

Practice Survey

Physical, Emotional Health and Well Being of Looked After Children and Young People

July 2009

Evidence Statements

Evidence Statement 1

Communication between professionals and services is undoubtedly aided by co-location, integrated front line working and effective communication structures including regular consultation meetings, joint strategic planning and pooled resources.

Evidence Statement 2

Effective practice in improving the health and well-being of looked after children and young people relies on effective information sharing, communication across organisational boundaries and a shared commitment to improving the health and well-being of LACYP. In describing effective information sharing and communication activity, the sites talked about the importance of having a range of structured and forward planned, information sharing meetings that had clear agendas and purpose, some of which were topic led and related to specific or emerging issues. Other examples were given as regular e-mail correspondence between professionals and regular telephone conversations to discuss individuals or issues.

Evidence Statement 3

In sites where Children and Mental Health Services (CAMHS) workers are co-located for part of the week, or where they are fully integrated into LACYP teams, the result is better and speedier access to CAMHS for looked after children and young people.

Evidence Statement 4

Effective strategy and planning is crucial in promoting productive partnership working at all levels. Joined-up, corporate and strategic planning impacts upon all other planning activity within the services, and ultimately improves the direct services to Looked after children and young people and their families.

Evidence Statement 5

The evidence gathered in all sites and across the professional groups strongly suggests that the most important factors in influencing looked after children and young people's health and well-being outcomes are stability and consistency. The child or young person's placement is of paramount importance and the characteristics of a quality placement are good matching of carer and child at the point of placement. Good matching is characterised by the matcher having robust and detailed information about the child, their characteristics and preferences so that they can match these against the lifestyle and characteristics of the foster carers at the point of matching. The matching process is also aided by timely planning, with the child and carers experiencing introductory meetings and agreeing to the time frame for the planned move. Additional characteristics of a quality placement are thought to be the consistent approach that the carer brings to the relationship, having commitment, staying power and demonstrating unconditional positive regard for the child. In summary, the quality of the relationship between the carer and child is crucial. Alongside this, stability of school placement and consistency in key workers are also thought to be highly influential in promoting health and well-being in looked after children and young people.

Evidence Statement 6

Good transition management is characterised by timely planning to ensure that young people are fully supported through the transition process. Young people voiced concern at the stark contrast between the lifestyle and support they had experienced in foster or residential care and the situation they face when leaving care. The significant reduction in their financial means, coupled with the added responsibilities of independent living affect their diet, opportunities for exercise and adds to their stress.

Evidence Statement 7

Looked after children and young people do not want to be identified as different from other children and young people and therefore it is important to offer them the same interventions and support services as their counterparts in universal settings, wherever possible. Evidence suggests that this is even more important for disabled LACYP who generally, have a strong wish to access services alongside their able bodied peers.

Evidence Statement 8

Early interventions that focus on preventing adverse behaviours such as offending behaviour, substance misuse, smoking, obesity, bullying etc. are key to improving children and young people's health and well being in the future. Evidence suggests that activities and interventions that positively promote health and well being – diet, exercise, emotional health, forming friendships etc. are the most engaging and successful. Such interventions are delivered to varying degrees in schools and universal settings with all children, but often, LACYP miss out on sessions or do not benefit from the

consistent approach to these issues from a school, due to their frequent moves during care or the periods of school absence they experienced prior to coming into the care system.

Evidence Statement 9

Specialist services do play an important role in improving health and well-being outcomes for some young people. Respondents felt strongly that the needs of every looked after child or young person are different and that a range of universal and specialist services are needed to meet the bespoke needs of every LACYP.

Evidence Statement 10

CAMHS support to the carers of LACYP with complex needs is highly valued by the recipients. In sites where carers are accessing this type of support, respondents spoke positively about the benefits of this approach. However the evidence suggests that support to carers should be an additional service to the therapeutic intervention that should also be on offer to LACYP and not an alternative to this.

Evidence Statement 11

Respondents in 3 sites named that there should be consistency in the ages that all work to in responding to the needs of looked after children and young people. In particular they felt CAMHS interventions should continue when young people reach 18 years and should mirror the longer term responsibilities of education and social care staff.

Evidence Statement 12

Looked after children and young people's access to dental care is a concern to respondents. LACYP sometimes need to travel considerable distances to access a dentist that has the capacity to take them. A LACYP may not attend a planned dental check for reasons relating to unplanned placement moves, fear, phobias or confidence issues. Missed appointments result in some dental practices de-registering LACYP. Some dentists are reluctant to embark on a treatment programme if a child is in a short term placement. There are particular needs around meeting the specialist dental needs of disabled children and young people.

Evidence Statement 13

Life-story work takes place inconsistently with LACYP. Evidence suggests that looked after children and young people would benefit from having access to consistent information about their history and the reasons for their being looked after. This needs to be an ongoing process with information updated as the child or young person moves through developmental stages. There appears to be little consistency in approach to life story work and there is a tendency for it to be resource driven rather than needs led.

Evidence Statement 14

Practice in supporting out of area children is inconsistent with some sites communicating good models of practice. This is not the case across all sites and this some young people not getting access to the same level of services as children placed in area. Evidence suggests that this impacts on their health and well-being in the future.

Evidence Statement 15

Sites would welcome national guidance to support the delivery of care to children placed out of area, and to children placed in area when they are looked after by another local authority.

Evidence Statement 16

Evidence suggests that there has been a significant change in the demographics of the LACYP population in the last 5 years. Sites have accommodated increasing numbers of asylum seeking children and young people, a good proportion of which are unaccompanied (UASCYP). There appears to be a lack of appropriate, mental health services for UASCYP and furthermore, services are unable to meet the complex needs of this vulnerable group. Young people express concern at the poor quality of accommodation in which some UASCYP are placed and considered that their eligibility and access to support did not match that provided to other care leavers.

Evidence Statement 17

The high levels of support and in depth training provided to foster carers on specialist schemes was seen as a benchmark that mainstream foster carers would welcome. In particular, out of hours support from a mental health (CAMHS) worker was seen as an effective way to manage a crisis and help prevent breakdown.

Evidence Statement 18

In the main, LACYP interviewed did not speak positively about their relationships with social workers. Social workers are considered to have control and to make decisions, however they are not trusted by young people to carry through agreed actions. Evidence suggests a high degree of turnover in social workers working with LACYP. Children and young people say that they do not feel listened to by their social workers and that they are hard to reach. More typically, children and young people named foster carers, staff at school, independent reviewing officers and independent visitors as a source of trusted support.

Evidence Statement 19

Evidence suggests that in circumstances where respectful relationships are built between carers and birth parents, this will assist in enabling a LACYP to thrive in their placement. Ongoing work with birth parents appears to be a neglected area although the likelihood is that LACYP are likely to return back to their care at some stage in their lives.

Evidence Statement 20

Although most LACYP express high levels of satisfaction with their current placement, some were critical of the motivation of their previous foster carers and of the care that they had received. Young people advocate that there should be more regulation, inspection and spot checks of foster care placements.