

**The health and wellbeing of looked after children and young people: a brief review of strengths and weaknesses in service provision from inspection and review data**

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<b>Contents</b>	<b>Page</b>
1. Introduction: Purpose of the report	3
2. Children’s Services and Change	4
3. Change and the inspection of children’s services	5
4. Factors associated with high performing authorities	8
5. Weaknesses of poor performing authorities	11
6. Other Findings: Inspections, performance measurements, targets and outcomes	14
7. Conclusion	18
<b>Appendices</b>	
Appendix A List of documentary evidence reviewed	19
Appendix B Summary table of key evidence from documents reviewed	Separate Document
<b>Glossary</b>	21

## 1. Introduction: Purpose of the report

This report was commissioned by the National Institute for Health and Clinical Excellence and Social Care Institute for Excellence to inform discussion of the Programme Development Group developing guidance on the physical and emotional health and well-being of looked after children.

Following a whole systems approach the aim of this brief report was to identify and summarise relevant information from inspections and reviews of services on the strengths and weaknesses in service provision for looked after children and young people with specific reference to their physical and emotional health and well-being. This includes reports from Ofsted and the Commission for Social Care Inspection and other relevant agencies. The report covers the findings of national inspection and overview reports for England and published in the last three years - see Appendix A - with specific reference to the physical and emotional well-being of looked after children. In reviewing inspection reports data has been identified which is relevant to the delivery of such services and where the health of looked after children is specifically mentioned.

The report has not included a number of thematic reports by the Children's Rights Director, Ofsted, as these reports have a different but very important focus – the views and experiences of the children and young people cared for by looked after children's services. However it did include a new and unique report – *Children's Care Monitor 2008* (Ofsted) about looked after children and young people's views on the most important things for them. A summary of the key issues from this report is included in appendix B. It shows that according to looked after children and young people things are improving but more progress is needed and the children and young people are very interested in how their well-being is being promoted.

The report has sought to focus on the physical health and emotional wellbeing of looked after children and young people but this is not easily referenced within inspection data for reasons described later in this report. Therefore a broader view has been taken to focus on the strengths and weaknesses of authorities doing well or less well overall as well as identifying key issues around health.

## 2. Children's services and change

The landscape of children's services has changed dramatically since the Green Paper *Every Child Matters* in 2003. This set out a new framework around which all children's services are now developed and identified five outcomes to be achieved for all children and young people from birth to 19years:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

Much work has been done to develop this framework and identify precisely what these outcomes mean for children, young people and their families and how they can be linked to national and local performance measures and targets (see the *Every Child Matters Revised Outcomes Framework 2008*.<sup>1</sup>) At the same time there has been a radical change within children's services as Children's Trust arrangements and Local Safeguarding Children's Boards have been set up in all local authorities.

The health service too has undergone dramatic change and the key policy document for children's health services is the *National Service Framework for Children, Young People and Maternity Services (2004)* which is a 10 year plan that for the first time set out 11 standards for children's health and social care.

Change has also taken place at government level with responsibility for children and young people's services moving to the Department of Education and Skills which has become the Department for Children, Schools and Families.

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<sup>1</sup> [Every Child Matters Outcomes Framework 2008](#) or see [www.everychildmatters.gov](http://www.everychildmatters.gov) and select aims and outcomes

### 3. Changes in the inspection of children's services

Inspection of services has changed too – the Commission for Social Care Inspection (CSCI) inspected all children's social care services until early 2007. Since April 2007 a new Ofsted - the Office for Standards in Education, Children's Services and Skills - has had responsibility for inspecting children's services including social care.

New arrangements for the integrated inspection of children's services were introduced in 2005. 'Joint Area Reviews' (JARs)<sup>2</sup> were introduced in 2006, these inspections judge the contribution the wider area partnership makes towards improving outcomes for children and young people. Local authorities are inspected for all services to children including health. The outcomes reviewed in JARs map are structured around the outcomes identified in the Every Child Matters framework plus an additional one which is '*Capacity to improve*'. In 2008 the structure of JARs changed to enable them to focus on four service areas:

- Safeguarding
- Looked After Children
- Children with Learning Difficulties and Disabilities
- Service Management

This means that the findings of more recent joint area reviews provide more detailed information about looked after children's services than before but are not solely focusing on the health of looked after children. It is not possible to extract information relating specifically to the health of looked after children although this may be covered by more general descriptions of the looked after children's service.

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<sup>2</sup> **Joint Area Reviews** ...through fieldwork, is able to evaluate the way that local services, taken together, contribute to their well-being. In particular, there is an opportunity through joint area reviews to focus on areas of weakness or gaps in provision, on specific groups of children and young people, or on particular neighbourhoods.

Source: Narrowing the gap: the inspection of children's services (Ofsted 2007)

Local authorities also undergo **Annual Performance Assessments**<sup>3</sup> which analyse the contribution that a local authority's services have made in the previous year towards improving outcomes for children and young people. Again the outcomes are grouped under the five Every Child Matters outcomes and 'capacity to improve' which includes service management issues and considers targets such as numbers of looked after children's health assessments and dental checks completed as well as the findings of inspections of residential children's homes every six months (monitored against the Department of Health nationally set minimum standards).

Based on the findings of these inspection activities local authorities are given a grading and recommendations made for improvement if required:

**Table 1**

<b>Common grading scale used by Ofsted for joint area reviews and annual performance assessments</b>	
<b>Grade 4: Outstanding</b>	A service that delivers well above minimum requirements for children and young people, is innovative and cost-effective and fully contributes to raising expectations and the achievement of wider outcomes for the community
<b>Grade 3: Good</b>	A service that consistently delivers above minimum requirements for children and young people, has some innovative practice and is increasingly cost-effective whilst making contributions to wider outcomes for the community
<b>Grade 2: Adequate</b>	A service that delivers minimum requirements for children and young people, but is not demonstrably cost-effective nor contributes significantly to wider outcomes for the community
<b>Grade 1: Inadequate</b>	A service that does not deliver minimum requirements for children and young people, is not cost-effective and makes little or no contribution to wider outcomes for the community

Source: *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2006/07 (Ofsted 2007)* Page 104

<sup>3</sup> **Annual Performance Assessments** consider published evidence such as data and indicators plus the council's review of its progress; no fieldwork activities are undertaken. A grade is awarded of outstanding, good, adequate or inadequate and provides the rating for the children and young people's service block in the Audit Commission's annual comprehensive performance assessment. Weaknesses identified in the annual performance assessment are subject to in-depth inspection activity and fieldwork in any subsequent joint area review.

Source: *Narrowing the gap: the inspection of children's services (Ofsted 2007)*

It is important to remember that all the inspections referred to in this document are taking place against this background of national, local and regulatory change.

## 4. Factors associated with high performing authorities

It is clear from the inspection and overview reports reviewed - see appendices A and B - that it is possible to identify factors associated with high performing authorities – that is those authorities that have received grades of ‘outstanding’ or ‘good’ in joint area reviews and annual performance assessments. These are listed below:

### 4.1. Strategic Factors

**Leadership, vision and direction** – the need for strong and stable leadership is noted frequently as is its role in creating a vision for services, articulating high aspirations for all children and young people and determination to make this a strategic priority.

**Strong corporate parenting** – this is being mentioned more frequently with elected members and other partners taking a more active role in looked after children’s services and again providing leadership with vision and determination to make change happen.

**Strong partnership working** – repeatedly high performing authorities have strong and well-embedded partnership arrangements with health, education and the voluntary and community sector. Partnership working is demonstrated by the presence of effective multi-agency partnership groups (some specifically focusing on the health of looked after children), joint posts, secondments, joint funding, shared priorities, targets, plans and data and a real desire to improve outcomes for all children and young people.

**A clear focus on health inequalities** that ensures the needs of vulnerable children and young people are targeted.

## 4.2. Planning

**Good local needs assessment** is needed which focuses on the particular needs of specific groups of children and young people – by finding out what local needs are, services can be planned more effectively

**Good systems to manage information** and track progress , this includes good monitoring to track children and changes - for example having good systems in place to manage health assessments, health reviews and monitor health action plans including the monitoring the quality of health assessments and health action plans.

**Identifying outcomes, setting targets and milestones** - good local needs assessment and good information systems enable targets, milestones and crucially, outcomes to be identified, such as:

- What is the outcome for looked after children and young people?
- What targets can be set around this?
- What are the milestones?
- What actions need to be taken to achieve this outcome?

**Targeted interventions** are increasingly being used by high performing authorities to tackle identified needs – for example based on good local needs assessment focusing on high levels of teenage conceptions among looked after young women and care leavers, substance misuse screening and support programmes specifically for looked after young people etc.

## 4.3. Delivery

**A high completion rate for annual looked after children's health assessments** – this means achieving at the least the national average and some authorities have achieved very high rates (93%). The same is also true of dental checks, and immunisation rates. However it must be noted that inspections have been cautious about health assessments and commented that ' the impact this has on outcomes is not always evident' (*Narrowing the Gap: the inspection of children's services* Ofsted 2007)

**High achievement of national minimum standards** for fostering and residential children's homes.

**A strong designated looked after children medical team** – a strong team: doctor and nurse and in some areas there is a team of nurses – with good links to social care seems to be frequently associated with high performing authorities. Mention is made of their accessibility to looked after children and young people and success in easing access to medical services for children and young people including fast tracking to services.

**Good access to Child and Adolescent Mental Health Services** – in high performing authorities there is likely to be a dedicated service for looked after children. Sometimes this is a CAMHS worker or a fast tracking service but referral routes are easy, children are seen quickly for assessment and for therapeutic intervention. Some areas provide extra support for foster carers and residential child care workers. This seems to be a good example of effective partnership working and clear focus on needs.

**Good provision of guidance** that takes account of age, gender and cultural heritage

**Good participation and involvement of looked after children and young people** – this is mentioned very frequently and mostly refers to children's involvement in their review process. High performing authorities do seem to have more children contributing to their reviews and children and more involved in saying what they think about the service. These authorities also seem to have good methods of communicating with young people for example through participation projects, magazines and newsletters, websites etc. The Children's Care Monitor 2008 reports that '*having a say in what happens to them*' is one of the six most important things for looked after children and young people. (*Children's Care Monitor 2008 Ofsted*)

**Support and training for foster carers** – this is not mentioned as much as might be thought, but several high performing authorities were noted to provide very good support to foster carers to enable them to promote children and young people's health – this tends to mention healthy lifestyles and sex and relationship education.

## 5. Weaknesses of poor performing authorities

There is concern that while many authorities are performing well - 80% of joint area reviews of looked after children's services were judged to be performing at the outstanding or good level - there are still a significant number who are not, for example 8% of children's homes are performing at the inadequate level (not meeting minimum standards) and 28% at the satisfactory level (that is meets the *minimum* standards) and 3% of joint area reviews of looked after children's services were judged inadequate (all data refers to inspections to March 2008). A number of factors have been identified that are associated with lower performing authorities and are often reported under the '*capacity to improve*' heading of inspections:

### 5.1. Strategic

- Plans such as the children and young people's plans are not well developed in terms of targets, milestones and costings, and actions are not linked closely enough to outcomes for children and young people.
- There is insufficient coordination of planning and joint working with health services.

### 5.2 Planning

- Areas for improvement include undertaking a more thorough analysis of need that includes the specific requirements of vulnerable groups, and ensuring that there are effective performance management arrangements across partnerships.
- Poor ongoing monitoring and assessment of the physical and mental health needs of vulnerable groups – in particular disabled children, looked after children and young offenders, especially as they make the transition to adulthood
- Concern about the adequacy of individual health plans and information on the health needs of individual children.

- Lack of planning, preparation and support for young people in transition to adulthood.
- Outcomes are not so good for looked after children as their peers in the general population.

### **5.3 Delivery**

- Arrangements for securing health services for children in out of area placements are not so effective as for those placed in their home area.
- No designated looked after children's nurse or doctor or small and overstretched teams (often one nurse). In one authority there was no designated doctor despite recommendations made following a serious case review and a joint area review.
- Lower rates of achievement of targets such as national minimum standards and completion of health assessments and other health checks.
- Concern about the safe management of medication for children particularly in residential children's homes.
- Lack of speedy access to CAMHS although this is improving nationally.
- Insufficient access to suitable housing for those young people who need it – in particular care leavers.
- A lack of qualified social workers leading to a small number of children with no allocated social worker or a reliance on temporary staff and frequent changes of social workers for children. This is also related to poor staff retention.
- Children are not involved in making decisions which affect their lives.

## Report C2 – Brief review of inspection and review data – Main report

- Children and young people are not actively involved in their own health care.
- Failure to make links between good diet and good health.

## **6. Other Findings : inspections, performance measurements, targets and outcomes**

Reviewing the range of recent inspection and overview reports it is clear that there is more interest in the health and emotional well-being of looked after children but limited ways to effectively measure this or demonstrate progress.

It is striking in these reports and the government *Care Matters* Green and White Papers to note the considerable focus on the educational attainment and achievement of looked after children and young people. There is no doubt that educational achievement can be shown to be linked to better health outcomes in childhood and adulthood for most children & young people, however how this is linked to better health outcomes for looked after children and young people is less clear.

What is clear is that it is possible to set targets around educational achievement and attainment for looked after children which can be compared with national and local data for all children and can be used to demonstrate progress or lack of it. These targets and measurements are driving considerable and welcome change in attention to and support for looked after children's education. This improvement is beginning to be evidenced nationally in inspections and other centrally collated data and that is not surprising. Local authorities annual performance assessments and joint area reviews reflect in part their achievement of targets and ability to demonstrate progress – this is driving targeted initiatives and resource investment.

A perennial problem for the health and emotional well-being agenda is the difficulty of setting meaningful targets. This is well demonstrated in the case of looked after children, key points to consider are:

- The targets set for the completion of health assessments (outcome indicators for children looked after set by the Department of Children, Schools and Families)

are helpful but limited as little is known about the quality of health assessments or the quality and implementation of health plans that arise out them.

- Health service partners are working to the National Service Framework standards for children and young people's services which does not focus on the needs of looked after children in detail (they are referred to as 'children in special circumstances') but does cover important health issues such as mental health and the need for age appropriate and timely services for looked after children and acknowledges '*their profoundly increased health needs in comparison with children and young people from comparable socio-economic backgrounds who are not looked after*'<sup>4</sup>
- The review of children and young people's plans<sup>5</sup> –often called the 'lead plan' locally – revealed that looked after children were the most commonly mentioned group, but that outcomes, and actions to achieve outcomes, are much less in evidence. The intention is there but local authorities seem to be unsure about what they should actually do. Ofsted states that: '*The latest review of the Children and Young People's Plan will normally be taken as the self-assessment for the JAR*'.<sup>6</sup>
- The focus on placement stability for looked after children has been effective - the national indicators measure the number of placement moves children have and the length of time they spend in a placement and measurement over time has shown an improvement – children are being moved less frequently and placements are more stable. Many would argue this must impact on children's emotional well-being so this is being measured indirectly. (National Indicators 62 and 63 – quality of service indicators)
- The only national indicator under the 'Being Healthy' outcome that explicitly refers to looked after children is National Indicator 58 (DSO 1) *Emotional and*

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<sup>4</sup> 2004 *National Service Framework for children, young people and maternity services* Department of Health and Department of Education and Skills 4.31 page 60

<sup>5</sup> *Analysis of Children and Young People's Plans* (2006 National Foundation for Educational Research)

<sup>6</sup> Ofsted *Joint area review of children's services from April 2007*

*behavioural health of looked after children – a new local quality of life indicator<sup>7</sup>. Obviously the other indicators for all children also apply to looked after children and there are other indicators under other ECM outcomes targeting looked after children.*

A recent report commissioned by the Chief Medical Officer on children's public has noted the lack of robust data on the health of looked children and other vulnerable groups of children:

*'There is a serious lack of data on the health of the most vulnerable children and young people in our society. This report has not been able to comment on any potential variations in the health of vulnerable children across the English regions. This is despite the fact that these children are likely to be the ones in greatest need of service provision.'<sup>8</sup>*

There are few targets set that focus on looked after children and young people's health and but where they do exist it is interesting to note that there have been improvements - for example the National Minimum Standards for Children's Homes has seen a considerable improvement in homes achieving the standards or above since inspection began. Targets and performance measurements can lead to improvements in standards of delivery.

The difficulty appears to be how to set targets or performance measures based on evidence of effectiveness when so little is known about how to effectively promote the health and emotional wellbeing of looked after children and young people.

There are two interesting pieces of work underway which may be helpful in any future consideration of developing indicators, targets and performance measurements:

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<sup>7</sup> Every Child Matters Outcomes Framework revised 2008

<http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF-00331-2008.pdf>

<sup>8</sup> Association of Public Health Observatories (2007) *Indications of Public Health in the English Regions 5: Child Health*

**The Children's Services Mapping** carried out annually by Durham University for the Department of Health and Department of Children, Schools and Families aims to:

- Support the development of the National Service Framework for Children, Young People and Maternity Services (DH, 2004) and help provide a focus on dedicated child health, CAMHS and maternity provision
- Support the commissioning of services by providing a description of service provision
- Assist in the bid for resources for service development
- Provide comparative data on the progress in achieving service frameworks and delivery plan targets, for the range of inspectorial and supervisory bodies.

The Children's Services Mapping exercise to be launched in October 2008 will be extended to include local authority children's services and those services commissioned, managed or led by Children's Trusts.

**The Audit Commission** is commencing a study: *Giving children a healthy start* which will identify the priorities which local authorities and their partners are setting for children's health in their local strategic partnerships and their approach to achieving improvement. It will seek to identify notable practice and the likely risks to delivery which could then be used to inform Comprehensive Area Assessment.

<http://www.audit-commission.gov.uk/nationalstudies/currentstudies-health.asp>

## 7. Conclusion

This report has identified a range of key issues that appear to be associated with successful local level approaches to promoting the health and emotional well-being of looked after children. The limitations of this inspection and review data is that it is only the best that is available at the moment and focuses more on the effectiveness of the infrastructure to support and promote health and emotional well-being interventions than the effectiveness of the interventions themselves.

A welcome change is the increased participation and involvement of children and young people found particularly in authorities that are performing well. It is also worth noting that many areas are doing well in developing the '*Being healthy*' outcome for all children, so understanding about the importance of health for children is good but this needs to move forward to a better understanding about how to achieve this for looked after children and young people and provide evidence that it has been achieved.

## Appendix A List of documentary evidence reviewed

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D Barnes, E Parker, R Wistow, R Dean with C Thomson (2008) *A profile of child health, child and adolescent mental health and maternity services in England in 2007. Key Messages.*

Durham: Department of Health, Department of Children, Schools and Families, Durham University

[http://www.childhealthmapping.org.uk/reports/CH\\_CAMHS\\_MS\\_Key\\_Messages\\_200607.pdf](http://www.childhealthmapping.org.uk/reports/CH_CAMHS_MS_Key_Messages_200607.pdf)

Commission for Social Care Inspection (2007) *Children's services: CSCI findings 2004-2007.*

London: Commission for Social Care Inspection

[http://www.csci.org.uk/PDF/childrens\\_services\\_csci\\_findings.pdf](http://www.csci.org.uk/PDF/childrens_services_csci_findings.pdf)

Commission for Social Care Inspection (2006) *State of social care in England 2005-06.*

London: Commission for Social Care Inspection

[http://www.csci.org.uk/pdf/state\\_of\\_social\\_care\\_05-06\\_1.pdf](http://www.csci.org.uk/pdf/state_of_social_care_05-06_1.pdf)

A Lis/HMI Ofsted (2008) *Embedding the Reform Agenda.*

Presentation given at: The Children in Care Symposium: Breaking the cycle of exclusion and disadvantage London: Ofsted

National Foundation for Educational Research (2007) *Analysis of Children and Young People's Plans 2006.* Slough:NFER

<http://www.nfer.ac.uk/research-areas/pims-data/summaries/analysis-of-cypp-2006.cfm>

Ofsted (2008) *Annual performance assessment (APA) 2007.Report on outcomes.* London: Ofsted

[http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Local-services/Annual-performance-assessment-APA-2007-report-on-outcomes/\(language\)/eng-GB](http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Local-services/Annual-performance-assessment-APA-2007-report-on-outcomes/(language)/eng-GB)

Ofsted (2008) *Narrowing the gap: the inspection of children's service.* London: Ofsted

[http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Local-services/Narrowing-the-gap-the-inspection-of-children-s-services/\(language\)/eng-GB](http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Local-services/Narrowing-the-gap-the-inspection-of-children-s-services/(language)/eng-GB)

Ofsted/Children's Rights Director (2008) *Children's Care Monitor 2008.* London: Ofsted

<http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Children-s-rights/Children-s-care-monitor-2008>

Ofsted (2007) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2006/07.* London: Ofsted <http://live.ofsted.gov.uk/publications/annualreport0607/>

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Joint Chief Inspectors (2008) *Safeguarding children. The third joint chief inspectors' report on arrangements to safeguard children 2008*. London:Ofsted

<http://www.safeguardingchildren.org.uk/Safeguarding-Children/2008-report>

Selected sample of 33 Ofsted Joint Area Review judgements with specific reference to services for looked after children and health (2006,2007, 2008) Provided by Thomas Coram Research Unit/Institute of Education, London. Available in hard copy only.

Yorkshire and Humber Public Health Observatory and the Eastern Region Public Health Observatory (2007) *Indications of Public Health in the English Regions 5: Child Health*.

York: Association of Public Health Observatories

<http://www.apho.org.uk/resource/item.aspx?RID=39301>

## GLOSSARY

The following terms are used in this report – this section helps to explain what they mean

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**Annual Performance Assessments** analyse the contribution that a local authority's services have made in the previous year towards improving outcomes for children and young people. It considers published evidence such as data and indicators plus the local authority's review of its progress; no fieldwork activities are undertaken. A grade is awarded of outstanding, good, adequate or inadequate and provides the rating for the children and young people's service block in the Audit Commission's annual comprehensive performance assessment. Weaknesses identified in the annual performance assessment are subject to in-depth inspection activity and fieldwork in any subsequent joint area review.

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### Care Plans

Each child in care should have a care plan which sets out how they are to be cared for and the future plans for their care. They should be involved in making the plan, and it should be kept to.

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### Child and Adolescent Mental Health Services (CAMHS)

Child and adolescent mental health services promote the mental health and psychological wellbeing of children and young people, and provide high quality, multidisciplinary mental health services to all children and young people with mental health problems and disorders to ensure effective assessment, treatment and support, for them and their families.

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**Children in Special Circumstances** - this term is used in the *National Service Framework for Children, Young People and Maternity Services* (2004 Department of Health, Department for Education and Skills)

“Research has shown that for some children, access to services has often been a particular problem and that these are often the children who require a high degree of co-operation between staff in different agencies, but who are also at most risk of achieving poorer outcomes than their peers...

Although this list is not exhaustive, some of the key groups of children affected by this include:

1. Looked after children and care leavers;
2. Children whose families have experienced homelessness and who are living in
3. temporary accommodation, and children who have run away from home or care;
4. Children exposed to domestic violence family conflict and/or family breakdown;
5. Children who suffer from sexual exploitation;
6. Children of parents with specific health needs, for example, those with mental
7. health problems;
8. Children of problem drinkers or substance misusers;
9. Children who have been excluded from school, are truanting, or are otherwise

## Report C2 – Brief review of inspection and review data – Main report

10. missing school;
11. Young people over 16 who are not in education, employment or training;
12. Teenage parents and their children, and
13. Children from some ethnic minorities and refugee or asylum-seeking children.

In order to ensure the particular needs of these children are addressed, the above groups are, collectively, specifically referenced as Children in Special Circumstances (CISC) throughout the National Service Framework's Markers of Good Practice and Interventions." Core Standards Page 13.

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### **Commission for Social Care Inspection (CSCI)**

The Commission for Social Care Inspection was set up in April 2004.

Its overriding purpose is to encourage improvement in social care services in England. One of its key objectives is to provide a clear, independent assessment of the state of social care services. CSCI combines inspection, review, performance and regulatory functions across the range of social care services in the public and independent sectors.

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### **Every Child Matters (ECM)**

The government Green Paper *Every Child Matters* (2003) set out a programme based upon the following five outcomes for children and young people:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

Find out more at: [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

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### **Ofsted**

The new Ofsted – the Office for Standards in Education, Children's Services and Skills – came into being on 1 April 2007. It brings together the wide experience of four formerly separate inspectorates. It will inspect and regulate care for children and young people, and inspect education and training for learners of all ages.

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### Ofsted Grading Explained

Common grading scale used by Ofsted for joint area reviews and annual performance assessments

<b>Grade 4: Outstanding</b>	A service that delivers well above minimum requirements for children and young people, is innovative and cost-effective and fully contributes to raising expectations and the achievement of wider outcomes for the community
<b>Grade 3: Good</b>	A service that consistently delivers above minimum requirements for children and young people, has some innovative practice and is increasingly cost-effective whilst making contributions to wider outcomes for the community
<b>Grade 2: Adequate</b>	A service that delivers minimum requirements for children and young people, but is not demonstrably cost-effective nor contributes significantly to wider outcomes for the community
<b>Grade 1: Inadequate</b>	A service that does not deliver minimum requirements for children and young people, is not cost-effective and makes little or no contribution to wider outcomes for the community

Source: *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2006/07 (Ofsted 2007) Page 104*

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### Health Assessments

All looked after children and young people have a health assessment when they enter care and it is carried out by an appropriately qualified registered medical practitioner. They should have a review health assessment annually and this may be carried out by an appropriately qualified nurse. Children under 5 years should have a review assessment every six months.

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### Health Action Plans

A plan developed following the child or young person's health assessment to describe how the child's health needs will be met. It is the duty of the child's social worker to see that the plan is implemented. It is considered good practice to involve children and young people in developing their health action plan.

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**Joint Area Reviews** judge the contribution the wider area partnership makes towards improving outcomes for children and young people and, through fieldwork, is able to evaluate the way that local services, taken together, contribute to their well-being. In particular, there is an opportunity through joint area reviews to focus on areas of weakness or gaps in provision, on specific groups of children and young people, or on particular neighbourhoods

### **Looked after children reviews**

All looked after children have reviews every six months plus a first review must take place within 4 weeks of the child coming into care and another with three months of the first review. This is a legal requirement; the aim of the review is to make sure the child's needs are being met and that the care plan is appropriate.

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### **National Minimum Standards for Children's Homes**

Refers to: *The Children's Homes National Minimum Standards Children's Homes Regulations 2002*  
Set by the Department of Health and all children's homes must meet these standards and are inspected every 6 months.

A number of standards relate to health and in particular standard 12:

*'The physical, emotional and health needs of each child are identified and appropriate action is taken to secure the medical, dental and other health services needed to meet them. Children are provided with guidance, advice and support on health and personal care issues appropriate to the needs and wishes of each child'*

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### **National Minimum Standards for Fostering Services**

Refers to: *Fostering Services: National Minimum Standards, Fostering Services Regulations 2002*  
Set by the Department of Health and all fostering services must meet these standards.

A number of standards relate to health and in particular standard 12:

*'Promoting development and health*

*The fostering service ensures that it provides foster care services which help each child or young person in foster care to receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.'*

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### **Outcome indicators for children looked after**

In September 1999 the Government established 11 objectives for children's social services in England. One of these is 'to ensure that children looked after gain the maximum life chance benefits from educational opportunities, health care and social care'. Social care services are asked to provide data on a range of outcome indicators for looked after children including for example on the duration a child has been in care, numbers of placement changes, completion of the annual health assessment and dental check etc. This is published by the Department for Children, Schools and Families and National Statistics.

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### **Personal Education Plans**

All looked after children are required to have a personal education plan which should be completed within 20 school days of child being looked after. The plan should be available for looked after children's reviews. The plan should cover achievement, educational needs, short term targets and

## Report C2 – Brief review of inspection and review data – Main report

long term plans. It is considered good practice to involve children and young people in developing their personal education plan.

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### **Vulnerable Children**

This term is widely used to describe children who have additional needs. Local authorities have a duty to safeguard and promote the welfare of children in need, a child in need is 'one whose health or development is likely to be impaired if he or she is not provided with a service or a child who is disabled.' Children Act 1989. The Integrated Children's System and Common Assessment Framework now used across all children's services use the terms 'children with additional needs' and 'children with complex needs' and looked after children are in the category of children with complex needs.