

Health of LAC - Annual Report 2015/16

1. Summary

What do we know?

We know that looked after children and care leavers are more at risk of poor health than their peers, in particular poorer mental health. Within these children and young people, some are particularly vulnerable to poor health. Portsmouth has seen an increase in the number of Unaccompanied Asylum Seeking Children (UASC) over the last year. We know that these young people have additional health needs. We also know that nationally care leavers report a lack of support in accessing appropriate health services, and that professionals working close to them do not have an understanding of their needs, particularly in respect of mental health.

What are we doing about it?

The Health of LAC group have developed a health pledge for all LAC. We have also agreed the following priorities:

- Health of care leavers
- Health of Unaccompanied Asylum Seeking Children (UASC)
- Mental and emotional wellbeing of LAC and care leavers

This report highlights work to date against these priorities for 2015/16.

What are we going to do next?

In 2016/17 we will:

- Work with CICC to audit ourselves against the health pledge, with a particular focus on better understanding the health needs of care leavers.
- Ensure information captured on all children on the Looked After Children's health team's database is shared and incorporated in next year's report.
- Establish a system to enable the data from the LAC health database to be used to monitor changes in health status over time.
- Develop a mental and emotional well-being care pathway for care leavers, in partnership with care leavers, Personal Advisers, Child and Adolescent Mental Health Services and Adult Mental Health Services.
- Work with Personal Advisers to develop the system for recording the health needs of care leavers.
- Develop and implement an improving the health of care leavers action plan.
- Respond to the identified health needs of care leavers to improve processes and services, to ensure the health needs of care leavers are met.
- Implement the unaccompanied asylum seeking children health care pathway.
- Review the House of Commons Education Committee report into the mental health and well-being of LAC, to develop an action plan in response to the report's recommendations.

2. What do we know about the health of Looked After Children and Care Leavers in Portsmouth?

The Health of LAC¹

Looked after children have many of the same health issues as their peers, however the extent of these is often greater because of their past experiences. Nationally almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. They need particular support to identify these issues early and ensure their health and care needs are met so that they can lead happy and healthy lives.

As corporate parents, Portsmouth City Council has the same high aspirations as any parent, and wants to ensure children receive the care and support they need in order to thrive, maximising their chances of reaching their full potential. PCC has statutory responsibilities with respect to the health of LAC, as outlined in 'Guidance on promoting health and well-being of LAC'², as outlined in appendix 1.

LAC in Portsmouth

The number of looked after children in Portsmouth as at 31st March 2016 was 322. Of these, 225 had been looked after continuously for 12 months or more. There were more boys than girls (141 (63%) and 84 (37%) respectively). The average age of children was just under 11. The table below shows the number of LAC children of each age. It shows that with the exception of children 2 years and under, the overall trend is for the number of looked after children to increase with increasing age.

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
No	11	8	6	<5	9	<5	14	14	16	14	15	13	14	22	16	18	28

Of these 225 children:

- 208 (92%) had a dental in the past 12 months.
- 215 (96%) had up-to-date immunisations. This is above the NHS target rate of 95%.
- 10 children reported substance misuse. Intervention was offered to all 10, of which, 7 took the offer up.
- None (0) are parents.

The Looked After Children Health team maintain a database of all LAC of their caseload. This database includes 322 children; both the 225 children who have been looked after continuously for 12 months or more, and those who have been looked after for less than 12 months. The database contains information about children's gender, attendance at appointments, immunisation status, last dental appointment, body mass index (BMI), score from Strengths and Difficulties Questionnaire (SDQ) and changes in this over time, referral to specialist services including CAMHS, smoking status, use of other substances, whether sexually active, pregnancy history and whether the young people are parents. Unfortunately

¹ Statutory Guidance on promoting the health and well-being of Looked After Children. DSCF, DH, 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

² Statutory Guidance on promoting the health and well-being of Looked After Children. DSCF, DH, 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

this information has not been able to be shared for this report. However, we will work with the provider and commissioner to ensure this information is included in future reports.

An analysis of the LAC health team's database has identified:

- Of the 322 children on the database, 47 (14.6%) have a disability. This includes a range of conditions such as Autistic Spectrum Disorder, neurological conditions, visual impairments, and learning difficulties.
- Additionally, 9 children have long term physical health conditions such as Diabetes, inflammatory bowel disease, HIV, and Hepatitis.
- 63 (19.5%) of children had "additional needs."
- No LAC became pregnant during 2015/16.
- Of the 208 LAC aged 10-18; 27 admitted to smoke (13%); 8 admitted drug use (all cannabis 3.8%); 7 admitted alcohol use (3.4%). A national survey in 2014 reported that 18% of 11 to 15 year olds said that they had smoked at least once and 3% that they smoked at least one cigarette a week; 38% had tried alcohol at least once; 8% had drunk alcohol in the last week and 3% of pupils said that they had ever taken legal highs.³

The Health of Future Care Leavers

The Children Looked After health team carried out a review of engagement of 17 year olds with health assessments between 1st April 2015 and 31st March 2016. These are the young people that we can predict will become care leavers within the next year.

- Total number of 36 ; 8 female and 28 male
- 28 required review health assessments and 8 new (Initial) health assessments (only one of news was female)
- 2 were seen by GP as out of area (both reviews and both males)
- 13 were seen by LAC team after first invite (2 female and 11 male)
- 10 were offered a further appointment and seen on that occasion (1 female and 9 males)
- 5 were offered a 3rd appointment and seen then (3 female and 2 male)
- 2 were offered a 4th appointment and seen then (both male)
- 8 didn't engage (2 female and 6 male) and were sent non-engager's pack (ie last health assessment report and recommendations on how to access future health advice and help)
- One was an asylum seeker (male) who we were offering a health assessment (initial) and were told he was overage and one went to a secure institution

Interpretation:

- 15 were apparently seen on 1st appointment (ie with appropriate use of resources); 42% of our sample only
- The majority were offered multiple appointments meaning additional clinician and administration time / resources spent
- Females are disproportionately represented in those who proved "hard to engage" with health assessments

³ Survey of smoking, alcohol and drug use in England 2014 <http://natcen.ac.uk/our-research/research/survey-of-smoking,-drinking-and-drug-use-among-young-people-in-england/>

Unaccompanied Asylum Seeking Children

In common with many areas around the country, in particular along the South coast, Portsmouth has noted increasing numbers of Unaccompanied Minors, as outlined in table 1. UASC children are known to have additional health needs⁴.

Table 1: LAC assessments (carried out via the CPMS service):

Year	New assessment	Review
2013-14	1	9
2014-15	9	2
2015-16 (April - Jan)	21	7

In March 2016 there were 29 under 18 UASCs and 18 care leavers in Portsmouth. 17 are Albanian, countries of origin of the other children include Afghanistan, Syria, Iran, Iraq, Eritrea and Vietnam.

The Looked After Children's Health Team⁵ report an increase in the total number of children and young people in care on their caseload during 2015/16, due to UASC (334 compared to a usual annual average of 320) . They report Unaccompanied Asylum Seekers (UASC), represent 10% of the caseload and 25% of the "new into care". In March 2016, these young people were all male and aged 14 years or above. The team report concerns re trafficking / smuggling, they require interpreters and may come from a background where universal (preventative) health care has not been available or seen as a priority

Data from the LAC health database shows:

- There were 32 UASC during 2015-16, of which data was available for 27.
- Average age is 16 (range 14-17).
- 9 are registered with GP. 16 not.
- 9 are registered with a dentist, 18 are not.
- All UASC required catch up immunisations
- 1 young person had latent TB. 24 referred to chest physicians and 2 tested or screened negative
- 3 young people are in college, 1 in school, and 23 not in employment, education or training.
- All but 5 had some mental health issue recorded, including anxiety, depression, and post-traumatic stress disorder. 8 of these were referred to/ assessed by CAMHs, and 3 identified for monitoring.
- 8 current smokers
- None of the young people reported any substance use, except one who had tried cannabis and one who reported occasional alcohol.
- 22 were not sexually active, 3 were or had been in the past, others information not available.
- 21 healthy weight, 4 overweight, 1 obese, 1 not available

To summarise, Portsmouth's UASC are older than the average LAC cohort and at present, all male. They needed support to register with a GP and dentist and require catch up

⁴ http://www.cpag.org.uk/sites/default/files/CPAG_Poverty138_HealthVulnerableMigrantChildren.pdf

⁵ Solent NHS Trust Looked After Children Annual Report 2015-201

immunisations. They are more likely to smoke compared to young people in Portsmouth, and have a high risk of mental health problems.

Care leavers

Nationally⁶, care leavers report a lack of support in accessing appropriate health services, and that professionals working close to them do not have an understanding of their needs, particularly in respect of mental health. Care leavers also face difficulties around the transition from Child and Adolescent Mental Health Services (CAMHS) to adult services. The national care leavers' strategy has committed that:

"Care leavers have timely access to mainstream and specialist health services, which meet their physical and mental health needs".

The strategy also identifies that a third of young people leaving care report problems with drugs or alcohol a year later; and that young women are particularly vulnerable. It also highlights that a quarter of young women leaving care are pregnant, and nearly half become pregnant within 18 to 24 months.

Portsmouth's care leavers

Understanding the health needs of Portsmouth's care leavers, and how this compares to the national picture, is a priority for the Health of LAC group over the next year, to ensure relevant systems are put in place to meet these needs and where relevant, inform commissioning of appropriate services. An audit of 132 care leavers showed the findings below. It is difficult to interpret these figures as often there is no national or local comparator for young people of this age:

- 36% (47/132) were female, and 64% male
- Average age is 20
- 97% (97/101) are fully immunised, which is above the national coverage target
- 45% (45/100) misuse drugs. Nationally 18.9% of 16 to 24 year-olds report ever having taken a drug in the last year⁷ and a third of young people leaving care report problems with drugs or alcohol a year later⁸
- 25% (25/100) misuse alcohol. In England 23% of adult men and 16% of adult women drink at either an increased risk of harm or at higher risk levels.⁹
- 53% (54/101) smoke. 19.8% of adults in Portsmouth smoke.¹⁰
- 40% (43/107) have a mental health problem. An estimated 1 in 4 adults in the UK have a mental illness.¹¹
- 33% (35/106) have had a period of not being in employment, education or training due to emotional issues, at some time. 5.5% of 16-18 year olds in Portsmouth were NEET in 2015.¹²

⁶ Care leaver strategy. HM Government. 2013.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266484/Care_Leaver_Strategy.pdf

⁷ Statistics on drug misuse 2014 <http://content.digital.nhs.uk/catalogue/PUB15943/drug-misu-eng-2014-rep.pdf>

⁸ Care leaver strategy. HM Government. 2013.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266484/Care_Leaver_Strategy.pdf

⁹ Health Survey for England 2015 <http://content.digital.nhs.uk/catalogue/PUB17712>

¹⁰ <http://fingertips.phe.org.uk/search/smoke#pat/6/ati/102/par/E12000008>

¹¹ Adult Psychiatric Morbidity Survey 2009 <http://content.digital.nhs.uk/pubs/psychiatricmorbidity07>

¹² <http://fingertips.phe.org.uk/search/NEET#pat/6/ati/102/par/E12000008>

- 28% (30/102) are in receipt of ESA/DLA/EPIP. In 2012, 6.7% of the population aged 16 to 64 claimed ESA.¹³
- 7% (7/100) have been in custody
- <1% is pregnant, however 20% (21/106) are parents, and there is no significant difference in % of those who are parents between males and females. Nationally a quarter of young women leaving care are pregnant, and nearly half become pregnant within 18 to 24 months.
- 4% have a disability due to autism; 2% have physical disabilities; 1% have speech and language difficulties; 6% have English as a foreign language; 4% have visual difficulties and none have hearing difficulties

Please note the denominator is not always 132, as fields in some cases are unknown/ blank.

To summarise, Portsmouth care leavers may be more at risk of drug misuse, smoking, mental health problems, NEET, and in receipt of ESA than might be expected. They may be less at risk of being pregnant when leaving care. However, care should be taken interpreting these findings as there is no direct national or local comparator.

3. What services are there for Looked After Children and Care Leavers in Portsmouth?

LAC Health Team

The Looked After Children's (LAC) Health Team in Portsmouth work in partnership with health colleagues in Solent and colleagues from partner agencies to deliver health services to an average of 320 children in the care of Portsmouth City Council (PCC). On request, they also undertake health reviews for children placed in Portsmouth from other local authorities. More details about the service are available in the LAC Health Team annual report in Appendix 2¹⁴.

127 looked after children qualified for an initial medical last financial year (Apr'15-Mar'16). Of which, 109 (86%) had the initial medical within 28 days of coming into care. The LAC health team completed a total of 471 medicals last financial year (Apr'15-Mar'16), including both initial and follow up medicals.

CAMHS LAC service

The Child and Adolescent Mental Health Service (CAMHS) LAC team is a dedicated team providing a mental health service for Looked After Children and Care Leavers with a Portsmouth Social Worker or Personal Adviser. This includes a CAMHS Youth Offending Team (YOT) service. More details about the service are available in the CAMHS LAC annual report in Appendix 3¹⁵.

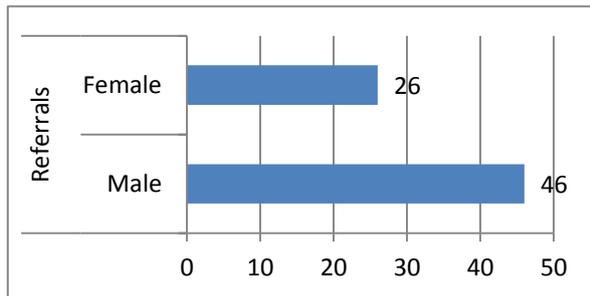
72 referrals were made between April 2015 and March 2016 to the CAMHS LAC team. This is an increase of 18% compared to the figures from 2014/15. The split between boys and

¹³ <http://researchbriefings.files.parliament.uk/documents/SN01420/SN01420.pdf>

¹⁴ Solent NHS Trust Looked After Children Annual Report 2015-2016

¹⁵ CAMHS LAC Team Annual Report 2015-2016

girls has remained two thirds and one third respectively, with the highest referral rate in boys aged between 13-16 years followed by 5-10 years. This is consistent with last year.



Ages (N)	Male	Female
0 – 4 Years	<5	<5
5 – 10 Years	16	7
11 – 12 Years	5	8
13 – 16 Years	17	8
16 Years +	<5	<5

The CAMHS LAC Team have provided direct and individual work to 35 young people. Direct work includes mental health assessment, meeting with the young person, psycho education to carers and network, attending network and strategy meetings when needed and advice to schools if appropriate.

23 young people received CAMHS LAC input additional specialist input. This specialist input includes:

- 9 young people were seen by a Psychiatrist
- 4 were prescribed medication
- 5 were assessed for ADHD
- 5 had a Autistic Spectrum Disorder assessment or screening
- 11 other specialist interventions were provided including cognitive assessment, weekly psychotherapy, sensory integration assessment, Emotional Coping Skills group, and Keeping Calm sensory Group.

The team have had 11 referrals for UASC, an increase on previous years. Due to the needs of these young people a new pathway has been devised by the CAMHS LAC Team, using the NICE guidelines. The CAMHS LAC team are also planning to set up support forums for the carers of these young people, through a small discussion group during 2016/17.

The CLA Health team complete the Strengths and Difficulties Questionnaires at each medical. The LAC CAMHS team analysed the SDQ scores of 52 children and young people who had high scores between March 2015 and March 2016. They audited whether or not these children and young people were referred to the CAMHS service and if so, offered a service. There did not appear to be any correlation between SDQ score and referral to the CAMHS service. This work will be explored further as part of the Health of LAC to inform the Health of LAC's mental health and well-being of LAC and care leavers priority workstream.

4. How do these services meet the health needs of LAC?

Portsmouth's looked after children and care leavers are asked to take part in an annual survey. The survey is focused around the health pledge developed this year, and outlined in more detail in section 5. This is children and young people told us in 2016:

LAC Feedback

- 92% of LAC feel that the physical and emotional health needs are being met (*Relates to overall Pledge*)
- 98% of LAC have seen a dentist in the last year (*Relates to pledge statement 3*)
- 98% of LAC have been given enough support and information about health services that you need or want to access (*Relates to pledge statement 5*)
- 98% of LAC that at school and at home get the chance to take part in physical activities and games (*Relates to pledge statement 7*)

Care Leaver Feedback

- 75% of Care Leavers feel that the physical and emotional health needs are being met (*Relates to overall Pledge*)
- 70% of Care Leavers have seen a dentist in the last year (*Relates to pledge statement 3*)
- 85% of Care Leavers have been given enough support and information about health services that you need or want to access (*Relates to pledge statement 5*)
- 65% of Care Leavers get the chance to take part in physical activities and games (*Relates to pledge statement 7*)

The survey tells us that looked after children and young people are generally satisfied with their health and health services. However, on leaving care, this drops significantly. Further work is needed to understand the survey results and identify areas for action. The feedback is further evidence that the Health of LAC group should prioritise the health of care leavers and highlights the importance of care leavers co-producing this work.

5. What we've done this year

In 2015/16, the Health of LAC subgroup:

- Reviewed the Terms of Reference, and extended the remit of the group to include the health of care leavers.
- Developed a health pledge, in consultation with the CICC, as outlined in the box below.
- Identified priorities for 2016/17, as areas where national evidence or local intelligence suggested there are gaps in our knowledge, or there may be additional health needs. There are:
 - The health of Unaccompanied Asylum Seeking Children (UASC)
 - The health of care leavers
 - Emotional and mental wellbeing of LAC

Health pledge

Pledge 7: We promise we will support you to be healthy by.....

- Making sure that when you first come into care a high quality health check-up is delivered by a senior Doctor.
- Providing you with a full health plan.
- Providing a health check-up every year by a nurse or doctor.
- Making sure that your Health appointments are accessible.
- Giving you the skills to access health services and information yourself.
- When you leave care at 18 you will be given all of your health history and the ability to access this information through an app.
- Support and guide you in your physical and emotional health and wellbeing.
- Making sure that you are provided with healthy and nutritional food and drink, and also have the opportunity to take part in physical activities whilst you are in our care.

The Looked After Children health team provided feedback on their perception of progress on these pledges:

- 100% of children placed in area are given a high quality health check-up , delivered by a senior Doctor. Those placed out of area are seen by a GP, and this will be audited during 2016/17.
- Some children placed out of area have been identified as not having complete enough information to formulate an optimum health care plan. This will be reviewed through the audit of out of area GP assessments during 2016/17.
- 97% of young people received their health checks in a timely manner.
- Only 46% of 17 year olds accessed their first offer of appointment. The Provider are reviewing their method of feedback from service users and will have more information by end of 2016.
- All young people receive their health reports and health care plans through their social worker. The health team contact card has basic websites for accessing information. However, work is ongoing to explore a Health App.
- 98% of the young people who responded in the annual survey said they have the support and information they need about health services.
- All young people are provided with their health history when they leave care and discussions are underway to do this via an app.

UASC

In response to the increasing numbers of UASC, health commissioners have worked to understand the health needs of this group and implications for service delivery. A

comprehensive health assessment pathway and guidance has been developed. This will be disseminated and implemented during 2016/17.

Care leavers

A health of care leavers subgroup was established summer 2016 and aims to:

- Improve the mental health support for care leavers.
- Identify the health needs of care leavers in Portsmouth and establish.
- Develop an action plan to address the health needs of care leavers.

The group has already made significant progress. The CAMHS, Adult Mental Health and Care Leavers Team are working closely together to review and implement a mental health pathway. The Care Leavers team are putting a system in place to record the health needs of care leavers, and the information included in this report starts to analyse this data. We will develop an action plan to address the health needs identified, implement it, and monitor through the Health of LAC group during 2016/17.

Mental health and well-being of LAC

The mental health of LAC is significantly poorer than that of their peers and this clearly impacts on educational and social outcomes. It is estimated that the consequences of lack of support for young people's mental health and well-being can be more expensive than investing in specialist services (cost of unstable care experience is £22,415 more per year than a well-supported care journey).

A House of Commons Education Committee report into the mental health and well-being of LAC, was published in 2016. It is likely that the current guidance on promoting health and well-being of LAC will be reviewed and updated to incorporate recommendations from the Future in Mind taskforce. It is therefore recommended that we are pro-active in responding to the recommendations within the report. A mental and emotional well-being sub-group will be established to take this work forward, starting with a workshop in December.

6. What we're going to do next

Our priorities for the next year are to:

- Work with CICC to audit ourselves against the health pledge, with a particular focus on better understanding the health needs of care leavers.
- Ensure information captured on all children on the Looked After Children's health team's database is shared and incorporated in next year's report. This must include age, gender, attendance at appointments, immunisation status, last dental appointment, weight status, score from Strengths and Difficulties Questionnaire (SDQ) and changes over time, referral to specialist services including CAMHS, smoking status, use of other substances, whether sexually active, pregnancy history and whether the young people are parents.
- Establish a system to enable the data from the LAC health database to be used to monitor changes in health status over time.
- Develop a mental and emotional well-being care pathway for care leavers, in partnership with care leavers, Personal Advisers, Child and Adolescent Mental health Services and Adult Mental Health Services.

- Work with Personal Advisers to develop the system for recording the health needs of care leavers
- Develop and implement an improving the health of care leavers action plan.
- Respond to the identified health needs of care leavers to improve processes and services, to ensure the health needs of care leavers are met.
- Implement the unaccompanied asylum seeking children health care pathway.
- Review the House of Commons Education Committee report into the mental health and well-being of LAC, to develop an action plan in response to the report's recommendations.

Appendix 1

Local Authorities statutory responsibilities with respect to the health of LAC¹⁶:

- A health assessment, as required by *The Care Planning, Placement and Case Review (England) Regulations 2010*.
- An up to date individual health plan
- Notify the CCG when a child becomes Looked After, has changes in their placement or ceases to become looked after within 5 working days
- LAC should not be refused any health service on the grounds of their placement being short-term
- Local authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.
- The health needs of looked-after children should be taken into account in developing the local Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- Agreed local mechanisms with CCGs to ensure that they comply with NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for looked-after children and to resolve any funding issues that arise
- To ensure continuity of care if a child moves area or out of care
- Plans are in place to enable children leaving care to continue to obtain the healthcare they need.
- Looked-after children should be able to participate in decisions about their health care and promote a culture:
 - where looked-after children are listened to
 - that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs
 - that helps others, including carers and schools, to understand the importance of listening to and taking account of the child's wishes and feelings about how to be healthy

Appendix 2 - LAC Health Team Annual Report



LAC Annual Report
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Appendix 3 - CAMHS LAC Team Annual report



CAMHS LAC Team
Annual Report 2016 f

¹⁶ Statutory Guidance on promoting the health and well-being of Looked After Children. DSCF, DH, 2015.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf