

Executive Summary

1.0 Introduction

NHS Newcastle Gateshead Clinical Commissioning Group (NGCCG), partially through their Looked After Children's Health Teams, are responsible for meeting the statutory health duties to looked after children ensuring services and support is available as required. There is strong partnership working with Newcastle City Council and Gateshead Council who have care and responsibility of children who are looked either by a voluntary agreement or a care order granted by the courts. In order to ensure these services continue to meet the needs of looked after children, their carers and the staff who support them, NGCCG, with the support of both local authorities, have undertaken a review of how current services are delivered and received with a view to identifying positive areas of practice as well as where gaps exist and improvements can be made. This report details the results of engagement undertaken with young people, their carers and professionals who support them.

One hundred and twenty-five people shared their views via online and face-to-face questionnaires:

- 24 children and young people
- 85 foster carers, residential workers, project support workers and family members
- 16 social workers and independent reviewing officers

It must be acknowledged that engagement with children and young people is low despite best efforts to engage with this group. Those close to the young people felt that questionnaire fatigue was one of the reasons for this and also suggested health assessments was not a priority topic for the young people and this could have been a barrier to participation. It is therefore acknowledged that the views of this group are underrepresented in this report.

Both Newcastle and Gateshead Looked After Children Health Teams offer a similar service but there should be an acknowledgment that the data is skewed towards Gateshead in terms of responses from social workers and reviewing officers in particular but also foster carers, residential workers and family members.

2.0 Findings

From the findings it is clear to see that the majority of all groups are happy with the services and support provided by the Looked After Children Health Team and the annual health assessment process. However from the group of children and young people we spoke to, it is clear that the Health Team and health assessment play a very minor part in their lives with most only having contact during the assessment.

2.1 The Looked After Children Health Team

2.1.1 Visibility of the Team

When introducing this topic to the children and young people, most did not recognise the Team by name or were aware of what support they provided aside from the annual assessment. Just over half (45, 52.9%) of foster carers, support workers and family members had information about the service as did over two-

thirds (11, 68.8%) of social workers and reviewing officers; two people directly commented that visibility was an issue. Over three-quarters (66, 77.6% and 14, 87.5%, respectively) of these groups knew how to get in touch with the Team whereas just under half (11, 47.8%) of children and young people knew how to contact them.

3.3.1.2 Contact with the Team

No children or young people who knew how to contact the Team had actually done so themselves because they had never needed to or if they did have a health concern they would not consider calling the Team and go to their carer, own GP or social worker instead. Over half (49, 53.8%) of the foster carers, support workers and family members and social workers and reviewing officers had contacted the Team with the vast majority (46, 95.8%) reporting the process to be very or quite easy. All but one found the contact to be helpful, offering a quick and efficient service that was supportive and answered their questions.

Despite not contacting the Team themselves some children had experience of the Team outside of the health assessment. When rating the overall support the Team provided, over four-fifths (92, 82.9%) of all groups felt that it was good or very good. They were praised for treating young people with respect and listening to them, being helpful and supportive and being on hand when needed, in particular. Children and young people (9, 81.8%) also felt that the Team provides adequate support around their emotional health.

3.3.1.3 Training opportunities

Just over half (45, 52.9%) of people are aware of the training offered to foster carers, workers and family members by the Team and those who had attended all felt it was helpful, providing them with information, giving them insight into conditions and helping them to understand the health and social care system. They suggested several further topics they would like the training to cover. There was also interest in future training opportunities from three-quarters (34, 75.6%) of those who were unaware of this provision.

3.3.1.4 Support for social workers and independent reviewing officers

Over four-fifths (88.1%) of this group rated the health reports they receive from the Team as very good or good in terms of their timeliness, usefulness and quality. Four people made some suggestions for improvements to the service whilst just over one third (6, 37.5%) of the group knew how to make a complaint about the Team

3.3.2 Health assessments

Again in preliminary discussions with the young people the majority could not recall much about the assessment process without being prompted. Most are however happy with the health assessment process; four-fifths (19, 79.2%) reported that they understood why they had it and what to expect on the day despite less than one third (7, 29.2%) recalling receiving information or a leaflet in advance of the appointment. Only one fifth (5, 20.8%) felt that they had been given a choice of venue for the assessment but the vast majority (91.7%) were happy with where

their assessment took place and two-thirds (16, 66.7%) requested that assessments took place during the working week rather than an evening or weekend.

At least four-fifths (19, 79.2%) of children and young people felt that they understood the discussions that took place during the assessment and were able to take part in them (21, 87.5%) although the remainder felt that things could be explained more clearly to them using simple language. When asked, nine-in-ten (76, 89.4%) foster carers, support workers and family members also reported feeling able to take part in the discussions (for those that did not, in all but one case the young person was encouraged to attend alone). Over four-fifths (20, 83.3% and 72, 84.7%) of both groups felt listened to during the assessment; three foster carers did not.

In terms of the Health Care Plan the majority (19, 79.2%) of children and young people have access to it and understood the information within it; three who did not, felt that the document was too wordy. The vast majority (70, 94.6%) of foster carers, support workers and family members felt that the document was helpful, providing lots of information, outlining changes to be made and highlighting issues to be aware of in particular. Just over half (45, 52.9%) of this group had been offered support to help implement actions identified in the Plan but for most (38, 95.0%) support was not required.

When considering the positive aspects of the annual health assessment children and young people felt that getting to know their weight (10, 43.5%) and being able to talk about how they feel (8, 34.8%) was most useful; one fifth (5, 21.7%) however could not think of any positive aspects of the assessment. Nine people (40.9%) identified issues with the assessment with one fifth (22.7%) of the group saying that it took too long. Others felt uncomfortable during the session and said that they were asked awkward questions. Two young people felt that they should be able to choose whether they have an annual assessment once they are 16 and another asked that health professionals carrying out the assessments be more aware of people with learning difficulties who may need more support during the appointment to fully take part.

Foster carers, support workers and family members appreciated the opportunity to monitor any changes in the child/children's health over time (28, 38.4%) and basically ensuring their health needs are being met (18, 24.7%). The main concern this group had about the assessment was that it highlights a difference between Looked After Children and others, particularly when the assessments are carried out at school (21, 46.7%). One sixth (7, 15.6%) pointed out that children and young people do not like to attend the sessions, seeing it as an intrusion (5, 11.1%) and finding it difficult to communicate with health professionals they do not see regularly (5, 11.1%). One sixth (7, 15.6%) also questioned whether the assessment was necessary at all, especially for children with no additional needs who could be monitored by their carers and seen by their GP if there was a need.

3.0 Recommendations

From the findings it is clear to see that satisfaction with the services provided by Looked After Children Health Team is high. However in response to the findings, some recommendations can be made. It is suggested that NGCCG takes time to analyse the

findings of this report and consider the proposed recommendations to help inform decisions around any future service delivery model.

3.1 Key recommendation – Improve visibility of the service

- Develop a plan to promote the service amongst all groups with messages specific to each group
- For children and young people this should include what the service can offer which is different from going to their GP and if the aim is for children and young people to contact the Team directly, the benefits of doing so rather than going through their carer or social worker
- Consideration should also be given to the communication channels the young people could use to contact the Team
- Consider how the Team could have more presence within the social worker teams. Could there be one named nurse? Could nurses have a regular drop-in session within the office?

3.2 Training opportunities

- Greater promotion of training opportunities for foster carers, support workers and family members, particularly amongst residential and project support officers
- Consider providing training sessions to cover:
 - Foetal alcohol spectrum disorder
 - Mental health training which is not so diagnosis focussed
 - Psychological services
 - Child and Adolescent Mental Health Services
 - Nutrition/food difficulties
 - Autism
 - Accessible training around medicals
 - Monitoring the child's health as they get older
 - Common ailments e.g. sleeplessness, bedwetting/incontinence

3.3 Complaints procedure

- Any promotion of the service should explicitly state the process for social workers and reviewing officers to make a complaint

3.4 Health assessment

3.4.1 Information

- If resources allow, the process of informing children and young people of the assessment should be reviewed to ensure that both the Team and carers are providing and passing on the information
- Consider promotion of the health assessment to ensure that foster carers and support workers understand why annual assessments are necessary for all children and young people, even those settled children with no additional health needs

3.4.2 Understanding of the assessment

- Ensure that staff carrying out the assessments are aware of any learning difficulties the child may have and ensure they are supported to take part in the process
- When a child first becomes Looked After it is suggested that there could be an assessment of their reading age so that any information they are given is tailored accordingly. At the end of the assessment their understanding could also be tested with a few simple standardised questions.

3.4.3 Communication

- Consider whether there are any other opportunities for the Team to interact with Looked After Children throughout the year to help build rapport.

3.4.4 Location and timing

- It is recommended that consideration is given to removing assessments from schools to ensure that the process does not stigmatise Looked After Children
- In terms of appointment times, most children and young people prefer to have them during week days and during the day. Ensure that the option to have appointments during the day Monday to Friday continues

3.4.5 Duration

- Ensure that children and young people are aware of the length of time the appointment takes and why and try not to overrun wherever possible
- Also consider whether a two-tier assessment system could be implemented where after the initial assessment children and young people with no health issues could go on to have a shorter, simplified assessment in the future. If any concerns are identified at this assessment they could then go on to have a full assessment

