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Every Child Matters
Change For Children

Concern that the health needs of looked after children have not been adequately met has led to new measures. Guidance issued by the Department of Health on promoting the health of looked after children, and the publication of the National Healthy Care Standard within the Healthy Care Programme follow other initiatives to improve health and well-being and the quality of health care provision for this vulnerable group.

This briefing focuses on physical health. It is, however, important to note that physical health cannot be separated from social and emotional well-being. The two interact in complex ways and both are important in achieving a good quality of life. Research evidence relating specifically to the mental health and emotional well-being of vulnerable children is the subject of a separate briefing. Another briefing in this series addresses the specific needs of disabled children.

HEALTH AND SOCIAL DISADVANTAGE

The physical health of looked after children needs to be placed in the context of the wider factors that affect children's health generally: social disadvantage, poverty and poor access to education and other services.

Socially disadvantaged groups suffer poorer physical health and lower life-expectancy than the more advantaged, have higher incidence and prevalence of acute and chronic illness, and are more likely to smoke and have a poor diet. Children from poorer backgrounds suffer higher rates of accidental injury, infections, failure to thrive, general ill health, anaemia, dental caries and teenage pregnancy. In addition, poorer families are less likely to have access to, and make appropriate use of, health services than those from more disadvantaged circumstances, and they are less likely to benefit from health promotion services and advice.

Childhood is a critical and vulnerable stage. Poor socio-economic circumstances may have lasting effects on both mental and physical health and development. Low birth weight, for example, which is more common among poorer families, is associated with higher rates of adult morbidity and age-specific mortality. There is a growing body of evidence on the effect of emotional problems in childhood on adult health and behaviour.

The reasons for this poorer health record cannot simply be explained by reduced access to health services, or simply by unhealthy behaviour, such as poor diet, smoking and levels of alcohol consumption. Low income, poor living and working conditions, abuse and neglect, low educational attainment, poor access to essential services and supportive social networks all play their part in generating mental and physical ill-health.

In short, the health of vulnerable children, and this includes children 'in need' (including children looked after by the local authority) as defined in the Children Act 1989, is determined by a host of related factors. Many of these cannot be overcome through individual effort alone and their effects may extend to compromise health in later life. Clearly, redistributive welfare policies can play their role at a national level, but coordinated interventions

made both within and outside of the health sector at individual, group, family and community levels (eg, policies that address social isolation, poverty and local infrastructure), can also make a significant difference.

LOOKED AFTER CHILDREN AND YOUNG PEOPLE

Looked after children and young people are among the most socially excluded groups in England and at particular risk of health disadvantage, in childhood and the long term. These are children in foster care, residential care and young people in semi-independent environments.

Though just under half of 60,800 children looked after spend only a short time in local authority care, some return to care at a later date, and some return home to socio-economic hardship with its associated health risks.

Until recently there had been relatively little research in the UK on the specific health needs of looked after children compared with children living with their birth families. The Looking After Children (LAC): Assessment and Action Records, launched by the Department of Health in 1995, introduced a more consistent framework for social workers, in collaboration with others, to record and track essential information. The report of the first year of data collection demonstrated relatively high levels of general unmet health need with just over 50 per cent of the sample identified as having health and/or behavioural needs. A more recent national study of looked after children and young people found that 45 per cent were assessed as having at least one psychiatric disorder and about 66 per cent of those living in residential care were assessed as having a mental disorder (much higher than those living in foster care or with their parents).

THE LEGISLATIVE FRAMEWORK AND POLICY CONTEXT

The Children Act (1989) requires that all local authorities monitor children's development progress, ensure that each child has an annual health assessment, and actively offer advice on health issues. More recent legislative change reflects the drive for improving the health and well-being of looked after children, for example, the regulations and guidance to the Children (Leaving Care) Act 2000 which specify that health considerations should form part of Pathway Planning.

Promoting the Health of Looked After Children, a guidance document published in 2002, outlined the importance of partnership working, the role of the designated doctor and nurse, and the involvement of children and young people in decisions. Implementation of this guidance has been supported through the development of the Healthy Care Programme (NCB 2004), designated to promote a healthy care environment and support the National Health Care Standard.

This concern for the health outcomes of children is also reflected in a range of other service standards and targets designed to promote their health and well-being, including the NHS plan and National Service Framework for Children (NSF), which addresses the co-ordination of a range of child health and social care policies across agencies. All authorities should now have a joint CAMHS strategy between health services and local councils, making specific reference to appropriate access to mental health services for looked after children.

The Quality Protects programme was a further driver for improved health outcomes for looked after children along with the National Minimum Standards for residential children's homes and foster care.

More recently the Assessment Framework and the Looking After Children system have been brought together to create the Integrated Children's System, which provides a common framework for assessment, intervention, planning and review for all children in need and will further improve monitoring of health care needs.

THE EVIDENCE BASE

A high proportion of the research undertaken on the health needs of looked after children has been narrowly focused on the take-up of health assessments, and their content, with relatively little robust evidence on health status and health related behaviour. These biases tend to downplay other influences on health, such as the barriers (both structural and individual) that prevent young people from adopting healthier lifestyles while they are away from their birth parents or relatives. It is also problematic to distinguish the impact of care on health from the impact of the previous difficult life circumstances that precipitated placement.

More research, for example, is needed on the provision of health promoting environments by carers, and their attitudes, for example, to the nutritional quality of food provided, physical activity and non-smoking environments.

There is significant evidence that health assessments have been overlooked in the past, although there is evidence of improvement with the introduction of Quality Protects indicators, where the most recent data in 2004 indicated that 77 per cent of looked after children had an annual health assessment in the preceding year. Low uptake of immunisations and inadequate dental care are worrying, but have shown recent improvement. Data collected on the population of children looked after by English local authorities in 2004 showed that 73 per cent of these children had their immunisations up to date and 79 per cent had a dental check in the previous year.

Another of concern are high rates of risk-taking behaviour, not necessarily due to lack of awareness of consequences. This manifests as high rates of early pregnancy, substance misuse and smoking, signalling at least a need for a properly evaluated skills-based health education, which young people are also unlikely to receive. Research has indicated that often, as a result of pre- and post-care experiences, looked after children and young people are vulnerable to self-harm and risk-taking behaviour.

There is almost no research evidence about physical activity and healthy eating and drinking in relation to looked after children and young people specifically. However there is increasing concern about obesity, poor diet and the lack of physical activity in the general population of children and young people and the impact this has on their health in adult life.

Mental health problems are especially common among this group, compared with those living with their own families, much of which may remain undetected. Rates of self-harm in secure accommodation are of particular concern. Looked after children have often experienced trauma or adversity and have low resilience in circumstances in which a more resilient child may have no difficulty.

There is a growing body of evidence on the long-term impact of early trauma and neglect on future health and development. Though many of these problems can arise from compromising experiences and

circumstances that occurred before children enter care, a period in care may exacerbate this situation through a combination of the following factors:

- The emotional impact of insecurity may itself lead to possible stress-related illness such as asthma and anxiety which may, in turn, lead to health damaging behaviours such as alcohol and substance misuse. Other mental health difficulties, in particular, the effects of grief and loss and resulting depression, particularly in younger children, may be missed in this group of children and young people.
- Constant changes of placement may result in significant gaps in health records of children in care as well as fragmentation and delay in service delivery. Weaknesses in joint working between health authorities and social services departments have contributed to this, an area addressed in detail in the recent guidance *Promoting the Health of Looked after Children*. Strategic co-ordination of services is also reflected in the National Service Framework for Children (NSF), and is supported through multiagency partnership working within Healthy Care.
- Medical history and health records may be partial or completely unknown, as with the case of unaccompanied asylum seekers, rough sleepers and runaways. Young people in secure units and youth offending institutions and other children who experience frequent moves may suffer from poor systems for transfer of medical records.
- The role and content of the statutory health assessment may be narrowly interpreted so that important opportunities may therefore be lost in promoting the health of the child and in encouraging a more radical approach to health promoting policy and practice by carers.
- High rates of truancy and exclusion from school may result in missed opportunities for school-based health promotion sessions.
- Parents of children with disabilities experience vast variation in the kinds and levels of support they receive from a range of services, which appear to have little bearing on need.
- Opportunities to become involved in creative activities, play, sports and other leisure activities that help promote resilience and foster social relationships on a regular basis may be affected by placement moves and the general instability of life in care.
- Poor care can lead to unstable placements which impact on the health and well-being of children and young people.

Research suggests that health problems can extend beyond the care period. Clearly there is a need, therefore, not only to provide compensatory health care provision while in care, but also to equip children and young people with the knowledge, skills and access to resources that will support them in the wider world in meeting their health needs.

BLACK AND MINORITY ETHNIC GROUPS

Although 8 per cent of all children under 16 years are members of minority ethnic communities, research on the general health of these communities remains relatively scarce. Certain inherited conditions such as sickle cell anaemia are known to be more common in some minority groups, resulting in chronic illness and disability that deserve medical attention, but equally important is the provision of culturally appropriate assessment tools and support services. However, training for the specific health needs of black and minority ethnic groups is sadly lacking.

Refugees, recent immigrants and asylum seekers can find it hard to make full use of education and health services for their children, as interpretation services are not always available. Professionals in health, social services and education may not recognise the particular physical and mental problems they experience.

Unaccompanied asylum-seeking children are managed within the looked after children system but have very specific needs with regard to language, culture and health conditions that may have arisen from the circumstances of their flight, for example, post traumatic stress disorder. Knowledge of the health care and medical conditions prevalent in their country or origin will also be important in assessing their health needs.

It is essential that professionals who work within health, social services and education are familiar and sensitive to the specific cultural needs of the wide range of ethnic groups if services are to be effective.

CHILDREN AND YOUNG PEOPLE'S PERSPECTIVES

Saunders and Broad provide evidence of young people's own views of the most important factors affecting their health: 'feelings about life' • housing • close personal relationships • care experience • depression.

Health is rarely perceived as a matter of access to medical services. Measures to improve physical health such as reduced smoking and improving diet were seen as relatively unimportant.

The Who Cares? Trust survey of 2,000 young people looked after in England found that a high proportion of children under the age of 11 felt that they had not received enough information about growing up and body changes and that smoking was the most frequently mentioned activity related to poor health outcomes. Most of the information that the young people in the survey received was obtained from magazines, friends and television.

An earlier study showed that young people lacked opportunities to discuss personal health matters with anyone they could trust. Part of the reason for low uptake of services may be that many are concerned about issues of confidentiality but are unaware of the advice to medical practitioners contained within the Fraser Guidelines.

Children's involvement in decisions that affect their health and well-being is a key factor in promoting future health. Pilot Healthy Care Partnerships have found that consulting with and involving children and young people has been critical to the success of their action plans.

WHAT WORKS IN HEALTH PROMOTION?

- **Multitiered and multiagency approaches**
Opportunities for policy and practice development and education should be exploited across a number of key settings, such as primary care, the workplace, school and community. A multiagency approach such as that developed in Healthy Care partnerships and regional strategic groups is crucial for looked after children to avoid them slipping through the net.
- **Further exploration of underlying influences on health behaviours**
While research is available on the health and lifestyles of young people in general, it is especially lacking for marginalised groups such as looked after children, ethnic minorities and homeless young people and those in youth justice and secure settings.

what helps

- **Listening to children**
Involving young people in policies and decisions that affect their lives is likely to be more effective than imposing policies and services without their active involvement. The Healthy Care Programme emphasises the participation of looked after children and young people in local partnerships to ensure that services are child focussed, provide a health care environment and support the National Healthy Care Standard.

WHAT HELPS – POLICY MAKERS

Effective Healthy Care partnerships with statutory, private and voluntary sectors, leisure services and arts providers to meet the broad range of health care needs of looked after children are crucial. Work within Children's Trusts should support this joint agenda. Policy makers should:

- Recognise that looked after children may need compensatory attention to health to achieve that same levels of health as other children.
- Ensure coordinated planning of health-related services at preventative and therapeutic levels, with roles and responsibilities of different agencies clarified and understood by front-line staff working with young people.
- Work closely with commissioners of health care services to plan, monitor and manage the health care of all vulnerable children and looked after children in the area. Make sure that health services, where possible, are designed to fit the needs of the child. Include consultation on children services plans, cross-referencing to Health Improvement Programmes and Health Action Zones, and other health related initiatives (for example, the National Healthy School Standard). Ensure that steps are taken to promote children's access to a healthy diet, no smoking environments, and leisure and sports facilities. The National Healthy Care Standard (NHCS) within the Healthy Care Programme outlines the range of measures that can be put in place to encourage and support looked after children to make healthy-promoting choices, supported through multiagency partnerships and regional Healthy Care structures.
- Focus on prevention. Ensure adequate support and training on health promotion issues for staff and care workers. Ensure access to interventions in pregnancy and the early years, for example, Sure Start and family support work. New guidance from the Teenage Pregnancy Unit has identified the role of carers and staff in providing access to sexual health services.
- Ensure that carers participate in the Healthy Care audit and so help set the local agenda for promoting the health and well-being of looked after children.
- Actively seek the views of children and young people in the planning and delivery of services.
- Support public health initiatives on diet, physical activity, teenage pregnancy and substance use, including smoking. These are linked to wider health inequalities context that have an important impact on looked after children's health care needs.
- Engage with leisure services and the cultural sector to promote confidence; increase skills, talents and education outcomes; and encourage improved levels of physical activity and fitness. These contribute to healthy development – self-esteem, self-worth and life skills – in the wider sense of the term.
- Ensure that specialist services are arranged for asylum seeking and refugee children that take into account cultural and religious needs and their vulnerability to specific health conditions that may have arisen in their country of origin.

what helps

WHAT HELPS – PRACTITIONERS

- Give special attention to the health needs of all looked after children, including those with foster carers, those in residential care and secure accommodation, care leavers, asylum-seekers and refugees and children placed out-of-borough.
- Act as an advocate with education services to ensure access to an appropriate school with health staff to ensure access to appropriate health care services.
- Support the development of practice guidelines in collaboration with other agencies, including those on confidentiality, substance misuse, safe sex, non-smoking, physical activity and healthy eating. Healthy Care Health Promotion skills training can help to provide carers with a basic understanding of the skills and knowledge to improve the health of looked after children.
- Prepare and support the child for any health-related appointment or treatment – who they are going to see, the purpose, what will happen, what kind of information can be shared and who might best accompany them. Be clear about their right to consent to treatment and receive a confidential consultation. Take into account cultural and religious factors when arranging services, including language translation if appropriate.
- Actively seek the child or young person's informed consent to all health care and treatment, and record it in a way appropriate to the child or young person's age and understanding. A Healthy Care leaflet developed with and for children and young people outlines their rights and needs for good health.
- Ensure that healthy records are up to date and accompany the child when he/she moves to another placement or returns home. Ensure that all appropriate information is gathered at the point of entry to the looked after system.
- Ensure that health care plans are both drawn up and shared with birth parents.
- Take into account the health needs of a child when placement is being considered and support carers in promoting the health of the children they are looking after. Information on the carer's role in promoting health is contained in the Healthy Care Carer's leaflet.
- Work to create a healthy care environment that promotes healthy eating and drinking and encourages physical activity.
- Pay special attention to young people leaving care, especially in relation to health promotion and health advice on moving into independence.
- Encourage involvement in play, creative activities, sports and other leisure activities to develop social relationships and communication skills – all of which will contribute to improved well-being.
- Give special attention to the health needs of children in secure settings, particularly developmental and emotional needs. A training programme to promote social and emotional health and well-being for staff working in secure units has been produced by the National Children's Bureau and is available as part of the Healthy Care Programme.

KEY TEXTS

RESEARCH

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POLICY AND PRACTICE GUIDANCE

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Department of Health (2002) *Promoting the Health of Looked After Children: A guide to healthcare planning, assessment and monitoring*. DH

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DfES/National Children's Bureau (2005) *Healthy Care Briefings:*

- Healthy Eating and Physical Activity • Mental Health • Play and Creativity • Sexual Health • Substance Misuse

Department of Education and Skills (2004) *Outcome Indicators for Looked After Children: Twelve months to 30 September 2003*. The Stationery Office

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Fraser Guidelines – (Gillick v West Norfolk and Wisbech Area Health Authority, [1985] 3 All ER 402 (HL))

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Written and researched by Rose Hunt (Research Manager, Research in Practice) and Elizabeth Cooke (Knowledge Manager, **research in practice**). Thanks to Helen Chambers (National Children's Bureau).

This Briefing has been independently and anonymously reviewed by an academic and a practitioner with special interest in this topic. For a fully referenced version, visit the **research in practice** website:

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