

Children in Wales

The Looking After Health Project 2002-2004



A Report



- Around 4,516 children were looked after in Wales at March 2003, 9% more than the previous year.
- 71% were in foster care placements
- 13% experienced three or more placements during the year
- The average foster placement lasts 286 days
- Children looked after experience much higher levels of mental and emotional disorders than others
- They are 4 times more likely than others to smoke, drink and take drugs
- they fare worse for routine dental care, immunisation status and health threatening behaviour

The Looking After Health Project - what we did

The Looking After Health Project (LAHP) was set up by Children in Wales and funded by the Welsh Assembly Government's Health Promotion Voluntary Sector Grants Scheme (HPVSGS). It began work at the end of July 2002.

The Project involved employing a part-time Development Officer for 2 years to support good practice in health work for children looked after in Wales. The Project included a combination of partnership work with some local agencies, consultation with children and young people themselves, a national conference and newsletters and contributing to national consultations.

For example, in Denbighshire, we worked with the Child and Adolescent Mental Health Service (CAMHS), where the specialist worker for children looked after was piloting a model of mental and emotional assessment. Meanwhile, in Torfaen, we set up a partnership to address concerns of practitioners that children looked after were vulnerable to sex-related risks, including teenage pregnancy and sexual exploitation. This is a well established set of risks for young people looked after throughout the UK, rather than a particular local problem.

A national conference to share good practice was held in November 2003.

Consultation comments on a wide range of documents, including the drafts of the NSF for Children's Services, the National Public Health Services documents on holistic health assessments and

For more detailed information on any of these activities, please contact Mike Bosley at Children in Wales or visit our website at www.childreninwales.org.uk.

What we concluded about services for children looked after in Wales

Children who find themselves in the 'looked after' system are keen to be seen as not different from other children. Rather, they are ordinary children who have to learn to cope with extraordinary circumstances.

But because of these circumstances, extra effort needs to be put into some key areas.

The UN Convention on the Rights of the Child (UNCRC) guides all policy concerned with children in Wales, and it is to this that we should look in order to guide our efforts to improve the prospects for looked after children.

Article 20 of the Convention requires that child deprived of his or her family environment shall be entitled to special protection and assistance, and for due regard to be paid to the desirability of continuity in a child's upbringing.

When local authorities decide to take a child from the care and responsibility of its birth parents, they then become the child's 'corporate parent'. Other agencies, such as those of the NHS have a duty to support the local authority in carrying out that role. But do we currently provide children looked after with the warmth, security, and continuity that a child is entitled to from its parents? Do children in the care system truly feel 'looked after'?

Progress has been made in some respects, but there remain areas which require special attention. Amongst the most important are:

1. Improved opportunities to make and keep friends and social relationships
2. Support for carers
3. Stable, long term funding for multi-agency specialist teams
4. Investment in emotional and mental health services
5. Safe and appropriate housing for care leavers
6. Improved systems for maintaining continuity in services
7. Greater consultation and involvement
8. Education

1. Improved opportunities to make and keep friends and social relationships

The right of children to make and maintain friendships and social groups is an entitlement under Article 15 of the UNCRC. But when children enter the 'looked after' system, they may experience a change in the place they live in, the people who care for them, the school they attend, and the people they see. If they are moved more than once - and 11% of Welsh children 'looked after' experience 3 or more different placements in a year - this experience will be repeated. Practical problems such as obtaining consents from parents or guardians, lack of transport and staff time, and costs compound problems of a lack of opportunities for these children to make and maintain friendships and social networks.

The Social Exclusion Unit (2003) found that around a quarter of children looked after did not have access to after school clubs and activities. The problem was particularly great for children in residential care.

This problem can extend throughout a care career, and beyond. When children leave care, at 16 or older, one of their biggest concerns - as expressed in a recent (2004) consultation by Voices from Care Cymru, is that relating to their social isolation. Many young care leavers say that loneliness and learning to cope alone represent a major challenge.

'You feel you have no-one around you. Lonely and it's hard work running a flat on your own.'

'Loneliness, nobody to talk to.'

'Not talking about things and not being like other young people.'

The recently published draft National Services Framework for Children's Services identifies the development of peer support networks as a key action for children in 'special circumstances' such as care. **Practical measures such as routinely prioritising social networking opportunities into care planning, and making provision for children looked after to participate in after schools clubs, free leisure schemes and so on, is needed.**

2. Support for carers

Child care workers, both foster carers and residential care workers, represent the real, human face of the 'corporate parent' in the everyday life of a 'looked after' child. As such, it is imperative that they are supported to develop and express the warmth and continuity that a parent should provide.

Foster care represents not only a new family for a looked after child. It also represents a very cost effective means of caring for children (£300 per child per week on average, compared to £2,717 in residential care). The adoption of National Standards for Fostering has been a real step forward. Last year, Wales saw a small, but encouraging increase (2%) in the number of registered foster carers. But resources should be released to reward foster carers more realistically, so that more potential foster carers don't have to ask the question 'Can we afford to do it?' At the same time, they require **ongoing, intensive professional support throughout the duration of a placement and rigorous requirements to maintain and develop expertise to carry out their role in the long term.**

Children in residential care have also felt the benefit of the adoption of uniform standards. **As in foster care, any strategic initiative to improve the prospects for children in residential care must ensure that staff involved in direct care feel properly valued, and are able to develop the skills and attitudes - including an understanding of, and commitment to the UN Convention on the Rights of the Child - that will help them support children in emotionally warm, child centred ways.**

3 Stable, long term funding for multi-agency specialist teams

There has been some real progress over the past few years. The Welsh Assembly Government's 'Children First' programme has been instrumental in encouraging local authorities to employ specialist health teams, including Clinical Nurse Specialists, for children looked after. These Nurses are often more flexible in their approach - conducting interviews in MacDonald's instead of clinics, for instance. In some areas where this has happened, the uptake of annual health assessments, for example, has increased by 20-40%. This has shown that there is nothing intrinsic to

children in the care system that makes them uninterested in their own health; it's simply that up till now, we haven't provided them with the right support to help them improve it. It's another way that progress is being made through putting the children themselves at the centre of the service, rather than fitting the children into a pre-existing system.

However, the funding for these teams is currently a mish-mash of short term arrangements. If we are to build on the progress, we must make sure that **specialist teams have long term, core funding and support, and that a requirement for statutory services to ensure this is included in any strategic initiatives from Government.**

4. Investment in emotional and mental health services

The Children's Commissioner for Wales has drawn attention to the fact that Wales has an exemplary strategy for the development of CAMHS. Unfortunately, he has also, in each of his last two Annual Reports, drawn attention to the fact that there is insufficient funding to implement this strategy. Access to services is dependent on where looked after children live; waiting lists can be long, and access may be delayed until a child is in acute crisis.

Children looked after are entitled to get services of the same standard regardless of where they live or are placed.

Equally importantly, both their early experiences of family life and the very fact that they have been taken away from their parents mean that they are likely to need help with forming strong and healthy emotional attachments to carers. A review undertaken, in Denbighshire/Conwy indicated that only 31% of children 'looked after' assessed were deemed to need no intervention from emotional and mental health services. (McKenna 2004). One third required specialist CAMHS intervention. Services that help children with attachment problems are particularly variable across the Principality; action needs to be taken to address this specifically. **Strategic initiatives to establish equality of access to attachment services are vital.**

5. Safe and appropriate housing for care leavers

When young people leave care at 16+, they may be housed in accommodation which they feel is unsafe. The current requirement to house care leavers in 'safe and appropriate' accommodation is too vague to be useful. In practice, many vulnerable young care leavers are accommodated in poor quality housing, in circumstances which would not be deemed acceptable for our own children.

This wording is present in the current draft NSF for children in special circumstances; instead, **statutory providers should be required to meet specific standards for accommodation for housing vulnerable young people**. For example, 'no vulnerable young person is placed in accommodation without a clean, safe running water supply and sanitation or in proximity to recognised locations where illegal drug dealing takes place'.

In addition, serious consideration should be given to **investment in developing supported lodgings for care leavers**.

6. Improved systems for maintaining continuity in services

Most authorities do not have an accurate record of the numbers of children in care in their borough at any given moment. Furthermore, information on placement change is sometimes poorly communicated across agencies. This can result in children becoming 'lost' in the system, with serious consequences. Although efforts continue to be made to remedy the situation, there remains a particular problem when children are placed outside an administrative boundary (for instance, a London borough placing a child in foster care in a North Wales authority). This is in large part due to a confusion of notification systems.

Furthermore, the quality or quantity of service a child is entitled to should not change as a function of where they originate, or where they are placed (UNCRC Article 24). Changes in placement should not threaten or disrupt programmes of care which are already agreed or under way. Continuity of this kind will contribute to both the confidence that children looked after may have in feeling that they are truly 'looked after', and will help them develop the ability to understand and take an active part in their own care.

Hill et al (2000) studied the records of children in care and found that less than 50% of health care plan recommendations had been carried out. The 2004 Audit Report of the Caerphilly Clinical Nurse Specialist Team further demonstrated the importance of careful follow up, indicating that health plans of children placed in the borough that were derived from assessments undertaken by medical officers outside Caerphilly were significantly flawed.

There is an urgent need for **protocols and guidance at an all Wales level to spell out who is responsible for following up health action plans, and for implementing notification protocols which are uniform across administrative boundaries.** Information transfer systems must be transparent and timely. Dedicated resource should be available in every area to support this function.

7. Greater consultation and involvement

What kind of parent is it that never communicates directly with their children? Children looked after need to have the opportunity to be consulted over services and to see how their needs and views change them (UNCRC Article 12). **Local authorities and Local Health Boards – those who take critical decisions that affect the prospects of the children they 'look after' – should be required to meet with children on a regular basis, to hear their concerns and aspirations, and to celebrate their achievements.**

Local Health Boards have themselves acknowledged this area as a weakness, in the self assessment review of Child Protection undertaken last year by the Commission for Health Improvement. Many highlighted weaknesses around 'child centredness'.

LHBs should be required to devise action plans which include direct contact for Board members with children looked after, in a children's rights context.

8. Education

Too many children 'looked after' are unable to achieve their educational potential. As the 2003 Social Exclusion Unit report has shown, most of the major barriers to achievement arise from the same underlying issues

as those already considered, rather than in anything specific in the education system:

- a. a lack of stability
- b. time out of school
- c. insufficient support and encouragement from carers
- d. insufficient help with their emotional, mental and physical health

Addressing the areas identified above will improve the educational outcomes for children looked after and lay the basis for much brighter prospects in the future.

Implementing the UN Convention on the Rights of the Child will enable us to shape our strategic thinking for children in the care system in a way that will make it child centred and progressive.

Mike Bosley, Development Officer
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Children in Wales/Plant yng Nghymru, 25, Windsor Place, Cardiff, CF10 3BZ

Tel: 029 2034 2434

Some key readings

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