as the KEEP intervention; group based training to help manage behavioural and emotional problems, Multi-Dimensional Treatment Foster Care (MTFC)). However carers and some stakeholders felt there was a gap in the provision of services and interventions to support LACYP to learn life skills and to build psychological resilience. Resilience and life skills were thought to be important to ensure care leavers could maintain emotional, mental and physical health and were able to deal with living independent lives.

"Mental wellbeing means...you don't wait till someone's broke and fix them, you put coping strategies in early so you're future proofing them for problems that they may eventually get" (Foster carer 3)

PLACEMENT STABILITY, OUTCOMES AND CONTINUITY

One third of LACYP in BwD had been in care for longer than one year and just under half (41.8%) were on their first placement. Just under a third of LACYP in BwD had three or more placements and the majority of these LACYP were placed with a foster carer (80.4%). The majority (92.2%) had no missing from care episodes recorded (times where they were reported missing by carers). The number of missing episodes ranged from zero to 37, with six LACYP (4.2%) having had five or more.

Stakeholders involved in mapping the journey of children in the care of BwD all agreed that referrals to services were most often multifactorial and very complex. Stakeholders highlighted a number of issues for consideration when understanding the journey of LACYP, particularly noting the complexity, trauma and challenges that children have faced upon entering care. Achieving permanency at an early stage was felt to be very important in terms of attaining positive outcomes for young people, including good health and wellbeing. Stakeholders agreed that there were very positive local relationships between partner agencies, and that statutory and voluntary support was provided as necessary, dependent upon need.

LACYP who took part in the qualitative engagement viewed access to support as important to ensure they achieved positive outcomes. All LACYP felt they had someone to speak to if they needed help or support, describing that they could speak to their carer and that they had good access to their social worker. The school was recognised by the LACYP as a particularly important source of support and stability.

"If I were at school it would be my teaching assistant... if I were at home I'd go to [foster carer] or my foster sister". (Female, aged 9, foster care)

The importance of continuity of social work support was highlighted by young people in care in BwD and all described disliking when they had to change social worker. A new social worker was viewed with distrust and young people reported it was confusing, upsetting and frustrating when their personal social worker changed. BwD have retention rates

"Not someone [social worker] new, if it was someone new I wouldn't ask questions" (Male, aged 14, living at home)

for social workers in line with local and national rates. LACYP reported they feel more comfortable talking about problems and worries to a social worker they trust.

"I had a review with my book it said "what would you like to change?". And I wrote "I want to live with my family" and I got changed cos we talked about it in my review" (Female aged 9, foster care)

"What you say does get heard but it's an adults decision overall so has to be made by the adults" (Female aged 16, out of area)

"It's much harder for us when children are placed out of the borough. It's not the same health service, we have to get health provision to take people on (Stakeholder 3)

"No it doesn't make a difference not living in Blackburn. They still come out to see me, so no difference for me, but I suppose it's more awkward for them. I still get to see them when I need to" (Male, aged 15, out of area)

Although young people living with foster carers felt they had a say in their care and an input into decisions about their care they did not always feel they were allowed what they requested. Some young people reported they found the annual review process distressing and were reluctant to be open about their feelings in front of carers or parents. The young people in the children's home described the importance of having frequent house meetings, and felt they could have more input into decisions that were made about their care within the home.

Compared to LACYP living in BwD, children living out of area had spent more time in care and experienced more placement changes. Stakeholders discussed their concerns regarding the stability and outcomes for LACYP living outside of BwD, particularly in terms of quality and continuity of care. Stakeholders described that some areas offer therapeutic treatment but that they need to rely on mainstream support, not specific LACYP services, which can cause delays in LACYP who live out of areas accessing support. Despite the concerns raised by stakeholders, the LACYP living outside of BwD who participated in the qualitative research felt that their area of residence did not impact on the quality of the care they received.

The care leavers who participated in the qualitative interviews reflected on their time in care, and felt that continuity of care was not always achieved in terms of their experiences of developing relationships with social workers. Carers and stakeholders described concerns that high turnover and changes of social workers could impact negatively on LACYP; this was deemed particularly important in terms of building and maintaining trusting relationships in which young people would open up and be honest about their feelings and concerns.

SYSTEMS AND PROCESSES IN PLACE TO MONITOR OUTCOMES FOR LACYP

Appropriate processes are in place to collect, store and access information regarding LACYP in BwD. A number of teams within and external to the council have access to the relevant data at varying levels, and other teams and organisations receive summary statistics from the databases as required. During the stakeholder events, some partners indicated that they were not able to access data that would provide them with an overall picture of the health and wellbeing needs of LACYP.

HA data are currently collected on paper based forms which are scanned onto the shared drive; however many HA forms are not scanned or are only partially scanned so information is not available. Although some of this information is held in on Protocol, stakeholders described difficulties in accessing, using and updating this

information. HA questions are mandatory and topics covered are not within the control of BwD. However the way these forms are stored and used could be amended to allow local partners to access information on the health and wellbeing of LACYP more readily. Where possible, it is important that health services record attendees as LACYP. Although representatives from health services attend and contribute to multi-agency case tracking and management panel meetings, there is the potential to link health data with data held on the BwD databases.

LIMITATIONS

Qualitative recruitment was supported by social workers, health professionals and carers. Although care was taken to ensure that LACYP (including care leavers) with a range of experiences would be invited to participate in this research, it is likely that those who agreed to participate were more confident and perhaps more in stable placements than those who may share different views.

Receiving data on LACYP for analysis was dependent on partner engagement with the research project and availability and accessibility of data, consequently data was only received from BwD Borough Council (Protocol data extract), YJS and Lifeline. Additional data to enable analysis of health outcomes were unavailable. It was therefore not possible to compare outcomes with the wider population of children and young people in BwD.

RECOMMENDATIONS

STRATEGIC RECOMMENDATIONS

1. Continuity of support

Many of the LACYP, carers and professionals described concerns regarding the high turnover of social workers, and the impact this may have on health and wellbeing. Whilst it may not be feasible to consider increasing capacity within this area, it is important that all social workers and wider stakeholders are aware of this, and effort is made to develop and sustain strong trusting relationships with LACYP. Although turnover is in line with national averages, regular changes in social workers was reported as having a negative impact on the wellbeing of many LACYP. This is important to ensure that LACYP feel able to share their thoughts, behaviours and questions regarding health-related issues. A lack of trust in their social workers causes LACYP to be reluctant to talk to their social worker, seek support and help or discuss their health. Information regarding 'life stories' of LACYP would be useful for social workers, in ensuring they have full information about the history and challenges a young person has faced before the social worker meets with them.

2. Ensure a coordinated approach to services

Stakeholders felt that access to CAMHS could be disjointed and that a more coordinated approach between services could be developed. Foster carers suggested communication within the MTFC was good, and that learning could be taken from this approach and embedded into mainstream fostering. Although MTFC was regarded very positively, all stakeholders and carers felt it was important to address the emotional needs of LACYP before they reach crisis, to prevent them from needing intensive support within a programme such as MTFC.

Issues were raised regarding CAMHS not being available for young people who were not in settled placements; although this is when they may be most in need of support. All partners need to be aware of the criteria so young people are not inappropriately referred to services. Although services such as SCAYT are available, they work with families rather than individuals, suggesting a possible gap in provision.

3. Health Assessments

Although HAs are regularly conducted, the data available here do not currently provide a robust and comprehensive assessment of health need. Review ways to encourage consistent full completion of the HA forms; if sections are blank ensure reasons for this are provided. All forms should be fully scanned and held on Protocol. Explore possibility of entering the data from the HA form onto a database to allow overview of population level health and to understand changes in health/needs for individual LACYP over time.

4. Annual Children in Care Reviews

The LACYP experiences of their annual reviews varied, with some describing how they no longer wish to attend. The annual reviews are a vehicle to capture information regarding health and wellbeing and could be re-shaped to better suit the needs of LACYP. In particular, carers and stakeholders described how the formality of the process was felt to cause stress and upset to young people, and it was suggested that a more informal process may be more suitable. These thoughts were also echoed by care leavers, who felt it was often difficult to talk about their feelings in review meetings. Where possible, consider undertaking the reviews in an informal young person friendly setting rather than in school or Children's Services' offices.

Carers and stakeholders also felt that LACYP may not wish to raise concerns regarding their care or their health and wellbeing at reviews, when the foster carers are present. It is important that LACYP are encouraged to take up the opportunity to share their views privately with their social worker/independent reviewing officer to capture these in advance of the meeting.

5. Data monitoring

This research has confirmed that processes are in place to monitor and share data (via Protocol and Tribal). These methods could be enhanced by supporting the linkage of data. All data collected on LACYP could use the unique reference number which is allocated and recorded on the Protocol database. Using the LACYP reference number (as used on Protocol) would enable timely sharing of data and ensure data are shared without breaching confidentiality. All services need to ensure that appropriate data sharing agreements are in place to cover any data sharing between services. The use of unique reference numbers such as those used in Protocol would ensure that data sets can be collated so a picture can be built up of the care of LACYP and the health needs of this population.

6. Consider ways to improve knowledge of out of area services

Stakeholders viewed BwD as having a good level of LACYP service provision when compared to other areas, and that not all areas have the same provision. This difference in availability of services was viewed as a barrier, particularly in terms of providing continuity of care where services do not exist. This finding is particularly pertinent as half of BwD LACYP are placed out of area, however LACYP living out of area themselves did not feel particularly disadvantaged by living out of the borough.

POPULATION SPECIFIC RECOMMENDATIONS

7. Provide a preventative approach to build resilience and mental wellbeing

A number of stakeholders and carers acknowledged that LACYP may not recognise when they require emotional support. Carers felt that mental health support was often not available until the young person had reached crisis. Carers felt that, although they were offered training to support the health and wellbeing of LACYP, mental wellbeing and life skills training should be offered to LACYP themselves. Evidence from our findings suggests that LACYP will have varying needs, depending on factors such as their age and length of time in placement.

Arts-based approaches have been shown to help develop resilience in LACYP, and focus on encouraging children to use their imagination as well as identify and explore their thoughts and feelings. Barnardo's recommends that interventions to support resilience should be flexible, so practitioners can work to meet the needs of each child and their family, and developed in collaboration with other professionals such as teachers and psychologists. The report also recommends the importance of ensuring that the outcomes of the intervention are appropriately captured.

8. Practical and emotional support for young people preparing to leave care

Stakeholders and carers described concerns regarding the current support available for young people preparing to leave care. Carers felt that it would be useful to offer practical training to support young people to live independently and deal with the setbacks that they may face. Support around independent living, life skills and how to access health services may increase resilience and wellbeing. Such support should be considered when LACYP are preparing to leave care, and when they have left care. Training could be made available to foster carers, as many of the necessary skills can be taught by the foster carers themselves. Such training could also promote the importance of teaching life skills in everyday interactions in the home.

9. Peer mentoring for care leavers

Psychological resilience is an important quality for young people preparing to leave care, which can be increased and strengthened through support and learning important life skills. A lack of such skills and support may lead to fear and ignorance of how to access health services and also how to lead a healthy lifestyle, thus impacting on the health and wellbeing of the young person. As well as support from foster carers, support could be provided by peer mentors or a neutral, non-statutory organisation. This may help to encourage young people who do not engage with existing BwD care leaver services and do not 'trust' social service to access supports. For those still engaged with BwD leaving care services these networks and groups could act as a forum in which such support could be delivered. Peer mentoring could be explored as a way to provide this support, advice and guidance from those who have first-hand experience of care themselves. Existing successful peer mentoring programmes (see section 3.1.1) could be considered as examples of best practice.

10. Promote the health impacts of drugs, alcohol, novel psychoactive substances (legal highs) and sexual risk taking to LACYP, carers and professionals

Few participants involved in this research discussed the impact of drugs, alcohol or sexual risk-taking on the health of LACYP, and was not seen as a priority or issue of concern for many. The detrimental impact of these lifestyle factors on health needs to be promoted to those who care for and support LACYP; including social workers, foster carers and children's home staff. Novel psychoactive substances were raised as a major issue of concern by the LAC nurse, further research into the use and availability of NPS for LACYP in BwD would enable the council to understand the potential impacts of this emerging area of concern.

11. Health related behaviour change

A number of health-related behaviour concerns, such as dental and physical health needs, were raised by carers and wider stakeholders. Carers had concerns regarding the challenges of ensuring that LACYP have a healthy diet, with issues such as takeaways and sugary drinks being described here. Although carers knew what kind of food LACYP should be eating they struggled to change their unhealthy diets. Social workers should avoid taking LACYP to McDonalds and should try to use venues that promote healthier choices. Carers could be provided with examples and training on how to address poor eating habits of LACYP. Although there were no examples of interventions which specifically addressed this issue with LACYP within the rapid evidence review, evidence from wider literature supports the use of family-based and school-based approaches.

12. Advocacy

LACYP mentioned finding it difficult to discuss placement issues at their review, and care leavers mentioned that they found it difficult to have a voice at the review meetings and that they had little trust in the care system. Foster carers and social workers also talked about how young people are sometimes nervous and reluctant to raise concerns in front of carers and parents during their Children in Care annual reviews. BwD commission Child Action North West to provide advocacy services to all children and young people in the borough. BwD should ensure all LACYP, foster carers, children's home staff and social workers are aware of the services available to LACYP, through more active and widespread promotion.

13. Having a say about their care

Generally, LACYP felt they have adequate opportunities to voice their concerns and suggestions about the care they receive; however these views and requests are not always acted upon. LACYP living in the children's home expressed the importance of ensuring that regular house meetings took place. These were viewed as important in terms of ensuring they had a say in their care and the running of the home. Anonymous collection of views may be considered here, such as using a 'suggestions box' in children's homes.

Professionals and carers should ensure that all LACYP have knowledge regarding their rights and the opportunities available to them. Creating a document which outlines the support that LACYP should expect to receive, and are entitled to, may support this. A number of Foster Carer Charters have been produced to support their role as carers (e.g. nationally, by Department for Education, 2011; and by local authorities e.g. Wiltshire Council, Northamptonshire Council). We would suggest that replicating a Charter and aiming this towards LACYP in BwD would support them to feel empowered about their rights.

14. Feedback about decisions made

Our findings revealed that LACYP, carers and stakeholders view feedback as very important. All actions taken by carers and professionals as a result of feedback received by LACYP needs to be evidenced and shared with the children and young people. This information could be circulated electronically and via leaflets, in the form of a 'You Said, We Did' type of document. Equally, actions not addressed should be shared with LACYP, along with an explanation of reasons why.

The care leavers and carers in particular felt strongly that they wanted to know what would happen as a result of the research. We would recommend that BwD provide LACYP and foster carers with the findings of this research, along with an implementation plan and regular updates on progress.

15. Ensure that the benefits of Foster Carer Association (FCA) support is promoted to all foster carers

The FCA and training were viewed as central to the support received by foster carers. Peer support was felt to be very important here. Some of the foster carers felt that there were carers who were not involved in the FCA and did not attend meetings; they felt it was important to raise the fact that this would make it difficult to ensure all foster carers have access to the information and support that is available to them. Good practice and strategies to improve LACYP health and wellbeing are regularly shared between carers who are part of the FCA. We recommend that the benefits of the FCA are appropriately marketed to all foster carers.

