



Looked after Children and Care Leavers

Health Needs Assessment

Executive Summary

September 2018

Acknowledgments

The HNA was made possible thanks to the valuable contributions from a range of organisations involved in supporting Looked after Children and Care Leavers in County Durham. Thanks are also extended to those individuals who took time to engage with stakeholder consultations, including social workers, residential care workers, foster carers and young people themselves.

We would like to give specific thanks to:

- J Gill O'Neill, Deputy Director of Public Health DCC
- J Rachel Perry, Public Health Registrar
- J Karen Robb, Strategic Manager, Looked After and Permanence DCC
- J Carole Gill, Operations Manager, Looked After and Care Leavers DCC
- J Michelle Baldwin, Public Health Strategic Manager DCC
- J Katie Dunstan-Smith, Public Health Intelligence Specialist DCC
- J Dr Kirsty Yates, Designated Doctor LAC, CCG
- J Marie Baister, Designated Safeguarding Nurse, CCG
- J Donna Sweet, Head of Service CAMHS, TEWV
- J Nicola Harmer, Clinical Lead CAMHS, TEWV
- J Emma Anderson, Locality Manager 0-19 service, HDFT
- J Eleanor Seed, Investing in Children
- J Helen Riddell, Public Health Advanced Practitioner, DCC
- J Mark Smith, Strategic Manager, Commissioning, DCC

Executive Summary

Looked-after children (LAC) and care leavers (CL) are a vulnerable sub-group of the population. Most children enter care often following a range of Adverse Childhood Experiences (ACE's), often as the result of abuse or neglect. Whilst they have many of the same health issues as their peers, the extent of these is often greater as a result of their past experiences. The available evidence suggests LAC and CL experience poorer health outcomes which can persist into adulthood.

In 2017/18 around 800 children and young people have been cared for, 1 in 3 children who enter care are under 1 years, 4 out of 5 come into care due to abuse or neglect and 2 out of 3 children and young people are placed in foster care. Durham County Council has seen a 53% increase in the number of LAC between 2011 and 2018.

As a corporate parent, local authorities should have the same high aspirations for the children they look after as any parent and should ensure looked-after children and young people have the care and support they need in order to be healthy, happy and reach their full potential. Supporting those leaving care to successfully transition into adulthood is also of key importance to ensure they are well prepared for adulthood, with support now provided for care leavers up to the age of 25 years.

The HNA had three key processes for gathering relevant information. A literature review was conducted to understand, from published evidence, the burden of physical and mental health problems and health risk-taking behaviours among LAC and CL. Secondly, local data was also gathered to identify what local intelligence was available to identify needs and health service use across County Durham. Lastly, stakeholder engagement was conducted with LAC and CL and with carers and professionals who work with them in County Durham.

In order to provide focus to the HNA, four priority areas were selected:

HNA Priority Areas:

- 1. Mental health and emotional wellbeing**
- 2. “Risk-taking behaviours” – including smoking, substance misuse, sexual health and teenage conceptions**
- 3. Speech, language and communication needs (SLCN) and Special Educational Needs and Disability (SEND)**
- 4. Wider determinants of health for care leavers: e.g. education, employment and training; accommodation and financial management**

Summary and Key Statistics of the HNA findings

LAC and CL have a range of needs that affect their overall wellbeing. Key findings are summarised from various national and local evidence and data.

Priority Area 1: Mental Health and Emotional Wellbeing

Understanding that pre-care experiences of abuse or neglect are categorised as an ACE, as is the act of going into care itself. For this reason, all LAC and CL should be considered to be at-risk.

-) National evidence suggests that around half of all LAC have a diagnosable mental health disorder and/or behavioural conduct disorders, which is significantly higher than their non-looked after peers.

Local evidence highlights that mental health pathways for LAC and CL in County Durham, are not robust and can be difficult to navigate. The Strengths and Difficulties Questionnaire (SDQ)¹ process in County Durham does not routinely share total scores for LAC with key stakeholders including the Virtual Head, or are they used to inform wider health assessments.

-) The proportion of LAC in County Durham whose SDQ score is “of concern” is higher than North East and England averages (35% in 2017/18 compared to 32% North East and 29% England), and this trend is consistent over time.

¹ The SDQ is an internationally validated brief behavioural screening questionnaire for 4-16 year olds.

It is acknowledged that accessing CAHMS services is an issue locally and nationally. Current pathways to support the mental health and emotional wellbeing of LAC and CL typically focus on moderate to high level need through specialist support services, if a young person does not meet the eligibility criteria for either CAMHS or Full Circle, referrers are often unsure of what steps to take next. Uncertainties around pathways can create delays for those LAC and CL who require support leading to increased, inappropriate use of urgent and emergency services, such as mental health crisis and liaison services and accident and emergency services

-)] There are a number of young people requiring emergency support on repeated occasions.
-)] Young people report the process of leaving care and transitioning into adult services due to a reported increase in young people feeling socially isolated.

Entry into care data is collated as part of the Initial Health Assessment (IHA). As this data is combined for both County Durham and Darlington it is not possible to determine the health needs for this cohort of children and young people.

Priority Area 2: Risk-taking Behaviours

Emerging evidence indicates that ACE's can increase the risk of a young person engaging in risky behaviours, such as substance misuse and having an unplanned teenage pregnancy. The study highlighted that:

-)] LAC were much more likely than their peers to smoke, take illicit drugs and engage in sexual activity that could leave them vulnerable to developing sexually-transmitted infections and unintended pregnancies.
-)] Risk-taking behaviours were also more likely to cluster in the LAC population where young people were four times more likely than children living in private households to smoke, drink alcohol and take drugs (8% compared with 2%)
-)] LAC are more likely to become sexually active at a younger age and have a higher number of sexual partners than their non-looked after peers
-)] It is estimated that in County Durham 12% of children and young people in drug and alcohol treatment services are in care. This is comparable to the national average
-)] Evidence suggests that around 20-50% of 16-19 year old females with a history of being in care become mothers.

-) It was noted that in County Durham, a high proportion of female care leavers aged 17-21 years in County Durham are pregnant or mothers (around 40%).

A small scale, local review of CL in County Durham who are pregnant or mothers identified some potential common themes; these included:

-) placement instability,
-) entering care at a later age
-) Previous involvement with mental health and/or substance misuse services.

These findings should be reviewed with caution due to the small sample and lack of comparable data.

Initial Health Assessment (IHA)² and Review Health Assessment (RHA)³ include an assessment of risk-taking behaviours; the transfer of RHA by Harrogate Foundation Trust (HFDT) to electronic recording should allow for much improved collation and understanding of local intelligence.

Professionals and carers working with LAC and CL felt able to support young people who approached them in relation to sexual health, however felt that their knowledge was not always as up to date as possible.

Priority Area 3: Speech, Language and Communication Needs (SLCN) and Special Educational Needs and Disability (SEND)

Failure to identify SLC skills and address needs can lead to a range of negative outcomes in relation to health and wellbeing, educational attainment, future employment prospects and participation in society. Limited evidence that does exist indicates that needs are often under-identified meaning that LAC are less likely to be receiving therapeutic intervention.

-) Around two-thirds of LAC have identified SEND. When considering a breakdown of SEND by need, a higher proportion of LAC have needs associated with “social, emotional and mental health” compared to non-looked after peers

No prevalence data exists within County Durham. IHA and RHA, completed by clinicians with expertise in developmental paediatrics, include reference to SLCN. Collecting data electronically should in time improve understanding of prevalence, although no specific screening tool is currently used as a standard practice.

² IHA is a holistic health assessment on entering into care. The IHA is a statutory requirement that must be completed within 20 working days of becoming looked after

³ RHA should be completed once every 6 months for 0 – 5 years, annually for children aged over 5 years

A review of speech and language therapy undertaken in County Durham estimated the prevalence of needs across three key priority areas. The review recommended that a focus on early identification was required, including an improved training offer for foster carers highlighting the importance of communication rich environments

Specialist support provided to LAC with SEND was highlighted as an area of good practice in the most recent OFSTED SEND inspection of County Durham which was published in January 2018. The Virtual School commissioned a bespoke set of services to support LAC with SEND, including educational psychology and speech and language therapy (SLT). These services can provide valuable support to those LAC who access them, however they can often be a delay in accessing support.

Priority Area 4: Wider Determinants of Health (Care Leavers)

There are a variety of factors that influence the health and wellbeing of young people leaving care that have been taken into consideration as part of the HNA:

Education, Employment and Training

Nationally CL can often experience difficulties in moving into further education, employment and training:

-) Around 40% of CL in England are not in education, employment or training (NEET) compared to around 13% of 19-24 year olds in the general population
-) Only around 6% of CL move into higher education compared to 27% of their peers aged 18

County Durham has a lower proportion of CL who are NEET compared the North East and England average

-) 29% of CL in County Durham are NEET
-) Data relating to NEET figures of the general population aged 17-21 years is unavailable; therefore we are unable to determine how CL destination information compares to the general population

Positive examples of partnership working exist, the multi-agency Care Leavers Steering Group continue to identify gaps in provision

Accommodation

In April 2018 the government introduced revised statutory guidance in line with the Homeless Reduction Act 2017. Despite local authority statutory duties to support CL into suitable accommodation, evidence suggest that around one-third of care leavers experience homelessness at some stage after leaving care.

Significant work has been done to improve the accommodation offer across County Durham, particularly for those with moderate-high level needs. Accommodation is provided by a range of providers and there is currently limited information available on accommodation outcomes and user experiences

Welfare Rights and Managing Finances Independently

CL are identified as being over-represented in the number of benefit sanctions suggesting they are less well equipped to navigate the welfare system.

Durham County Council fund a dedicated Welfare Rights Officer specifically for CL, this post is in its infancy therefore limited quantifiable data is available; early indications show that the post holder is supporting a high number of young people, with a range of more complex needs specifically around the impact of Universal Credit

Some support and training is offered within County Durham to ensure CL are financially independent, although it is noted that the training offer could be improved

Additional Information

Durham County Council has seen a 53% increase in the number of looked after children between 2011 (520) and 2018 (795).

Published data is available up to 2017. For 2016 and 2017, the rate of children in full time looked after care in County Durham is significantly higher than England and lower than the North East. Provisional data for 2018 shows that the number and rate of looked after children has dropped slightly; 795 children and young people looked after and a rate of 79 per 10,000.

Within County Durham there is geographical variation in the number of children and young people becoming looked after. Between 2014/15 and 2016/17 just one 1,000 children and

young people became looked after. Table 1 shows the where they were living prior to becoming looked after.

Table 1: Number and proportion of children becoming looked after by Clinical Commissioning Group (CCG) and commissioning localities, 0-17 years, 2014/15-2016/17. Source: CYPS DCC.

	2014/15 – 2016/17		
	Number of children becoming looked after	%	Rate per 10,000
North Durham CCG	341	36	34.4
Derwentside	164	17.3	36.1
Chester-le-Street	78	8.2	40.3
Durham	99	10.5	28.8
Durham Dales, Easington and Sedgefield (DDES) CCG	605	64	45.7
Durham Dales	140	14.8	37.9
East Durham	298	31.5	58.2
Sedgefield	167	17.7	37.8
County Durham	946	100	40.9

Between 2014/15 and 2016/17 the majority of children and young people becoming looked after had been resident in DDES CCG (64%) and almost a third had been living in East Durham (31.5%). As a rate per 10,000 population the rate in DDES CCG is over 10 per 10,000 higher than North Durham CCG; 45.7 per 10,000 compared to 34.4 per 10,000. The rate in East Durham of 58.2 per 10,000 is twice as high as the rate in Durham 28.8 per 10,000.

Recommendations

HNA Recommendations for action

Key recommendations for County Durham can be collated into four key themes:

-) Leaderships and Partnerships
-) Strategic
-) Operational, Prevention and Early Help
-) Data Intelligence

Leadership and Partnerships

Recommendations for leadership and partnership developments include:

-) Ensure that there is a clear lead for the health and wellbeing of LAC and CL within each appropriate agency to provide strategic oversight, drive forward recommendations from the HNA and act as an advocate for LAC and CL within their organisation.
-) Ensure that the designated lead for the health and wellbeing of LAC and CL within each agency provides regular updates and is appropriately challenged by multi-agency partners, for example the LAC Strategic Partnership Group

Strategic

Recommendations for strategic developments include:

-) Development of a holistic, patient centred pathway for mental health, that provides a graded response to need is linked to ACE's and considers the impact of social isolation on CL
-) A review of the Strengthens and Difficulty Questionnaire process and how this can be developed as part of a patient centred pathway for mental health is required in order to better understand the needs of LAC in county Durham.
-) Ensure that all services are developed and designed 'through the eyes of the child' and that methods to routinely capture the voice of LAC and CL are developed and implemented
-) Develop work in line with findings from the recent review of Speech, Language and Communication needs in County Durham to ensure that LAC and CL are appropriately supported

Operational, Prevention and Early Help

Recommendations for operational, prevention and early help include:

-) Improve identification of SLCN through IHA and RHA
-) Adaptation of the Clear Cut Communication screening tool developed by CDYOS to support the detection of SLCN and embedded across Children and Young People's Services to support the identification of LAC with SLC difficulties
-) Ensure that all LAC and CL have access to high quality relationship and sex education (RSE)
-) All LAC and CL have access to appropriate sexual health services including appropriate contraception
-) Development of a training offer for professionals and carers that considers the following:
 - a) ACE's and trauma based approach
 - b) Mental Health First Aid for LAC/CL at risk of self-harm and suicide
 - c) Risk taking behaviours
 - d) The importance of providing communication rich households
 - e) The importance of SLC development in the early years

Data Intelligence

Recommendations for data improvement include:

-) Development of a health dashboard to better understand and monitor LAC and CL health and wellbeing and support the identification of emerging local themes and trends
-) Development work with CDDFT and HDFT to ensure that the data collated through the IHA and RHA are specific to County Durham and can be incorporated into the health dashboard
-) To ensure that SDQ scores are revisited with LAC and CL as part of a wider assessment of mental health needs and better utilised to track population trends over time
-) Identify a solution to improve the identification of all LAC and CL who are teenage parents, with a particular focus on fathers; reviewing the age range of the data set

to ensure that that the data collated is comparable to the general teenage population

- J It was agreed that LAC who are accommodated outside of County Durham would remain out of scope of this HNA, however it is recognised that a further review into the health needs of this cohort may be required to better understand their needs

Next Steps

This Health Needs Assessment will support the development and commissioning intentions of health services, in respect of looked after children and care leavers from 2018 onwards.

As most health and wellbeing needs are inter-related, solutions to address the identified needs and recommendations must take a multi-agency approach and will require meaningful engagement of commissioners and providers