

Improving the physical and emotional health and wellbeing outcomes for looked after children and young people.

Background

1. The Audit Commission's engagement in this area of work to date has involved:
 - web-based tool – [Education of Looked After Children Toolkit](#);
 - a number of relevant questions in an annual school survey;
 - consideration of looked after children in inspection work;and
 - reference in some national studies.
 -
2. Councils and their partners will be assessed from April 2009 in the Comprehensive Area Assessment (CAA) against the outcomes they achieve including those for looked after children.

Web-based tool – Education of Looked After Children

3. The toolkit was originally developed during 2003/04 by the Audit Commission and has been updated annually.
4. Central to the toolkit is a self-assessment for councils against standards in eight key lines of enquiry (KLOEs):
 - Strategy and leadership
 - Effective management for successful implementation
 - The education experience
 - Support for educational attainment through the care planning system
 - Residential and foster carer support
 - **Health, safety and well-being**
 - Involving children and young people
 - Reliable Data and Information
5. Within each KLOE there are a list of standards and key questions underneath which sit more detailed questions. For the health, safety and wellbeing module these include:

- Standards
- The impact of health, safety and well-being on educational achievement is fully recognised by elected members and officers.
 - The needs of looked after children are assessed holistically within a common assessment framework.
 - Integrated, multi-agency working is targeting the needs of looked after children effectively.
 - The health (mental and physical) of looked after children is promoted effectively.
 - CAMHS strategy addresses the needs of looked after children effectively.
 - Effective support enables looked after children to access high-quality treatment and care.
 - Partnership arrangements with cross-border authorities and agencies are in place and effective.
 - The diversity of needs of looked after children is recognised in the assessment of health, safety and well being and in the provision made.
 - Looked after children are able to report concerns about their health, safety and well-being, and about their care and treatment.

- Key questions
- Are effective arrangements, with all partners, in place to identify and promote the health, safety and well-being of looked after children?
 - Are those who are most at risk effectively targeted with appropriate support, treatment and care?
 - Are looked after children able to report concerns about their health, safety and well-being and about their care and treatment?

School survey

6. The Audit Commission's survey of schools has operated since 2002. Over 4,500 schools respond to give their views of their council and other local services' support and provision for schools and children and young people.
7. There are some questions on looked after children but these tend to concentrate on their education experience. There are however also specific questions related to Being Healthy

<i>Looked after Children</i>	<i>Being healthy</i>
<p>Schools are asked to rate the effectiveness of:</p> <ul style="list-style-type: none"> • The council's co-ordination of services to support the education of looked-after children • The advice, support and training from your council for teachers with a designated responsibility for looked-after children • The information you receive from your council about looked-after children in your school • The accessibility of the social workers responsible for the looked-after children in your school • The provision of opportunities post-16 for care leavers 	<p>Schools are asked to rate the effectiveness of:</p> <ul style="list-style-type: none"> • Local services' support for children and young people to cease substance abuse (including smoking and alcohol). • Local services in providing schools with information and support to keep children and young people healthy. • The school meals service encouragement for children and young people to eat healthily. • Local services in meeting the mental health needs of children and young people. • Local services in meeting the needs of children and young people with disabilities and with long term health conditions. • Local services' support for promoting sexual health and reducing teenage pregnancies.

National Studies

8. Although the Audit Commission has not carried out a national study on looked after children, there are aspects of other studies which are relevant.
9. In [***Out of Authority Placements for Special Educational Needs \(2007\)***](#) we concluded that:
 - While strategic planning for the educational needs of children with complex needs has improved, opportunities to provide more integrated and cost-effective services through joint working between education, social care and health services are not being maximised.
 - Links with health services are particularly underdeveloped. Joint planning of services is at a very early stage and there is little joint commissioning or procurement of services.
 - Little progress has been made in developing and implementing pooled or aligned budgets with primary care trusts (PCTs), and contributions to the cost of placements by PCTs are not based on long-term assessed need.
 - The PCT budget holders interviewed were frank about their focus on minimising their contribution to jointly funding placements.
 - There was a strong perception from the councils visited that health is not 'doing its bit', exacerbated by the fact that clinicians sometimes advocate residential placements to which health will not contribute financially.
 - Health funding is seen by councils as particularly inadequate to meet needs in the mental health area where there are no agreed criteria to determine the type of need for which social care and health services respectively should accept some financial responsibility.
 - Despite the fact that it was usually their preferred option, the fieldwork councils identified a number of barriers to the development in house provision including a lack of multi-disciplinary supporting services such as mental health support, respite provision and therapies including speech and language therapy, and occupational therapy.

10. [**Are we there yet? Improving governance and resource management in children's trusts \(2008\)**](#) This report looked at the governance and resource management in children's trusts. Some of the key findings were that:
- Many representatives on children's trust boards lacked a mandate for committing their organisations' resources and that systems for reporting back were rarely systematic.
 - Most areas have a joint commissioning strategy but these lack impact because there is little experience or knowledge of joint commissioning. Joint commissioning of children's services has historically been small scale, and at the executive and operational levels. It usually pre-dates children's trusts arrangements and mainly involves CAMHS and disabled children teams.
 - There is a risk that local government and health commissioning for children's services will not be in harmony. The Department for Children, Schools and Families (DCSF) has recently launched a three year commissioning support programme for children's trusts. At the same time the model of World Class Commissioning for the NHS is being rolled out to health bodies.
 - Although the foundations are in place and relationships are settling down, having children's trust arrangements is not the same as improving outcomes for children. If they are to do so, they need to:
 - have clear governance and accountability arrangements with the local strategic partnership (LSP);
 - embrace joint commissioning;
 - influence mainstream resources;
 - improve partners' involvement; and
 - manage performance.
 - Stakeholders agree that, where there are improvements in financial management, they relate to better partnership working and to specific service improvements.
11. Alongside the report is a self improvement tool which includes the following relevant questions:
- How will the Children and Young Peoples' Plan enable a reduction in the gaps in outcomes between the most vulnerable – and the majority – of children?
 - How does the children's trust board influence the allocation of resources to reduce the gaps in outcomes between the most vulnerable, and the majority of children and young people?
 - Does the board make the most effective use of its influence over partners?
 - How does it ensure that all partners commit appropriate resources to achieving its objectives?
 - How does it influence 'reluctant' partners?
 - How does it monitor the impact of staff time contributions?
 - Does the board have a joint commissioning strategy?
 - How effectively does it reflect the board's, and partners' objectives for children's services and their outcomes?
 - How will it add value to local services for children, young people, and their families?
 - How clearly does it differentiate between commissioning and procurement of services at the strategic, executive, and operational levels?
 - How will the board and its partners ensure the commissioning strategy is supported by staff with the right knowledge and qualifications?
 - What does it do to ensure that current services are reviewed and recommissioned to achieve better use of resources and improve outcomes?
 - How far does the board stimulate joint working between partners to allow value for money, better access, and improved service quality?:

Main issues and concerns

12. The following are seen as main issues arising from the work carried out by Audit Commission staff:

Improving understanding of looked after children's needs

- Looked after children should not be seen as separate from their peers. They go to school, they belong to the local community etc. The quality of universal provision impacts on them.
- There is still poor self-awareness within some services and inadequate analysis of need.

- There remains a need to raise the expectations and aspirations of those who work with looked after children.
- There needs to be an increased awareness of the likelihood of developmental delay and the need to take coordinated early preventive and/or corrective action. For example behavioural difficulties should not automatically be left to see if they settle down when the child becomes used to the placement, but a referral for early intervention, e.g. to CAMHS should be made.

Prioritisation

- Not all partner agencies have champions and lead officers at senior levels who will ensure that looked after children's needs are prioritised.
- Accessibility of services can still be an issue although some, such as CAMHS, are prioritising looked after children.
- Persistence by health professionals is needed due to features of the life style of some looked after children - chaotic lifestyles, placement changes, unclear responsibility among professionals for making/keeping appointments.
- Given the high proportion of pregnancy among looked after children; there should be an increase in early, coordinated, targeted, continuing work aimed at reducing this. While this is clearly not solely a medical issue, there are significant contributions that health professionals can make.
- The priority given to corporate parenting responsibilities varies considerably between councils. While some councils have assumed their corporate parenting responsibilities with energy and commitment, others have made this a low priority. Children don't just become looked after by accident. A council makes a decision that care is better than staying with their current family. So it behoves the council to demonstrate that it is a good parent providing for physical and emotional health and well-being in the way that responsible parents do.

Communication and information sharing

- Medical staff may not always be aware, or be told routinely, that a child is a looked after child. This should be built in to their initial questions whenever they deal with a child from a residential setting, such as prisons, young offender institutions, residential schools.
- There is a need to ensure that medical records are forwarded on. This requires proactive work to identify the next clinician rather than waiting to be approached.
- There is a need for full assessments at 'routine' looked after medicals and that written reports reach the social worker quickly. If there are significant issues a conversation needs to take place to ensure that the significance is understood
- There is a need for clarity over which responsible adults should be kept informed about medical appointments/issues/conditions etc. For example it is not enough to deal solely with the foster carer/residential worker who may accompany the looked after child to the appointment; there is a need to inform the field social worker with responsibility for the case, and others with parental responsibility such as birth parents.

Managing resources and working together

- There is a lack of comprehensive workforce planning and there are some significant capacity issues. There are extremely high vacancy rates in the social care workforce and shortages in key areas such as language therapists.
- In some areas there remains a lack of strategic planning, poor use of resources and poor financial management. In these areas there is no shared understanding of priorities and a lack of collaborative systems to implement plans.
- Systems of assessment and provision are not well coordinated across all agencies and improvements are still required in joint working between frontline workers. Clear and consistent joint arrangements are not always in place - for example through children's trust arrangements for ensuring tailored packages of provision such as jointly funded placements, transport, housing for care leavers, CAMHS and other health services.
- There is a need for better developed performance management across and within agencies.