



***"LOOKING AFTER HEALTH"***  
***CHILDREN IN WALES CONFERENCE***  
**6<sup>th</sup> November 2003**

**Conference Report**

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## **Acknowledgements**

This conference was organised by Children in Wales, and we would like to thank the following individuals and organisations for their valuable contributions to the conference:

### **Conference Bookings & Administration**

Children in Wales - Louise Harries, Lian Williams, Helen Corsi & Graham Roddis

### **The Conference**

Thanks to Mike Bosley of Children in Wales and Dr Alison Maddocks, Swansea NHS Trust for co-chairing the event and to Dr Jo Sibert who originally agreed to chair but was unable to attend due to illness. Thank you also to all the speakers and workshop leaders, who included Jane Hutt, Minister for Health & Social Services, Welsh Assembly Government; Gary Birch, Director of Social Services, Torfaen County Borough Council; Janet Williams, Designated Nurse (Child Protection), National Public Health Service who stepped-in at the last minute to cover Dr Sharon Hopkins, Regional Director, National Public Health Service who was unable to attend due to illness; the Cat's Paw Theatre; Mike Lewis, Children in Wales; Ruth Talbot, Young Minds; Maraline Jones, Gwent Healthcare Trust; Einir Tomos, Fostering Network Wales and Angela Lewis and Joanne Hillman who ran the workshops.

## **Chair's Introductory Remarks**

**Mike Bosley, Development Officer, Children in Wales**

Today's conference forms part of the programme of Children in Wales' "Looking After Health" Project and is funded for 2 years through the Welsh Assembly Government's Health Promotion Division and their Health Promotion Voluntary Sector Grant Scheme. It is a practice development project that aims to help achieve the objectives for health of the Children First initiative.

In the 18 months since the project began, a host of complex and difficult issues have arisen, but several recur. These key issues are:

1.1 The move to a more holistic view of health and wellbeing. This is reflected in the amended regulations regarding health assessments, and also in the way that local authorities and voluntary organisations are taking ownership of issues that were formerly seen as the exclusive preserve of health professionals.

1.2 The related need to join up services and develop common understandings - for example to agree referral and communication protocols across agencies and across geographical and administrative boundaries. There must be an end to inequities in service availability based on county of origin or residence, both within and across boundaries.

1.3 The role and status of child care workers - particularly foster carers and residential workers. We need clarity over what we should be expecting from them, and what they should expect in return, and a realistic level of support in line with these expectations.

1.4 Mental and emotional health stands out as the one specific area where services are not matching need. Not only with regard to services for treating mental illness, but in the 'softer' issues. There are insufficient resources to help children develop resilience, deal with insecure attachments and to promote the self esteem of the most vulnerable.

1.5 Central to this is the need to develop a thorough-going and all pervasive child-centeredness. A commitment throughout to children's rights, and to giving children and young people a place in service design and development. By and large, local authorities are making headway with this, but the health services are far behind. We need greater efforts to meet the recommendations of the Carlile review in this regard.

We have designed today's programme around these key issues and we are particularly grateful for the active interest and participation of the Minister for Health & Social Services, Jane Hutt.

# **SPEAKERS' PRESENTATIONS**

# The National Strategic Context

Jane Hutt, AM & Minister for Health & Social Services, Welsh Assembly Government

This is an important conference and will, I hope, contribute to improving the lives of looked after children in Wales, now and for the future. I would like to thank Children in Wales for organising this conference and the speakers and all of you for contributing and taking part.

I will set the scene by talking about outcomes for looked after children, before covering Assembly policies and the legislation on health issues, setting the wider policy scene, and returning to the guidance we will shortly issue and the hoped for outcomes from today.

## Scene setting

Growing up as fit and well as possible is key to being able to benefit from education, leisure and play and in later life to gain access to training and employment opportunities and independent living. On all of these counts, looked after children and care leavers as a group fare poorly compared with their peers. 44% of care leavers in 2002 achieved 1 or more GCSEs or GNVQs, compared to well over 90% of their peers, although this was a marked improvement on the previous year, and only about 50 % of care leavers were in education, training or employment.

Many looked after children may be traumatised by the circumstances, which lead to them becoming looked after. They may have been neglected, have had poor diets and a general lack of physical and emotional care, and they are more likely than their peers to have a long term limiting illness or disability. Children First progress reports on the status of care leavers at age 19 suggest that in some areas a large number are receiving benefits due to long term illness. Furthermore, the circumstances in which many looked after children find themselves can make it harder for them to access a range of health services, including mental health services.

Young people who are looked after are also recognised as being vulnerable to risk taking behaviour, including unsafe sex, self harming, misusing illegal and volatile substances and alcohol. These early risk taking behaviours are indicators of poor mental and emotional health and may lead to wider social exclusion such as homelessness, unemployment and poor mental and emotional health.

## The Policies

The Assembly Government has agreed seven Core Aims for all services dealing with children and young people. Amongst these are aims to ensure that all

children have a flying start in life and the best possible basis for their future growth and development and to ensure that they enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation;

These core aims are reflected in the Assembly's Children First programme, which aims to improve the life chances of children who are looked after away from home. Key objectives of the programme are to ensure that children who are looked after gain maximum life chance benefits from education opportunities, health care and social care, and to ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.

Children First has been a driver for change across the spectrum of services for looked after children and some of the most exciting developments are in the areas of education and health care. In Education, the introduction of new arrangements for Personal Education Plans and for nominated teachers in schools, backed by statutory guidance, has led to a clearer corporate focus in local authorities. Education professionals, including teachers and Educational Psychologists, are making bridges between social services and education authorities and schools and between social workers teachers and foster carers. Educational attainment is improving, exclusions are reducing and there is higher attendance by looked after children.

Access to education has a direct impact on a child's health and well being. Regular attendance and stability will reduce the risks of social exclusion and risk taking activity, and improve mental and emotional health. Children also benefit from health promotion activity and access to sport and leisure facilities which they may otherwise be denied.

In health, the revision to the Children Act regulations on placement and review of children's cases, which came into force on the first of January this year, regularised for some and for others ushered in a shift in focus from the annual medical check to a more holistic assessment of an individual child or young person's health care needs.

The regulations require that a health assessment is carried out, that a health plan is drawn up for the child and that suitable health care services are provided during placement. These include medical and dental care and treatment and advice and guidance on health, medical and dental care and health promotion issues. This shift in focus had been heralded in early draft guidance on the Health of Looked After Children.

Good health goes beyond access to health services. Improved health outcomes for looked after children require the focus to be on health promotion and attention to environmental factors as well as physical, emotional and mental health needs. Children need to know how to access services and to have the knowledge and skills to communicate and relate to others and take responsibility for themselves.

In some areas, LAC nurses working in paediatrician or GP led teams are spearheading a revolution. Far more children are now having holistic health assessments and an increasing range of personal support and access to health promotional activity. As with education, the new posts are bridging the gaps between social care and health services and bringing greater understanding of health issues to social workers and to carers.

The situation is still patchy however. One of the problems with the old system was a refusal by young people to attend health checks. Figures for the year ending 31 March this year show a range of take up from 42% to 91%. I hope those who are lagging behind will learn from practice elsewhere and that there will be an improvement to report in next year's figures.

One of the outstanding issues is the difficulty reported by some in ensuring that children placed out of a local authority and Local Health Board area are able to access services. The converse of this is that LHBs and health providers in those areas where there are numbers of children placed often do not know about them. The revised regulations are clear. The placing authority must notify not only the identified bodies in the area where the child is living, but also the equivalent bodies in the area where the child will be placed and all the responsible authorities must ensure that appropriate services can be provided.

As part of the Children First programme, work is being done to help improve the availability of placements locally and to improve choice and stability. The outcome of major pieces of research into specialist placements, foster care and residential care for children will be available shortly and will inform development work.

But there is much that can be done now by local authorities and local health boards to plan and to commission services locally, rather than responding to crises in individual cases. If funding packages can be agreed, as they often are, for expensive out of area placements, then it should be possible to come to arrangements to commission those services locally over time. Of course, there is much movement of children across the border in both directions and we are working with government departments in England to see if we can tackle the issues jointly.

The Children First programme will continue to be the main policy programme specific to children in need, including looked after children. I am convinced of growing signs of effectiveness of the programme, but also of the need to sustain the effort to ensure that the changes being made become embedded in practice and gains in outcomes sustained. I have therefore decided that local authority specific grant will continue for another year and £28 million will be available next year to ensure continued development under the programme.

But delivering these better outcomes is not just a local authority responsibility. The Children Act 1989 makes clear that improving the health of looked after children is a multi-agency responsibility involving local authorities and the National Health Service. The Act puts the local authority in the lead in respect of services for children it looks after, but it also sets out a clear responsibility on other local authorities, and on any health authority to take action to help them in the discharge of their duties.

Service planning at local level, through the Local Frameworks for Partnership and the Health, Well Being and Social Care planning requirements should bring all local interests together in assessing local needs and determining funding arrangements to support the development of services to meet those needs. I expect all local partners to ensure that funding reflects the duties of the respective partners to provide services for looked after children and to ensure the sustainability of posts in future.

The work under the Children First programme complements and is complemented by other policy developments. The major policy thrust at present across health and social care for children is the development of the National Service Framework for Children. This will set standards for services that are evidence based and informed by the involvement of a large number of stakeholders and extensive consultation with children and young people and their families or carers.

The aim of the National Service Framework for Children, which will be issued for consultation in the middle of 2004, is to drive up the quality and equity of health and social services for children and young people irrespective of where they live in Wales. The NSF will place the child at the centre of services and, by greater integration between agencies, will improve outcomes for children. Standards are in the process of being developed for the six modules making up the NSF. One of these focuses on children in 'special circumstances', including looked after children, and I understand that later today you will have an opportunity to consider the draft standards.

Another module in the NSF is developing standards for child and adolescent mental health services. In my opening remarks I referred to the high incidence of mental health problems amongst children and young people who are looked

after. I anticipate this will shortly be confirmed by the publication of an ONS study into the incidence of mental health problems of looked after children in Wales.

Development of the social services contribution to CAMHS was highlighted as an area for development in the Children First guidance circular for 2003 - 04 and Implementation of the Child and Mental Health Strategy is vital if many looked after children are to receive the help they need. The strategy requires services that are not just the responsibility of, or only provided by the NHS but are a multi-agency responsibility. Comprehensive child and adolescent mental health services should be provided jointly by the health, education and social services in the public sector working together with non-statutory and voluntary sector services. In June local health boards were asked to ensure that they commission a balanced programme of mental health services for young people under 18 in their area while Health Commission Wales will continue to commission specialist services for those children and young people who have the most complex mental health needs.

The NSF standards are being developed in partnership with children and young people and their families, through one of Wales' largest consultations. Many children and young people consulted weren't happy with the health service and complained in particular about a lack of respect and understanding for them from some health professionals. Children want to be respected, to be listened too and taken seriously by all health professionals. As one young person said:

*"Why don't they listen and talk instead of just grunting"*

I'm sure that one of the successes of the new arrangements introduced in many areas of Wales is that the health professionals are approachable, that they listen and that they give the sort of help and advice that children and young people need and want.

The Welsh Assembly Government will shortly issue its much awaited guidance on improving the health of Looked After Children. The guidance will cover the legislative framework for safeguarding and promoting the health of looked after children, and the roles and responsibilities of agencies in planning and providing good health care within the framework of assessment, planning and review of the health needs of looked after children. It will deal with issues of confidentiality, consent and information sharing, too often the rocks on which inter-agency work founders.

The guidance will underpin the development of an effective and flexible system to address health inequalities and the assessment of health needs, to obtain and manage information required to produce individual health plans and to enable these plans to be implemented.

One of the outcomes of today's conference will be a report to the Welsh Assembly Government to inform the development of the guidance which we will issue in the New Year.

### **To sum up**

Outcomes for looked after children and care leavers are improving, but still poor relative to their peers. Being fit and well is key to their being able to access other opportunities in life. The Assembly Government has put in place policies, legislation and local planning arrangements which will support the development of services for children who are looked after. There is a wealth of experience in Wales and there are examples of successful approaches to engaging with children and young people and their carers, but some areas are lagging behind and must make sustained effort to improve.

I hope you will enjoy today's conference. I am sure it will be a success and that, together, we can improve the health and well being and thereby the futures of the children we are corporate parents to; our looked after children.

# The Local Strategic Context

Gary Birch, Director of Social Services, Torfaen County Borough Council

## Child Focus

- Young child's world view
- Very ill child
- Knowledge of early adolescence
- Changing patterns
- Youth culture

## Young Child's World View

"I couldn't read till  
I caught mumps,  
then I could" (Francis Sputtard)

## Very Ill Child

"I'm sick of living at the  
frontiers of medical  
knowledge" (Bridget Sputtard)

## Knowledge of Early Adolescence

Strong, sometimes distorted feelings as they enter adulthood; childhood world had simple, reassuring certainty"

- Cognitive
- Emotional
- Physical

## Changing Patterns

- Increase in children looked after
- Migration patterns
- Generational drug culture
- Internet exploitation
- Trafficking/prostitution

## Youth Culture

- Poverty and consumerism
- Youth-music-fashion
- Food industry
- Detachment from adult world norms

## Locality Fabric

- LHBs
- Formal Partnerships
- Health Inequalities Funding

- Children First
- Flexibilities Grant
- New Patterns of Deployment

#### **Clinical Nurse Specialist (LAC)**

- Specialist post
- Broad brief
- Focus on "follow-up"
- Impact on LAC medicals
- Impact on dental care

#### **MIST**

- 5-way Partnership
- CAMHS Strategy driven
- Target on complex needs
- Direct therapeutic interventions
- "Joined up"

#### **Others**

- OT Children with Disabilities
- YOT CPN
- Primary Care Mental Health Team

#### **Conclusion**

- LAC challenges
- Good fabric of care, good health
- Specific initiatives
- Child focus: role of professionals

# The Local Strategic Context

Janet Williams, Designated Nurse, National Public Health Service

## Historical context

The review of safeguards for children and young people treated and cared for by the NHS in Wales 'Too Serious a Thing' (Lord Carlile 2002) states that the designated doctor and nurse child protection role are functionally public health activities and recommended, "that all designated and named professionals should, for the child protection part of their work be managed by an All Wales NHS Child Protection Service. The service should be ultimately accountable to the National Assembly, with a dedicated management group having few competing priorities. There should be a Director of the service, a consultant in public health medicine. The Director should be required to prepare an annual report on child protection for the National Assembly" (Recommendation 34).

The review also highlighted the specific health needs of children and young people who are looked after and made the following recommendation "that designated professionals should be appointed in each area to take a strategic lead in the provision of health services for looked after children" (Recommendation 38). In Wales it was proposed that the designated doctors and nurses child protection should take on this role.

The Carlile review recommendations were adopted in 'Improving Health in Wales; A Plan for the NHS with its Partners' (July 2002) which placed the designated professionals role within the proposed National Public Health Service (but not the named professionals). The NPHS would be accountable for professional and performance issues to the Chief Medical Officer.

The changes within the NHS were implemented 1<sup>st</sup> April 2003. The Local Health Boards became commissioners of health services and acquired statutory responsibilities under the Children Act 1989. The Child Protection Service of the NPHS supports the LHBs to meet these obligations.

In presenting a report to the Welsh Assembly Government 25/6/03 Jane Hutt stated: -

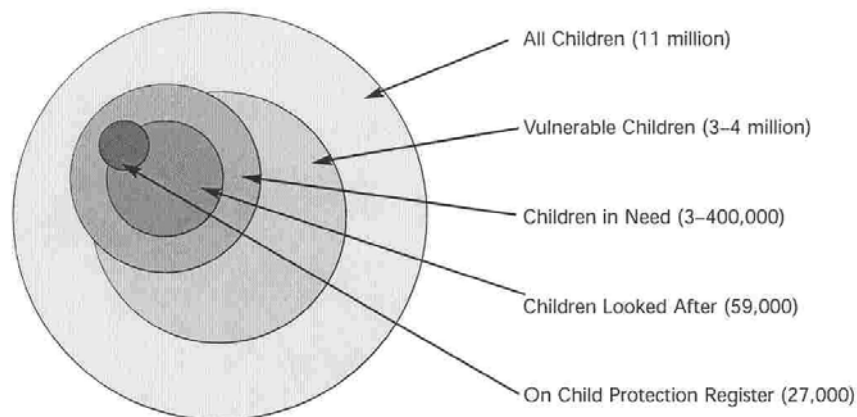
"An important feature of the National Public Health service is the new All-Wales child protection service, which fulfils the duties previously ascribed to the health authority in the Children Act 1989 and in subsequent guidance, particularly 'Working Together to Safeguard Children'".

## **Role of CPSNPHS - Children in Need, Children in Need of Protection and Children Looked After and those Leaving Care.**

As demonstrated in Fig 2 (Promoting the Health of Looked After Children DOH 2002) there is a relationship between some populations of children in need and as such it has always been part of the role of designated professionals to take a strategic lead for these vulnerable groups within their geographical areas.

Under the new arrangements the strategic responsibilities of the designated doctors and nurses child protection for children looked after and leaving care continue and will be included in the service level agreements with the 22 LHBs on an all Wales basis.

Figure 2 below demonstrates the relationships between some populations of children in need.



CPSNPHS has a developmental, supportive role in helping LHBs to carry out their functions and to ensure that the LHBs and NHS Trusts have a robust system to implement guidance under Working Together and the pending Welsh guidance for Promoting the Health of Looked After Children.

### **Accountability**

The National Director of the NPHS is an employee of Velindre NHS Trust and is responsible to the Trust for the operational and financial performance of the NPHS. The National Director is appointed by the Trust, but the appointment requires the consent of the Welsh Assembly Government. There are 3 Regional Directors and the South East Wales Regional Director manages the Child Protection Service NPHS.

The Trust is accountable through its Chief Executive to the Welsh Assembly Government. The National Director of the NPHS is professionally accountable to the Chief Medical Officer for Wales and is required to demonstrate that the services have been delivered to recognised professional standards and in accordance with the policies of the National Assembly for Wales.

## **Role of the designated professionals**

The role of the designated doctor and nurse is to assist LHBs in fulfilling their responsibilities as commissioners of service to improve the health of children looked after. This is a strategic role, separate from any responsibilities for individual children and young people who are looked after. This role should be differentiated from that of the Specialist Practitioner who in consultation with the medical advisers for adoption and fostering takes a strategic lead locally but also provide services to children and young people (called designated nurse and doctor for LAC in England).

The CPSNPHS provides: -

- ❖ Designated professional's advice to LHBs on questions of planning, strategy and the audit of quality standards.
- ❖ Children's Services Safeguards Development Manager supports and advises LHBs on monitoring standards and performance of local health services for children looked after.
- ❖ Works with LHBs, NHS Trusts, local authorities, the voluntary sector and the registered charity 'Children in Wales' to develop services to improve the health of children looked after and those leaving care.
- ❖ Facilitates the notification of health services when children become looked after, are placed for adoption or change circumstances.
- ❖ Develop policies & procedures to ensure those providing healthcare are meeting the health needs of children looked after and leaving care.
- ❖ Facilitate training to health professionals on the health needs of children looked after and those leaving care.
- ❖ Supports the work of specialist practitioners through the CPSNPHS regional fora.

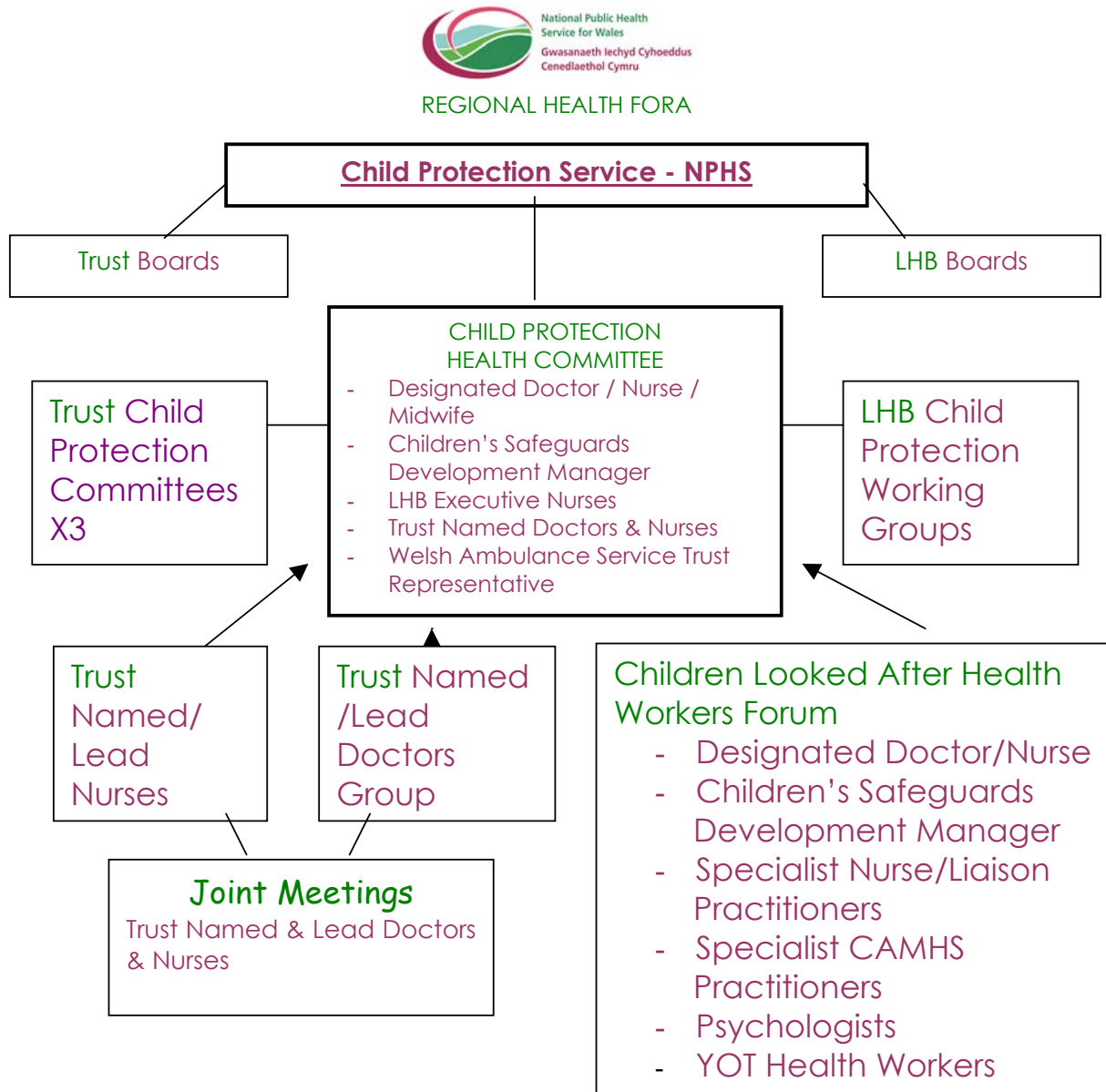
## **Examples of Work completed to date**

Waterhouse Report Monitoring Information - North Wales Trusts have monitored the number of children looked after, known to trusts, on a 6 monthly basis for the last 2 years. This information has been included and expanded in the all Wales tools for monitoring child protection safeguards in place in NHS services.

Draft Children's Safeguards Frameworks for use by NHS Services in Wales. The Trust framework includes information related to children looked after and their health needs in the placements. (Information can be found at poster display). The Frameworks will assist children's services to influence the Service and Financial Framework process, the Children and Youth Partnership groups and Children Service Plans to develop services for this group of children.

The majority of Residential Children Homes in North Wales now have an identified nurse and doctor. A minimum standard of 4 contacts per year is being worked towards. This has been included in the 'Draft Minimum Standard for Service Provision to Residential Children Homes' (Information can be found at poster display). This will be developed as an all Wales standard. Links have been established with Care Standards Inspectorate for Wales and Children Homes inspectors in North Wales.

Regional fora established (Fig 3)



## **Regional Fora**

The CPSNPHS has established regional child protection health fora/committees. Within each region Children Looked After Health sub groups have been set up. Fig 3. The purpose of the sub groups is to support the specialist practitioners who work with Children Looked after and by sharing good practice develop services across Wales. (Information can be found at poster display).

All Wales Child Protection Health Service Specifications draft completed.

CLA health fora and NPHS have led on developing 'Notification of Children Becoming Looked After and Changing Circumstances: Protocol For information Sharing Between the Local Authority and Health Agencies'. NW Child Protection Forum Final Draft ready to be ratified by 6 North Wales local authorities (Information can be found at poster display).

Facilitated Workshop North Wales 'Parental mental health and the impact on child health and development: preventing children becoming looked after (May 2003).

Discussion paper produced 'Holistic Health Assessments' (Information can be found at poster display).

## **Work plan**

Continue to support the LHBs in fulfilling their statutory responsibilities.

Health Service Child Protection Specification to be completed Consultation process completed by December.

Workshop to develop good practice guidance for health services for Children Looked After, planned for 15<sup>th</sup> Dec 2003.

Employ 2 additional children's services safeguards Managers to ensure equitable services throughout Wales (see restraints). To develop monitoring processes and improve standards.

Employ 2 additional Primary Care Training Facilitators to ensure equitable services throughout Wales (see restraints). Children in Wales are undertaking some work with us on developing meaningful participation of children and young people in our service.

## **Restraints**

Risk area if the 2 additional children's services manager and the 2 additional Training facilitators posts are not funded. Unable to deliver full service.

13% savings to be made by NPHS within first year of operation. Child Protection service NPHS have not been asked to cut services however there is little capacity for growth without additional funding.

Additional responsibilities to provide health services under the 'Children (Leaving Care) Act 2000', changes in Adoption Law and regulations and the National Service Frameworks can not be fully met without adequate resources.

# Health Related Quality of Life in Children in Public Care

Alison Maddocks, Consultant Paediatrician, Swansea NHS Trust

Report of a project to develop a clinical instrument and to assess its reliability and validity.

A Maddocks<sup>2</sup>, P Upton<sup>1</sup>, C Eiser<sup>3</sup>, PM Barnes<sup>2</sup>, L Price<sup>2</sup>, C Killa<sup>4</sup>

<sup>1</sup> Clinical School, University of Wales, Swansea.

<sup>2</sup> Department of Community Child Health, Swansea NHS Trust.

<sup>3</sup> Psychology Department, University of Sheffield.

<sup>4</sup> Bro Morgannwg NHS Trust

## Introduction

Children's health related quality of life (HRQL) is increasingly recognised as an important outcome measure in Paediatrics. Its application has been primarily with *physical* health problems. HRQL measures could also be applied to children with emotional health problems often reported by children in foster care.

## Objective

To develop a self-report questionnaire to measure the HRQL of children who are in the care system and a parallel proxy report for carers.

## Method

The questionnaire design followed an established measurement model. Items were chosen through an iterative process involving review of previous research, consultation with young people, piloting and subsequent revision of the questionnaire. The final version was tested on a random sample (N=70) of children and carers to establish its psychometric properties.

## Results

Factor analysis suggested a single scale of 19 items. Selected items reached the recommended item-total correlations of 0.4 or above, establishing the scales' internal consistency. Cronbach's Alphas of 0.87 for self-report and 0.91 for proxy report measures confirmed the scales' internal reliability. Scale scores showed moderate but significant correlation with emotional functioning subscales on a generic HRQL measure (Pearson's R = 0.661 and 0.605, P<0.05 for

self report and proxy report respectively) and with an independent rating of mental health (Pearson's R = 0.483 and 0.464,  $P < 0.05$  for self-report and proxy report respectively) establishing construct validity. Moderate concordance between the self-report and proxy report confirmed that the two forms were measuring the same construct. Reproducibility was acceptable for both reports (ICC = 0.685 and 0.651,  $P < 0.05$  for self report and proxy report respectively).

### **Conclusions**

This measure offers the advantages of brevity, easy of administration and interpretation as well as a sound psychometric basis. In addition, paediatricians and other professionals who work with foster children and their families have established the clinical validity of the measure. Finally, the availability of parallel forms for child and carer allows a complete assessment of the HRQL of the child in local authority care. This instrument will provide a much needed outcome measure for use both in routine assessment and in research with this group of children.

Good internal consistency was shown in four of five scales (Cronbach's alpha  $> 0.7$ ). Acceptable levels of child and carer concordance were also found on three of the five subscales. Analysis to establish further validity and reliability for the measure is currently underway.

### **Acknowledgements**

*Young people and their carers, WORD; Prof J Williams, M Jenney, J Varni, I Russell, J Walker, Judy, Admin staff CH Swansea, SS NPT, Sx B.end, Lisa Webb, WC Cheung, S Jackson (Includes those who formulated ideas for the project; facilitated access to young people & their carers; advised on data collection, collected data & interviewed ; data inputted and analysed results, gave support, encouragement & advice and last, but not least, financial backing).*

### **Key words**

Looked After Children, Quality of Life, State Care, Foster Care

## **"My Life in Them Bin Bags"**

**Presentation by the Cat's Paw Theatre**

Devised in partnership with a Social Services Department in Wales, this short forum theatre presentation was originally developed for the official launch of the Council's Corporate Parenting Statement.

It has since been expanded and presented in a fuller form on the occasion of a Youth Partnership conference, and this is the third time it has been performed.

It was devised through improvisation and research around the young people's own stories, portrayed today by young actors in Cat's Paw Theatre, a forum theatre company based at The Clocktower in Mostyn.

The intention behind the piece is to give a flavour of what life is really like for those going through the care system and to try to put in context some of the attitudes of the professionals who deal with them on a daily basis.

The title is a quote from one of the young people involved in the development of the piece, talking about her view of her possessions, often moved from carer to carer in black plastic rubbish sacks.

# WORKSHOPS

## **Aim of Workshops**

Each workshop was asked to identify three key messages for practice. In particular, they were asked to identify any key issues that should be addressed in the forthcoming WAG guidance on promoting the health of children looked after. The following accounts outline the content of the workshops and the messages.

### **Workshop 1**

#### **The National Service Framework for Children in Special Circumstances**

**Leader: Mike Lewis, Policy Director, Children in Wales**

The workshop aims to develop participants understanding of the National Service Framework as it relates to Children and young people who are looked after. The draft standards of the NSF on children in special circumstances are currently out for consultation. Participants will be able to examine the draft standards, input policy proposals for the NSF. In addition they will be able to develop their understanding of the crucial role that the National Service Framework will play in improving the quality of health care in Wales for children and young people. Any feedback that is received will be fed into the next stage of the development of the NSF that aims to develop the overall Children and young peoples NSF by December 2003. By the middle of next year the NSF will be agreed and then implemented in Wales.

#### **Workshop Outcomes**

The workshop aims to develop participants understanding of the National Service Framework and to consider the module on children and young people in special circumstances especially as it relates to children and young people looked after. Participants will be able to consider the three standards on

1. Child centred care
2. Access to care
3. Quality of care and contribute to their development.

#### **Key Issues**

##### **CARE PATHWAYS**

- The role of care pathways is crucial and should help to drive up quality
- How often will care pathways be re assessed
- Care pathways need to have some element of flexibility in terms of allowing professional judgement as long as this is child focussed
- Will the care pathways be supported by a legal framework
- How have children and young people been involved in their development

### Issues Relating to NSF:

- NSF to set meaningful targets
- There was a strong feeling that the terms used need to be defined from a child's perspective and not through adult/ professional eyes. This idea was developed to ask how children and young people conceptualise outcomes when adults disagree about what the terms mean. There may therefore need to be some definitions in the NSF e.g. community enhancing
- The need to monitor the health needs of looked after children and young people out of county and develop robust all Wales systems for this
- The NSF should support the eventual non-placement of children and young people out of county as localised specialist resources become developed. Practitioners would not be happy if resources were developed which did not focus on the needs of children and young people and instead focus on budgetary or professional interest issues
- The NSF needs to develop guidance on the issue of pooled budgets / joint funding so that the processes work in the same way across Wales. Anecdotal evidence was given of how this process works in different ways in Wales
- Waiting for the evidence base should not mean that children and young people are not having treatment

### Issues relating to Looked After Children and Young People which are broader than the NSF:

- The NSF needs to be linked to the proposed integrated children's system
- The need to develop a joint shared vision between all agencies who work for children and young people
- Agencies will need to define children and young people in the same way so that there is no disparity in service provision across Wales
- What will the process be of consultation on the NSF once the NSF is issued in its final stage? Participants raised the issue of how will children and young people be included in this later process
- The needs of children should be met with a skills led rather than a professional led approach - this will avoid the issue of creating silos in service provision

The above points were submitted to the Welsh Assembly Government as part of the consultation on the NSF immediately following the conference.

## Workshop 2

### **The Mental Health of Looked After Children and Young People**

**Leader: Ruth Talbot, Young Minds**

Looking after the mental health of looked after children - how to support the training of front line staff?

Research tells us that up to 67% of children and young people in the care of the Local Authority have a serious mental health problem. What ever our views about this, the mental health needs of this group of young people must be considered.

Meeting the mental health needs of Looked After Children depends on the skills and knowledge of their carers and those front line professionals who support and work with them. This workshop explores a model of training developed by the Young Minds Training Service, designed to be used with multi-disciplinary groups within a locality.

### **Workshop Outcomes**

Key messages:

Meeting the mental health needs of young people requires investment in and support of front line staff to raise their awareness of this issue.

There needs to be increased investment in frontline professionals on three levels; smaller caseloads for professionals; Greater training opportunities; Supportive supervision of professionals.

Children are in need of counselling in response to emotional health needs not currently provided always within CAMHS.

Issues of who provides funding - conflict around who should be funding training in multi disciplinary teams.

### **Workshop 3**

#### **What makes a Looked After Child healthy?**

**Leader: Maraline Jones, Clinical Nurse Specialist, Gwent NHS Healthcare Trust**

Children and young people who are looked after by the local authority are disadvantaged in many ways. It is well recognised that they have poorer health and social outcomes and worse life chances than other children. Their health problems are often poorly identified or managed and so opportunities to improve health outcomes are missed.

This workshop will ask delegates to identify the health, educational and social influences that impact on children's health.

In this workshop you will be split into 3 groups. Each group will assume the role of either a child/young person looked after by the local authority, a foster carer or a professional.

Your remit will be to discuss - What makes a looked after child/young person healthy from your selected perspective.

Each of the three groups will feedback to the others. This will be followed by a discussion of similarities and/or differences that have been identified.

#### **Workshop Outcomes**

Key messages:

Standards throughout for nurses, foster carers, and training for services of looked after children.

Recruitment - resources for all looked after children need to be looked at. Resources should be funded through education, social services and other agencies.

Consent - especially need agreements to ensure consents follow placements across boundaries.

## Workshop 4

### **Working together to promote the health of looked after children**

**Leaders: Einir Tomos, Fostering Network Wales, Angela Lewis and Joanne Hillman**

The aim of the workshop is to provide an opportunity to look at working together as corporate parents to meet the health needs of children and young people looked after.

The focus will be primarily on the health needs of children looked after with foster carers.

Participants will be given a brief introduction to corporate parenting and the responsibilities for the health of children looked after stated in the new Minimum Standards in Fostering and Fostering Regulation Wales 2003.

Participants will be invited to take part in the following two exercises:-

- 1) Opinion Finders. Participants will be asked for their views on 5 statements around the health needs of children looked after. Their views and comments will be shared
- 2) Participants will be asked to discuss 2 case studies in small groups. The case studies are fictional. The purpose will be to identify the health needs of the child in the case study and to look at ways of working together as corporate parents to meet the child's health needs

### **Workshop Outcomes**

Every child needs to be told about the services that are available. The information needs to be child friendly; the child needs to have copy of health assessment/action record.

Health services ignore children and young person's views. Management don't listen and ground level staff could do better too. Feedback is needed

Health, Social services and education do not work together but do come together when there is a problem. Need to find a way to get around it.

Children and young people do need to know their medical background. It may be very helpful to them.

Every child and young person needs a medical, looked after children are treated differently.

*Key Messages:*

- *Communicate more effectively*
- *Passing on important information is essential*
- *Preparation is needed before placement*
- *There needs to be joint policies and guidelines*
- *Better notification is needed - nothing can happen if no one knows about the child*
- *Multi-agency meetings are needed*

# POSTER PRESENTATIONS

**Poster presentations/displays were mounted by:**

*Voices from Care Cymru* - demonstrating their website for children and young people looked after - [www.vfcc.org.uk](http://www.vfcc.org.uk)

*North Wales CHILDREN LOOKED AFTER Forum* - contact Janet Williams, NPHS, Tel: 01352 700227

*Conwy and Denbighshire NHS Trust CAMHS Specialist for children looked after* - showing the results of using a Strengths and Difficulties Questionnaire as part of health assessments for children looked after - contact John McKenna on 01745 330881

*FPA Cymru* - briefing papers on the sexual health and sex education for children looked after; specialist training and advice on sexual health issues - contact 02920 644034

## Conference Submission to the Welsh Assembly Government

Following discussion with workshop leaders, where appropriate, the following was submitted to the Welsh Assembly Government as part of the preparation for their forthcoming guidance on Promoting the Health of Children Looked After.

### Recommendations

The Welsh Assembly Government requested that recommendations should be forwarded from the 'Looking After Health' conference for the forthcoming publication of guidance on promoting the health of children looked after.

The following recommendations are taken from the workshop sessions adapted, where appropriate, after discussion with workshop leaders.

**They do not necessarily reflect the views of Children in Wales.**

The recommendations are given with reference to the Department of Health document 'Promoting the Health of Looked After Children' (November 2002).

<b>Guidance Chapter and Paragraph</b>	<b>Recommendation</b>	<b>Additional Information</b>
Introduction 1.9	Make reference to links between the National Service Framework for children in Special Circumstances and the integrated Children's System	
The Roles and responsibilities of Councils		
5.2	Local authorities should make specific reference to planning to meet the health needs of children and young people looked after in their Children's Framework Plans. Guidance to this effect should be issued by the WAG.	Current guidance does not make this a specific requirement.
5.5	Local authorities should work in cooperation with others to make these protocols uniform across local authority and agency boundaries wherever possible. The	Variation in protocols leads to particular problems when children are placed out of county. For example, different

	production of standard protocols may be a task which the National Public Health Service could lead on (see chapter 6)	local authorities may adopt different positions with regard to the legalities of consent sharing. This may cause delay, unnecessary duplication and failures to deliver timely services.
5.8	Where a child is placed out of county, arrangements should be made to ensure, as a minimum: <ul style="list-style-type: none"> <li>- that records and consents accompany placement requests</li> <li>- that children's data has direct entry into specialist CHILDREN LOOKED AFTER service databases.</li> <li>- that, where referral to health services is made via Community Services, there is simultaneous referral to CHILDREN LOOKED AFTER services. (see 6.5 and 6.24 below)</li> </ul>	In some areas, OOC referrals are made via Community Services, and may not be accompanied by notes and consents. This leads to confusion in tracking and undue delay where a further referral is then necessary for health assessments, and other aspects of a health plan to take place.
The roles and responsibilities of the NHS		
6.1	NHS agencies should ensure that they have robust and adequately resources plans for meeting Recommendation number 1 of the Carlile Review 'all staff having access to children should be trained...[in]...children's rights'. This should include Senior Management in NHS Trusts and Local Health Boards (see Carlile Recommendation 23)	This should be specifically identified as part of the Chief Executive's role. The findings of the forthcoming review by CHI will inform this process.
6.5 and 6.24	Professionals undertaking health work should do so on the basis of competencies and skills rather than profession (see below). The role of the Chief Executive and Designated Doctor is to ensure	This is intended to avoid a 'silo' mentality developing between professionals groups, and to permit flexibility in patterns of service

	that professionals have the necessary competencies and skills.	provision whilst maintaining quality.
6.9	<p>Specific reference to the role and responsibilities of the National Public Health Service should be made.</p> <p>This should include:</p> <ul style="list-style-type: none"> <li>- the development of service standards</li> <li>- the development of core competencies and skills for CHILDREN LOOKED AFTER health work</li> <li>- the development of model protocols for information sharing and notification</li> <li>- the development of model systems for children's hand held records</li> </ul>	

Health Assessment, Planning, Intervention and review		
8.8	The employment of a designated person for data collation and transfer is essential, especially for tracking out of county placements. This post should form an integral part of the specialist CHILDREN LOOKED AFTER Team.	This should also assist the development of uniform data systems between areas
8.20	The hand held health record should be developed and adopted as a standard means of informing health workers and helping children/young people and their carers to take ownership of their health.	

The Parenting role		
	<p>The Chapter in DoH is inadequate. Much fuller reference should be made to the role of foster carers in particular.</p> <p>Guidance should also point out the National Minimum Standards for Foster Care, and provide support for foster carers with regards to:</p> <ul style="list-style-type: none"> <li>- developing an appropriate role with regard to intervening in health issues</li> <li>- requiring local authorities to identify how foster carers will be supported, with particular reference to sensitive health issues such as mental health problems, eating disorders, sexual health, drug and alcohol use, self harm. Such plans might form part of Children's framework Strategies as well as Child Protection/Designated professional reports</li> </ul>	
9.12	Local Authorities, as corporate parents, should consider options for making sport and leisure facilities more accessible to children and young people looked after eg through leisure passes and concessionary fees	
Mental Health		
12.9	Denbighshire may be cited as an exemplar.	The CAMHS CHILDREN LOOKED AFTER Specialist has devised a system which incorporates the Goodman SDQ into routine health assessments. The data collected in this way both facilitates early intervention and provides

		a useful means of rapidly assessing likely health needs for this population.
12.12	As part of implementing 'Everybody's Business,' resources should be made available to develop work on building resilience and self esteem through Tier 1 services. New models of working, such as variations on the 'Pyramid Scheme' model, and life story work should be vigorously encouraged.	CAMH Services at Tier 2 and 3 are over stretched. Many areas have long waiting times and there is considerable variation in accessibility of service according to place of residence and diagnosis. This is a priority area for investment and well being for children looked after.

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# APPENDICES



## **"LOOKING AFTER HEALTH"**

### **A multi-agency conference for Wales**

*Thursday, 6<sup>th</sup> November 2003, 10 am - 4 pm*

*Royal Welsh Showground, Llanelwedd, Builth Wells*

#### ***BACKGROUND:***

Children and young people who are looked after are amongst the most socially excluded of all young people. They have greater health needs than their peers, yet are less likely to receive adequate health care and treatment or be supported in making decisions that promote health and well-being. In recent years, services for children and young people looked after have been transformed, particularly following the Carlile Report and the availability of Children First funding. Now new challenges are emerging, including the reorganisation of the health service, Lord Laming's enquiry into the death of Victoria Climbié and changes to strategic planning structures throughout Wales.

#### ***THIS CONFERENCE AIMS TO:***

- \* To highlight the health of children 'looked after' in Wales
- \* To identify current policy context and directions
- \* To share best practice
- \* To identify issues for future improvements

#### ***GUEST SPEAKERS:***

- \* Jane Hutt, Minister for Health & Social Services, Welsh Assembly Government
- \* Dr Sharon Hopkins, National Public Health Service
- \* Dr Alison Maddocks, Swansea NHS Trust
- \* Gary Birch, Torfaen County Borough Council
- \* Ruth Talbot, Young Minds
- \* Helen Chambers, National Children's Bureau
- \* Einir Tomos, Fostering Network
- \* Mike Lewis, Children in Wales

#### ***WHO SHOULD ATTEND?***

- \* Directors - Looked After Children's Services
- \* Local Health Board Members and Lead Officers
- \* Designated health professionals and Community Paediatricians
- \* Senior Social Services professionals
- \* Workers in non-statutory sector
- \* Children's Rights Advocates and Liaison Workers
- \* Mental health Team Leaders

#### ***BOOKING A PLACE?***

Complete the attached conference booking form and return to Children in Wales, 25 Windsor Place, Cardiff CF10 3BZ at your earliest convenience to ensure a reserved place.

*This conference is an initiative of the "Looked After Health Project"  
of Children in Wales - Plant yng Nghymru*

# "LOOKING AFTER HEALTH"

Thursday, 6<sup>th</sup> November 2003, 10 am - 4 pm

Royal Welsh Showground, Builth Wells

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## P R O G R A M M E

- 9.30am Registration and Refreshments
- 10.00am Welcome and Introduction by the Chair  
*Mike Bosley, Looking After Health Project, Children in Wales*
- 10.30am The National Strategic Context  
*Jane Hutt, Minister for Health & Social Services, Welsh Assembly Government*
- 10.50am The Local Strategic Context - Partnerships for Health  
*Gary Birch, Director of Social Services, Torfaen County Borough Council*
- 11.10am **TEA/COFFEE**
- 11.30am The National Public Health Service and Looked After Children  
Dr Sharon Hopkins, Regional Director, National Public Health Service
- 11.50am Health Related Quality of Life in Children in Public Care  
*Dr Alison Maddocks, Consultant Community Paediatrician, Swansea NHS Trust*
- 12.10pm My Life in Them Bin Bags  
*Cat's Paw Theatre*
- 1.00pm **LUNCH & opportunity to look at Poster presentations**
- 2.00pm Workshops:  
- The National Service Framework - Promoting the Health of Looked After Children - *Mike Lewis, Children in Wales*  
- The Mental Health of Looked After Children and Young People - *Ruth Talbot, Young Minds*  
- What Makes a Looked After Child Health? - *Maraline Jones & Jane Dove, Gwent NHS Healthcare Trust*  
- Working Together to Promote the Health of Looked After Children - *Einir Tomos, Fostering Network Wales, Angela Lewis & Joanne Hillman*
- 2.50pm Workshop sessions repeated
- 3.40pm Plenary - summary of workshop recommendations and Chair's closing remarks
- 4.00pm **CLOSE & REFRESHMENTS**