Looked After Children
Annual Health Report
April 2012 – March 2013

Nancy Sayer Designated Nurse for Looked After Children
Dr Folake Durowoju Designated Doctor for Looked After Children

Looked After Children Team, Community Child Health,
Residence 13, Medway NHS Foundation Trust
Gillingham, Kent, ME7 5NY
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>Business Case for Additional Investment</td>
<td>3</td>
</tr>
<tr>
<td>Health Assessments</td>
<td>4</td>
</tr>
<tr>
<td>Reviewing Health Plans</td>
<td>9</td>
</tr>
<tr>
<td>Staffing Issues</td>
<td>9</td>
</tr>
<tr>
<td>Emotional Health</td>
<td>9</td>
</tr>
<tr>
<td>Foster Carer Training</td>
<td>11</td>
</tr>
<tr>
<td>LAC Reviews</td>
<td>12</td>
</tr>
<tr>
<td>Teenage Pregnancy</td>
<td>12</td>
</tr>
<tr>
<td>Ofsted/CQC Inspection Action Plan</td>
<td>13</td>
</tr>
<tr>
<td>HMP Cookham Wood Youth Offending Institute and Secure Training Centre</td>
<td>15</td>
</tr>
<tr>
<td>Future Service Development</td>
<td>16</td>
</tr>
<tr>
<td>Conclusion</td>
<td>16</td>
</tr>
</tbody>
</table>
LOOKED AFTER CHILDREN ANNUAL HEALTH REPORT

Introduction

The revised guidance from the Department of Health (2009), The Statutory Guidance for Promoting the Health and Well-being of Looked After Children requires a report on the delivery of services and the progress achieved for the health and wellbeing of children in care. This is the report from the Looked After Children’s Health team focusing on the activities undertaken between April 2012 and March 2013 to promote and improve the health of Medway’s looked after children and young people.

Children and young people who are looked after are amongst the most socially excluded groups. They have profoundly increased health needs in comparison with children and young people from comparable socio-economic backgrounds who have not needed to be taken into care. Whilst within the care system, there is opportunity for this imbalance to be addressed, these children and young people need to be able to access universal services as well as targeted and specialist services where necessary.

Statutory responsibilities and minimum standards of care are set out in a number of documents, the two that have the most impact on this service are:

Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF, 2009)

Promoting the quality of life of looked after children and young people (NICE, 2010)

Background

On the 31st March 2012, there were 67,050 looked after children (LAC) in England representing a 2% increase from the previous year, a 13% increase since 31st March 2008 and the highest number since 1987. It is important to note at this point that Medway’s increase in LAC population during 2011/12 was 3.7% which is almost double the 2% national increase. The trend is set to continue along with a substantial increase in care proceedings following the death of baby Peter Connelly.

The Medway LAC rates are higher on average than those of statistical neighbouring authorities. We know that there are increasing numbers of unborn babies and children but we are seeing a decrease in the numbers of adolescents. In addition, the numbers going forward to adoption have doubled. The table below compares the rate of increase nationally.
There are also a significant number of children and young people who enter the care system for a short time and these children pose a particular challenge to health services when assessing and meeting their health needs. The term ‘Looked after Child’ refers to all children and young people who are looked after by the State where the Children Act 1989 applies. It applies to all children, whether they are in a foster family, with their birth family or other family, residential care, youth offender/secure accommodation or boarding school.

The health of looked after children and young people is poorer than that of their peers; they often enter the care system having missed routine health checks and scheduled vaccinations. In addition to this, longer term outcomes for looked after children remain worse than their peers. Two thirds of all LAC have at least one physical health complaint and they are more likely than their peers to experience problems including speech and language, bedwetting, co-ordination difficulties, eye or sight and dental problems. The mental health needs of looked after children have been found to be significant with 45% of them being assessed as having an identifiable disorder. In the age group 5–10 years, 50% of boys and 33% of girls had an identifiable mental health disorder compared to 10% of the general population (DoH, 2008). For those young people leaving care research has consistently found their health and well-being is poorer than that of young people who have not been part of the care system. Becoming a teenage parent within two years of leaving the care system is common in studies undertaken on this group of young people. Many aspects of health have been shown to worsen in the year after leaving care with them being twice as likely to have a problem with drugs or alcohol and mental health.
The government published statutory guidance on the health and well-being of looked after children and young people (2009). This document placed statutory responsibilities on both the local authority and health bodies. NICE guidance on the health and well-being of LAC was published in 2010 and supports the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (2009). These documents have widened the remit of the required service as well as increasing the guidance and statutory demands on health teams.

The LAC health team in Medway was set up in 2003 with funding from the quality protects agenda. The team consisted of a part time consultant paediatrician, full time designated nurse and administrative support. However, by 2006 it was clear that the team was unable to meet the needs of the growing LAC population in Medway and the commissioners and providers of the service started work on building a team that would be better placed to meet the needs of the children and young people it was there to support. A vision of how the health needs would be met was created and the staffing resource needed to make that vision a reality was put forward, which included timely health assessments, improving vaccination rates and foster carer training. The commissioners were supportive of the vision and provided additional funding and the team currently comprises of an additional three full time named nurses, additional administrative support and staff grade paediatrician hours. However, due to the dramatic rise in the numbers of LAC and the new statutory guidance, a business case for further investment has been submitted to the commissioners. The health team has responsibility for providing a service to Medway Authorities own LAC and also those placed into Medway by other local authorities (known as POLA). As at 31st March 2012, Medway had 443 LAC, which is an increase of 3.7% on the previous year. There were 337 POLA children living in Medway that we were aware of.

The service is subject to joint Ofsted and CQC inspections, with the last one having taken place in October 2011. The inspection report acknowledged that this service is valued but there are still improvements to be made. This is a statutory service funded by the Commissioners. Further information on the Ofsted/CQC action plan is included later in this report.

**Business Case for additional investment**

The substantial rise in the numbers of looked after children, as shown in the background information, has significantly increased the demand for statutory health assessments since the current team was formed in 2007 (clearly demonstrated in the table below). In addition to this, the statutory guidance has placed further requirements on health teams which have stretched the service beyond its abilities to meet the need. At the request of the commissioners, a business case for further investment was developed and submitted. At this point the outcome of the business case is unknown but it is envisaged that the outcome will be known before the end of this financial year. The commissioners are fully aware of the difficulties the team is
experiencing and the risks associated with the current level of demand and lack of available resource.

Table showing increase in demand for health assessments since the service was set up on 2007/08

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>508</td>
</tr>
<tr>
<td>2008/09</td>
<td>531</td>
</tr>
<tr>
<td>2009/10</td>
<td>691</td>
</tr>
<tr>
<td>2010/11</td>
<td>805</td>
</tr>
<tr>
<td>2011/12</td>
<td>924</td>
</tr>
<tr>
<td>2012/13</td>
<td>758</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Growth against baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
</tbody>
</table>

**Health Assessments**

All children who are in care are required to have a health assessment which is carried out by an appropriately qualified health professional (DoH, 2009). As stated in the introduction research has consistently shown that LAC have more unmet and neglected health needs than their peers and in addition have higher levels of mental health issues.

The aim of the health assessment is to identify the health need and health neglect that might otherwise have gone unrecognised. It provides an opportunity for information to be gathered about the child/young person's state of health at a point in time but can only be effective if it is part of a continuous process of monitoring and promoting the child’s health by committed carers, schools and other agencies involved. It provides carers with the right information and advice on meeting the specific health needs of the child/young person in their care.

Our report reflects both national and locally (NHS Medway) agreed standards. The standards reflect the service as expected to be provided by the team in improving health outcomes for LAC.
Process:
Once a child is taken into care a request is made by the social worker for a health assessment to be completed. For children who have been in care a review health assessment is requested every 6 months for children up to 5 years of age and every year subsequently.

The request is accompanied by a consent signed by the parent or a manager in social care on behalf of the agency with parental responsibility and a copy of the care order. Consent may also be taken from looked after young people who have an understanding of the process.

National Standard:
Initial health assessments are carried out by appropriately qualified medical practitioner as stated in the statutory guidance (DoH, 2009) and the review assessments by an appropriately qualified registered nurse.

In Medway the initial assessment is undertaken by a member of the Community Paediatric team and the review by a member of the LAC nursing team. Review assessments can be completed by other medical practitioners if they are involved in the continuing care of a looked after child. Adoption medicals are completed by one of the Paediatricians with a number of review adoption assessments being completed by a LAC nurse at the discretion of the Designated Doctor.

Local Standard 1:
Health assessments should be undertaken and all paper work including the health plan completed and returned to social worker and IRO within 6 weeks of the request.

The National standard for initial assessments is that the whole process should be completed within 28 days of the child/young person becoming looked after with the health plan available for the 1st LAC review. To achieve this standard it requires a timely request for the assessments by social care and a prompt response by the health team. Lack of capacity due to the increase in demand for health assessments without the additional resources in clerical, nursing and doctors time means that the national standard is unachievable hence the locally agreed standard for all health assessments.

As can be seen in the health assessment table above the demand for statutory health assessments has increased dramatically since the formation of the health team in 2008. The demand for health assessments is putting great strain on the existing health team, the extra 245 health assessment requests in 2012/13, above the original 508 base line set in 2007/08, have required a significant number of additional hours to complete. The table below breaks down into months the numbers of requests made to the health team, the numbers generated from Medway Council and those from other local authorities who place their children in Medway (known as POLA).
The service has seen a reduction in the requests for health assessments from other local authorities who place their children and young people in Medway, partially explaining the reduction in activity during 2012/13.

A further requirement of the 2008 agreement was that 83% of health assessment requests would be carried out within a 6 week time frame. The graph below shows clearly that over the past 36 months this has not been achieved, which corresponds with the rapid increase in requests for health assessments. The current staffing levels are not adequate to meet the original targets set in 2008, additional hours of clerical time, nursing and doctors time is needed to meet the target time frame, hence the need for additional rescores being requested through the business case.
Table showing the numbers of assessments completed within 6 weeks

**Percentage of assessments not breached**

![Percentage of assessments not breached chart](chart)

**Results:**

Health assessments data for 2012/13:

- Number of health assessments requested: 758
- Numbers of appointments offered: 1'011
- Number of appointments attended: 710
- Number of cancellations and non-attendance at appointments: 301

**Appointment Data for 2012/13**

![Appointment Data chart](chart)
Cancellation and non-attendance at appointments:
There was a 30% cancellation and non-attendance rate for health assessments appointments over the year, this is an improvement on the previous year of 5%. Further information on these rates and the action taken to address the issue is covered later in the report under Ofsted/CQC inspection action plan.

Cancellation and Non-Attendance Rates for 2011/12 and 2012/13

Local Standard 2:
All the health assessments had appropriate consent. Recommendation 21 from the NICE guidance on looked after children and young people (NICE 2010) highlights the following:
• Ensure there is a process for social services to obtain consent for statutory health assessments, routine screening and immunisations.
• Ensure that healthcare professionals share health information with social workers and other professionals.

There is a locally agreed process to ensure consent is obtained as soon as a child becomes looked after. The local process is a reflection of effective working together and shared guidelines with our social care colleagues.

Local Standard 3:
A completed health plan is shared with social services and other professionals, as per the NICE recommendation.

The summary report and health care plan is shared with:
Childs Social Worker
General Practitioner
The Health care plan is shared with:
Foster Carer or Parent
Looked after child (if appropriate)
Health Professional involved in the care of the child or if named on the health plan.
Independent Reviewing Officers.

This ensures appropriate sharing of information with relevant professionals.

Evidence indicates that accurate and up-to-date personal health information has significant implications for the immediate and future wellbeing of children and young people during their time in care and afterwards. Understanding their own ‘health history’ is an essential part of growing up securely. Inconsistent record keeping can lead to wrong decisions by professionals and adversely affect the child or young person.

**Review of Health Plans:**

As part of the roles and responsibilities set out in the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF 2009) the health plan, written at the time of the health assessment should be reviewed after three months to ensure all actions requested have been or are being carried out. Over the past year this activity has not taken place at three months due to reduced capacity and increased demand. However, the health plan is reviewed at the following health assessment, either six months or a year later depending on the age of the child. At this point the health plan is reviewed to monitor which of the identified health actions have been carried out.

**Staffing Issues:**

The health team has suffered with a number of staffing issues over this year. The nursing team has continually run at 75% due to sick leave or maternity leave. The administrative team has had frequent bouts of illness, as have the community paediatricians. With the increasing pressure on the service, as demonstrated above this had added to the difficulties in reaching the targets around health assessments.

**Emotional Health:**

Care Matters: Time for Change (DCSF 2007) highlighted the need to improve the mental health of children and young people in care. To this end the government requested that all local authorities provide information on the emotional and behavioural health of children and young people in their care. The data is collected through the Strengthens and Difficulties Questionnaire (SDQ).
An SDQ is completed by the foster carer for every child between 4 and 16 years who has been in care for a year. The total difficulty score information is submitted to the Department for Education. The statutory guidance on health (DoH 2009) provided further guidance on the use of information collected from the SDQ, stating PCTs and Mental Health Trusts should support local authorities to make sure this process is carried out in a way that best reflects the needs of the child or young person. Also, that information from completed SDQ is used as part of the assessment of a child/young person’s emotional health needs.

The total difficulties score is an outcome measure of the holistic care of the looked after child (i.e. care offered by the child’s foster care, education staff, leisure activities and health care) and as such a plan of care will need to involve all who have the care of the child/young person. It gives an indication of the emotional and behavioural health needs of a child/young person.

When looking at the national indicator score it is important to understand the interpretation of the total difficulties score on completed SDQs.

Normal Score  0 – 13,
Borderline Score 14 – 16
Abnormal Score  17+

Local Authority data results for 2012 are below; it clearly shows that Medway’s LAC has greater needs in respect of their emotional and behavioural health compared to the national picture.

National Average Total Difficulty score: 13.8
Medway Average Total Difficulty score: 14.8

Information taken from the national statistical release for the past three years indicates that Medway continues to have an average total difficulty score higher than the national average. However, it must be noted that there has been a year on year improvement, and the improvement has been faster than the national average. This is a reflection of improving overall care provided to our looked after children and young people.

The mental health services for children and young people are provided by the Sussex Partnership which has been commissioned to provide the service for Medway; they have informed us that by April 2013 there will be a 4 week waiting list, with a seven day response to re-referrals. We are looking forward to having a more responsive service, and a service that will work with us to continue to improve the emotional and mental health of our looked after children and young people.
National Average Total Difficulty score vs. Medway Average Total Difficulty Score 2010 - 2012

Foster Carer Training:

The Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF, 2009) sets out a requirement for foster carers’ to receive basic training on a number of health issues, this is supported by the NICE guidance Promoting the quality of life of looked-after children and young people (2010) recommendation 36.

To meet this requirement the nursing team has developed and delivered training on a number of health topics to both foster carers and key worker. Over the past year 19 sessions of training was booked, 12 of these took place, with seven having to be cancelled due to lack of participants. Foster carers are asked to complete feedback forms at the end of the training session. Comments from foster carers include:

- **Good, more information than I thought there would be** (Administration & safe storage of medication)
- **Very Good** (Anxiety and Depression)
- **Information given will be used** (Child Development)

Not only have physical health issues been covered but also mental health and emotional well-being aspects of health.

Administration and safe storage of medication session has been introduced this year as a response to the request from Medway’s Fostering Service to support them in providing mandatory training to their foster carers. It has been
well received by the majority of carers and provided an opportunity for wider
discussion on medications and vaccinations.

The sessions are now part of the foster carer’s rolling programme of training
offered over the year set out in three terms. Additional topics that have been
requested are being discussed and may be developed in the future.

Meetings with the training lead from fostering take place six monthly to ensure
what is being delivered is meeting the needs of the carer’s, the children and
young people in their care and the Children’s Workforce Development
Council. Requests for further training topics are also discussed at this
meeting.

In a response to the high numbers of non attendance or cancellation of health
assessment appointments a member of the health team now attends the
foster carer induction day to discuss the health needs of looked after children,
the importance of health assessments and the availability of the health team
to support foster carers in promoting health.

**LAC Reviews:**

Health continues to play an important role in providing the IRO with advice
and support at LAC reviews. The named nurses have been able to support
our children/ young people and their carers at LAC reviews where there is a
health need, or the child/young person or carer has requested their support.
This has enabled a greater understanding of how problems with a child/young
person’s health may impact on other areas of their life. It has supported a
more holistic approach to problem solving by improving multi-agency working.

**Teenage Pregnancy:**

Teenage pregnancy figures indicate that young women at highest risk of
unintended pregnancy and teenage motherhood are likely to have had
experience of being looked after away from home (Dunnett, 2006). Outcomes
for young people in care who continue with a pregnancy are
disproportionately poorer for them and their children, this is in large part due
to their own negative experiences, and poor self esteem and a desperate
want to feel needed and loved. The chances of a child of a looked after
young person or care leaver coming into the care system are higher than that
of a young person outside of the care system. There is a danger that without
proper support for both the teenage parents and child this becomes a self-
fulfilling prophecy. To address this, the LAC team ran a pilot during 2011
providing dedicated high level support. The young person would have 12
sessions of dedicated one to one support looking at topics such as network of
support, helping the young person join a Children’s Centre and teenage
parent support group. One of the last sessions was to help the young person
look at contraception and access to family planning. This programme of support did not take the place of the Family Nurse Partnership (FNP) and the young person was offered the FNP as first choice before a referral to this programme was accepted. We supported 19 young women, 10 of whom were pregnant and 9 of whom were at risk of becoming pregnant. Out of the 10 pregnancies, eight babies remain with their mothers, one baby has gone to live with her father and one has come into the care system. Seven of the nine young women who were at risk of pregnancy, due to their risk taking behaviour and poor sexual health are now on regular contraception.

However, the commissioners have chosen not to include this area of work in the new service specification as they perceive that the work is covered by other health and social care teams such as the Family Nurse Partnership.

We continue to work with the FNP to encourage our pregnant young people to engage with the programme and with the sexual health outreach team for our young people at risk of pregnancy and poor sexual health.

**Ofsted/CQC Inspection Action Plan:**

In response to the Ofsted/CQC inspection (3rd – 14th October 2011) a joint health and social care action plan to improve services for safeguarding and looked after children in Medway was produced. The LAC health team have three identified areas for improvement.

**Ensure all care leavers receive a copy of their health histories to equip them to make effective future health choices:**

NICE recommends conducting a comprehensive health consultation when young people move into independent living (Promoting Quality of Life for LAC, 2010). This supports the requirement from the 2009 statutory guidance that all care leavers should have a copy of their health histories. This requirement continues to be an area that we are not able to meet due to lack of resources. A template has been devised and will be used once additional capacity is in place.

**Ensure that outcomes from the ‘Strength and Difficulties Questionnaires’ (SDQ’s) are used within looked after children health assessments:** The White Paper Care Matters:

Time for Change (DCSF 2007) highlighted the need to improve the mental health of children and young people in care. To ensure the local authority focused on this issue, a new indicator was developed. It is social services responsibility to carry out the SDQ and send it to health with the request for a health assessment. Work is currently being undertaken with social services to improve the timeliness and availability of the SDQ for the health assessment. Social services are working towards having a system in place from the 1st April 2013 which will mean that requests for health assessments will be accompanied by an up to date SDQ. Health will continue monitoring the numbers of SDQ’s available at health assessments. A pathway
of care is followed by the LAC team when an SDQ is available at the health assessment.

Ensure that the ‘did not attend’ rates for looked after children health assessments are significantly reduced:
The table below shows the problem month on month and demonstrates the improvement in attendance needed to reduce the current levels to an acceptable 10%. Foster carers requested a telephone booking service and this was implemented by the team in July 2012 for August clinic appointments. There was an improvement in attendance for August but as you can see this was not sustained and we continue to have a high rate of cancellation and non-attendance. There has also been an increase in the requests for home visits by foster carers but the current level of pressure on the service prevents an increase at this time. While we need to take into account what services users want, it needs to be balanced against efficiency and cost.

<table>
<thead>
<tr>
<th>Date</th>
<th>Appoint Offered</th>
<th>Attended</th>
<th>DNA/ cancelled</th>
<th>DNA/ cancelled rate</th>
<th>10% target</th>
<th>Attendances to achieve target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-12</td>
<td>13</td>
<td>11</td>
<td>2</td>
<td>15%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>May-12</td>
<td>6</td>
<td>14</td>
<td>1</td>
<td>17%</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Jun-12</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>33%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Jul-12</td>
<td>6</td>
<td>9</td>
<td>3</td>
<td>50%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Aug-12</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>20%</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sep-12</td>
<td>14</td>
<td>12</td>
<td>2</td>
<td>14%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Oct-12</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>25%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nov-12</td>
<td>14</td>
<td>11</td>
<td>3</td>
<td>21%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dec-12</td>
<td>10</td>
<td>9</td>
<td>1</td>
<td>10%</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Jan-13</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>25%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Feb-13</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>20%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mar-13</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>33%</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Young people have been asked for their views on health assessments and ways to improve the service as they are the group with the highest rate of non-attendance. There was a range of responses and reasons for non-attendance and improvements. One of the biggest issues the young people have, is why they have to undergo a health assessment when others who are not looked after, do not. When asking about how to improve attendance, they suggested that clinics and appointments at weekends or evenings would not help as this was their free time. They requested appointments during school hours. However, this is not acceptable to a number of foster carers and so we have a difference of opinion that needs to be addressed.

The concept of an environment that offered more than just a health assessment was well received. They liked the idea of being able to do more interactive activities around health apart from just discussing their health needs with one person. To this end, The Zone (or One Stop Health Shop as it
was originally known) was set up as a monthly drop in for young people, originally just aimed at looked after young people with a range of health agencies represented and based at a youth centre. Twelve sessions were funded by Public Health as a pilot using a small project grant. However, the attendance was very poor and so the events were re-organised and opened to all young people aged 13 to 18 years and took place during a ‘regular’ youth group evening. There were four events using the new model. A member of the Children in Care Council attended the session in November and reported positively to the council about the service. He agreed to write an article for the Big Difference Website. The pilot has now ended and an evaluation is taking place.

However, it must be noted that it is not solely the responsibility of the health team to address the DNA and cancellation rates. Social services need to increase their efforts in working with foster carers, connected carers and young people in promoting the importance of the health assessment and supporting them in attending the appointments.

Further work on reducing the DNA and cancellation rate will be taken forward once we have additional capacity within the team. This will enable other partnerships to be explored to ensure a whole systems approach to the problem.

**HMP Cookham Wood Youth Offending Institute (YOI) and Secure Training Centre (STC)**

Within its borders Medway is home to HMP Cookham Wood Youth Offending Institute and Secure Training Centre.

On the 1st May 2012 the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act received Royal Assent. As from April 2013, all children that are on remand will be given the status of being Looked After and will be entitled to all services provided under this status. Medway has Cookham Wood YOI and STC within its locality. The YOI has between 6 and 12 children/young people placed n remand with them each week, and is also about to be expanded from its current 140 beds to 207 by Summer 2013. The STC has 76 beds. As I understand it, the National Commissioning Board has responsibility for providing primary health care in prisons, but health care for looked after children is a specialist service and not part of routine health care provision. It remains unclear who will have responsibility for providing health assessments, in line with the statutory guidance (DCSF, 2009) for LAC on remand.

Meetings are planned with a local GP, who has an interest in offender health, and would be willing to undergo some additional training on LAC health assessments. This additional resource would support the further demand for health assessments that the LASPO Act will generate.
Future Service Development:

The LAC health service will continue to develop its practice in line with the current statutory guidance (DoH, 2009).

Work with social services and the commissioners will continue on the timeliness of requests for health assessments, especially in respect of the initial health assessments where the statutory guidance is clear that the health plan should be available by the time of the first review (four weeks after becoming looked after). The resource implications will need to be addressed with the service commissioners to enable this time line to be achieved.

In May 2012 the Royal Colleges of Nursing and Paediatrics and Child Health published the ‘Looked After Children: Knowledge, skills and competences of health care staff’ Intercollegiate Role Framework. The document sets out the competences expected from health care staff who work with LAC, it is set out as a framework with five levels reflecting the different levels of competence needed by staff groups depending on their role and level of responsibility. Over the next year the designated nurse will develop and pilot a training session at level 3 to support the health care staff within the Trust develop their competences in supporting the health needs of LAC.

Conclusion:

The health of all children has an impact on their ability to reach their potential in all areas of life, and the health of looked after children and young people is poorer than that of their peers. The majority of children and young people who enter the care system, will have emotional well-being or mental health problems alongside physical health issues which will often prevent them from taking full advantages of all that is available to them in the form of care, education and new exciting experiences.

There is no shortage of effort and focus within the team but we continue to struggle to meet the demand generated by the on-going increase in the numbers of looked after children and young people. The outcome of the business case is not yet known and the problems meeting the inspection action plan remain. The commissioners are fully aware of the difficulties the team is experiencing and the risks associated with the current level of demand and lack of available resources.

Communication with our colleagues in social services has at times during the year been difficult due to the continual turnover of social workers, which increases the pressure on the team trying to support a child/young person or carer. It also presents difficulties when trying to develop new ways of working to meet gaps in the service.