

Health Inequalities and Looked After Children

Introduction

Looked After Children (LAC)

Children in care are children who have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children’s services, police or the courts because a child has suffered or is at risk of significant harm.

The responsible authority

Wherever a child comes into care, they remain the responsibility of that local authority for as long as they are looked after.

They will have a social worker allocated from that authority to assess and manage all their needs for the entire period they remain look after (care planning).

LAC population in Shropshire

307 children where the responsible authority is Shropshire Council (referred to in this report as Shropshire LAC).

A proportion of these children live outside of the geographical area of Shropshire (i.e. Shropshire out of authority placements).

A further 500 LAC live in the geographical area of Shropshire, placed here from other areas, and where other local authorities (from all around the UK) remain the responsible authority. In this report this group of children is referred to as ‘hosted children’.

The total population of LAC is therefore around 800 children. The children live in a variety of arrangements, foster care (local authority or private agency registered carers), residential homes, pre adoptive placements, placements with family/connected persons, residential schools.



A particular characteristic present in Shropshire is the number of private residential care providers (children's) who operate provisions/placements in the Shropshire area. There are 15 companies and 70 individual children's homes. Only Kent has more children's homes registered in a local authority area in the UK. The homes are all subject to inspection and requirements set out by Ofsted.

Health Inequalities and Looked After Children

Research studies, reported in the national guidance report findings about children and adults who have spent time in care.

60% of LAC have some level of emotional or mental health problem (comparison in child population is 10%).

Adults who have been LAC are 4/5 times more likely to attempt suicide in adulthood.

LAC are 4X more likely to smoke, drink and take drugs than those living with family.

The reasons/cause of poor health outcomes are rooted in the experiences of children before they come into care.

Over half of LAC have entered care due to suffering abuse/maltreatment

“child abuse casts a shadow that lasts the length of a lifetime”.¹

Many LAC experience the multiple impacts of deprivation in early childhood.

The impact of these early experiences and abuse for children include; difficulties with attachments and relationships, readiness to learn, increase in risk taking behaviour. Observed consequences are negative affects on mental and physical health and school attainment.

Although this is generally the case, children have unique responses to their adverse experiences, so it is not possible to predict individual circumstances and outcomes.

Addressing Health Inequalities for LAC

Government and local policy aims to prevent children in society experiencing abuse and early deprivation, however the reality is that children continue to be affected by adverse or traumatic early childhood.

In March 2015 the national guidance “Promoting the Health and Wellbeing of LAC” was published (updated previous guidance from 2009).

This guidance provides a framework for local planning which aims to reduce health inequality for LAC and improve health outcomes.

Key extracts from guidance are:

“The starting point for planning services for LAC should be the statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.”²

CCGs and the local authorities should:

- Agree multi-agency action to meet the health needs of LAC in the area.
- Ensure that sufficient resources are allocated to meet the identified needs of the LAC population including those placed in their area by other local authorities based on the range of data about their health characteristics.

At the same time as the Statutory Guidance was published, a linked competency framework was released describing the knowledge, skills and competencies that are required by all health care staff regarding LAC. This includes specific requirements for board level officers.

A KEY CHALLENGE for Shropshire is that collating information on the entire LAC population is a complex task. Local authorities collate information for their “own” LAC. Therefore there is only detailed information immediately available for 37% of the LAC population. Information and strategy for Shropshire LAC is produced via corporate parenting processes and strategy.

Locally we absolutely need information about the whole LAC population, so that appropriate services can be commissioned.

Current collaborative project to collate the required information for the JSNA

Public health/LAC health professionals, Shropshire Community Mental Health Trust informatics and local authority informatics departments are currently producing and analysing detailed information.

This information will include detailed demographics for both Shropshire and hosted LAC. It will also include an analysis of impact and use of local services.

Other recent key findings/recommendations

Given that emotional and mental health is a key factor in determining long term outcomes, it is important to take note of the findings of a recently published report “what works in preventing and treating poor mental health in LAC”. (Rees et al 2014).

The main findings of this review of the evidence was the fundamental importance of the quality of the day to day care provided to children. This reinforced previous recommendations by NICE/SCIE.

The national guidance – the current position in Shropshire

Challenges

- Complexity of need in the LAC population in Shropshire is increased by the nature of the care placements available in the area.
- Locally we are dependent on the co-operation/practice of multiple organisations and agencies that operate unconnected and far removed from Shropshire authority and organisations.
- There is a need to increase awareness and understanding of the needs of LAC across multiple organisations and professionals. (The designated Dr for LAC is currently attending GP meetings to update regarding LAC).

Strengths & Opportunities

- The health assessment process required for individual health planning for LAC is embedded in local practice across agencies.
- Co terminus local authority/CCG allows processes to be developed. Systems and processes have been developed across services e.g. missing/CSE policy and strategy.
- Private providers have been involved in multi-agency planning/co-operation.
- Provision of multi-agency LAC Education and Health Team including a dedicated LAC CAMHS service (for Shropshire LAC), provides a focal point for sharing of knowledge across agencies.
- Responsible commissioner requirements are well understood locally in Shropshire.
- Current CCG review of designated LAC health professional roles.

Conclusion

“Tackling health inequalities for children and young people in and leaving care requires local authorities to co-ordinate activity across the wider social, economic and environmental factors that influence their health, and services that respond swiftly to presenting physical and mental health problems.

Multi-agency strategic planning groups for children in and leaving care play a vital role in ensuring activities to address health inequalities are well co-ordinated and the needs of this group are effectively addressed by local CCGs Health and Wellbeing Boards, joint strategic needs assessments and local health and wellbeing plans”.³

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References

1. Herbert Ward quoted in Growing up in the UK. Ensuring a healthy future for our children (BMA 2013 pg83).
2. Promoting the Health and Wellbeing of LAC (DfE DoH 2015 pg9).
3. The Regions Tackling Health Inequalities Project Report (NCB 2013).

Bibliography

Promoting the health and wellbeing of LAC Statutory Guidance for local authorities, CCGs and NHS England (DfE DoH 2015)

What works in Preventing and Treating Poor Mental Health in Looked After Children (Rees Centre, University of Oxford NSPCC 2014)

Fair Society, Healthy Lives – the Marmot Review of Health Inequalities in England (Marmot Review Team 2010)

Report of the Children and Young Peoples Health Outcomes Forum (2014/15)

Looked After Children and Young People NICE/SCIE Guidelines (2010)

Looked After Children: Knowledge, Skills and Competencies of Health Care Staff. Intercollegiate Role Framework (RCGP, RCN, CPCH 2015)

Health, the Fostering Network (Sharon White 2009).

Jigsaw of Life - piecing together our health.....

Neighbourhood
Living in a bad area makes me feel depressed and stressed.
"Support group friends and relationships"
"better travel links to both urban and rural areas"
"better links to parks, shops, health centre"

Education
"Right balance" (Mind, Body, Spirit)
"We need to know a bit about what we are eating when we have issues"
"We can feel a bit better when we understand us"
"CUT OFF" (Alcohol, Cigarettes, Drugs)
"I'm a bit of a mess" (Mental Health)
"I'm a bit of a mess" (Mental Health)
"I'm a bit of a mess" (Mental Health)

Jobs
"No job can lead to bad choices"
"You need to find a job that you are good at and enjoy"
"I need to find a job that I can do and enjoy"
"I need to find a job that I can do and enjoy"
"I need to find a job that I can do and enjoy"

Money
"When I have money I can buy things that I need"
"I need to be responsible with my money"
"I need to be responsible with my money"
"I need to be responsible with my money"
"I need to be responsible with my money"

Mental Health
"A lot of people have mental health issues"
"Keeping a healthy body leads to a healthy mind"
"I'm a bit of a mess" (Mental Health)
"I'm a bit of a mess" (Mental Health)
"I'm a bit of a mess" (Mental Health)

Healthy Body
"I should get to the gym more often"
"I should get to the gym more often"

Help
"When we are in trouble we need help"
"When we are in trouble we need help"

Logos: ncb, European Union, RESEARCH IN ACTION HEALTH IN ACTION LEARN

City of Birmingham Logo

Co-created by young people from Children in Care Councils in Birmingham, Warwickshire, Wolverhampton, Northampton and Shropshire, with the help of Julie Dwyer of Barber Limited.