



Central Bedfordshire Council Looked After Children Annual Health Report

1st April 2013 to 31st March 2014

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EXECUTIVE SUMMARY

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health service in meeting the health needs of Central Bedfordshire Council's children and young people in care and care leavers, during the period from 1st April 2013 – 31st March 2014. The report provides an update on work and developments for the health of Looked After Children and Care Leavers, and gives an overview of service provision. The priorities for the service in 2014/15 are outlined.

Key developments for the 2013/14 are detailed in this annual report and include:

- Improved partnership working between CBC and the LAC Health Team, with CBC developing robust systems for ensuring that Review Health Assessment referrals and consent are forwarded to the LAC Health Team in a timely manner, and that the quality of the referrals is of a good standard, thus speeding up the process. The outcome for looked after children and young people is that a greater percentage are now receiving their health assessments in a timely manner, which in turn allows their health needs to be assessed and managed much more efficiently and effectively without delays.
- Despite the improvement in systems, many of the children and young people living in out of county placements have experienced issues of delay or poor quality with their Review Health Assessments due to the level of service provided by external health providers.
- The working hours of the Designated Nurse for Bedfordshire Clinical Commissioning Group have been increased to full-time from 0.6 whole time equivalent. This reflects the work load and on-going developments required to ensure that this group of extremely vulnerable children and young people have their health needs identified and met, thus ensuring improved long-term health outcomes.
- The Designated Nurse for Looked After Children has developed a short questionnaire for children and young people to complete which looks at 7 areas of the service that Looked After Young People have said they feel are very important to them (see questionnaire below). The purpose of this Health Assessment Service User Questionnaire is to provide health and social care teams, and Children in Care Council (CICC) with feedback from children and young people who are in care and receiving regular health assessments.
- BCCG commissioned an External Review in April 2013 of health pathways to meet the needs of Looked After Children in Bedfordshire. Following the review, and receipt of the final report, BCCG developed an action plan which included partnership objectives and actions; the action plan has been reviewed and monitored at the LAC Health Group. Most actions have now been achieved, but a final review and feedback will be undertaken at the next meeting in the July 2014.

- Partnership development of a Strength and Difficulties Questionnaire (SDQ) Pathway, was finalised in September 2013 following approval by the LAC Health Group. The Pathway is based on good practice and guidance regarding the completion and use of SDQs with Looked After Children, and provides practitioners and managers with clarity around the processes, referrals and partnership responsibilities.
- Partnership development of a Leaving Care Health Pathway was finalised in September 2013. The pathway has two components, one for the Looked After Young People's Nurse Drop-In service, and one for the Referral Process to the service for professionals.

The importance of the health of children and young people in care cannot be underestimated, with many children in care likely to have had their health needs neglected. The LAC Health Team is taking every opportunity to reverse this situation, by providing and signposting children and young people in care to appropriate health care. The health of looked after children is every one's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person.

1. Introduction

This annual health report by Bedford Clinical Commissioning Group, informs on the health aspects for Central Bedfordshire Council's Looked After Children (LAC). The Department of Health Statutory Guidance '*Promoting the Health of Looked After Children (2009)*' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care.

This report will cover the period of 1st April 2013 to 31st March 2014, but will also outline the current work being undertaken and the strategic aims set out for 2014/15. It will inform partners of the work to improve health outcomes for Looked After Children in Central Bedfordshire, as well as identifying some of the challenges facing the service.

The health and wellbeing of Looked After Children and Young People – that is, their physical health, and social, educational and emotional wellbeing – is influenced by nearly all aspects of their lives and the care they receive. Experiences early in life may have long-term consequences for health and social development. Some looked-after children and young people have positive experiences in the care system, achieve good emotional and physical health, do well in their education and go on to have good jobs and careers. However, looked-after children are more likely to have experienced deprivation and poverty as a result of low family income or parental unemployment. About 60% of children and young people who are looked after in England are reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care. The main reason for children and young people entering care in the year up to April 2012 was abuse or neglect (reported in 62% of cases, Statutory Guidance 2009).

Looked After Children and Young People should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood.

The needs of Looked After Children and Young People vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.

2. National Policy and Legislation

Meeting the health needs of Looked After Children in Central Bedfordshire is directed by key policy frameworks that inform Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) to ensure shared responsibility for good outcomes, these are outlined below:

- The Children's Act 1989 and 2004
- Care Matters: Transforming the Lives of Children and Young People in Care (DfE 2006)
- Care Matters: Time for Change (DCSF 2007)
- The Child Health Strategy (DH 2009)
- Health Lives, Brighter Futures: the strategy for children and young people's health (2009)
- Statutory Guidance on Promoting the Health and Well-being of looked-after children (DCSF and DH 2009)
- Child Health Programme (DH 2009)
- The Children Act 1989 Guidance and Regulations. Volume 2: Care Planning, Placement and Case Review (2010)
- You're Welcome – Quality criteria for young people friendly health services (DH April 2011)
- Looked after children and young people (NICE public health guidance, Issued 2010, Modified 2013)
- Looked After Children: Knowledge, skills and competencies of health care staff. Intercollegiate Role Framework (May 2012)
- NHS Operating Framework for the NHS in England 2012-13
- Working Together to Safeguard Children (DCSF 2013)
- Quality standard for the health and wellbeing of looked-after children and young people (NICE April 2013)
- Delivering the health reforms for looked after children: How the new NHS will work from April 2013 (NCB 2013)
- Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework. NHS Commissioning Board (March 2013)
- Who Pays? Determining responsibility for payments to providers. NHS England August 2013
- Care Leaver Strategy. HM Government. October 2013

- Compassion in Practice. Nursing, Midwifery and Care Staff, Our Vision and Strategy. NHS Commissioning Board (December 2012)
- Central Bedfordshire Health and Wellbeing Strategy 2012-16
- Central Bedfordshire Joint Strategic Needs Assessment. Updated 2013
- Central Bedfordshire Children and Young People's Plan 2011-14
- Bedfordshire Clinical Commissioning Group Strategic Commissioning Plan 2012-15

The legislative and regulatory framework includes:

- The Care Standards Act (2000)
- The Children Act (1989, 2004)
- The Mental Health Act (2007)
- The Children and Young Persons Act (2008)
- Health and Social Care Act 2012

3. Local Context

Bedfordshire Clinical Commissioning Group (BCCG) became a statutory organisation on 1st April 2013 and each of the 55 GP practices in Bedfordshire is a member, providing local health knowledge and experience. BCCG is firmly built on the foundations of its five localities – Chiltern Vale, Bedford, Ivel Valley, Leighton Buzzard and West Mid Bedfordshire.

The Corporate Plan 2014-2015 provides national and local context and outlines the organisational priorities and shows how these link to the commissioning plans, projects and programmes.

BCCG is the lead commissioner for provider services in Central Bedfordshire and has responsibility to ensure the timely and effective delivery of health services to Looked After Children and Young People. Executive ownership of Looked After Children for BCCG sits with the Director of Nursing and Quality.

The Designated Doctor for Looked After Children works across Bedfordshire and Luton CCGs, providing 4 hours a week to BCCG. The Designated Nurse role became a full-time position from 1st April 2014; prior to this the post was a shared full-time across both Bedfordshire and Luton CCGs, but was not manageable within the time resources. These posts are a statutory requirement, and the Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children (DCSF 2009) defines the roles of designated professionals to be strategic separate from any responsibilities for individual children or young people who are looked after. These roles are to assist CCGs to fulfil their responsibilities as commissioners of services to improve the health of looked after children.

The Designated Professionals work in partnership with the Child and Maternity Commissioning Managers within the redesign directorate.

This report focuses on the health aspects of Looked After Children in Central Bedfordshire Council who produced their Children and Young People's Plan (CYPP) for 2011-14. The Health and Wellbeing Strategy 2012-16 highlights the need to focus on vulnerable children, including LAC, meeting their health needs, their care planning, placement choice and stability, and educational outcomes.

Strategic planning for LAC is directed through the Children's Trust for Central Bedfordshire Council and accountability for the services provided to Looked After Children from the local authority and BCCG is directed through the Corporate Parenting Panel. Multi-agency strategic planning and operational oversight is directed through the Multi-agency LAC Health Group; this group contributes to strategic planning via the Children and Young People's Plans and the Children and Adolescent Mental Health Services (CAMHS) partnership, and reports up through the BCCG's governance structure.

Since the Ofsted and Care Quality Commission (CQC) inspection of February 2012, which resulted in the findings for Being Healthy for Looked After Children being reported as 'inadequate', there has been significant partnership working, with resultant progress.

4. Profile of the Central Bedfordshire Looked After Children Population

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They may enter care with a poorer level of health than their peers in part due to the impact of poverty, abuse and neglect. Monitoring of the health outcomes enables identification of where improvements need to be made and informs on in-year targeted work. Immunisation, Dental and Strength and Difficulties Questionnaire data will be detailed in the 'Performance' section of this report.

The profile of Looked After Children is used to ensure that services are best placed to meet demand.

Table 1: Profile of Central Bedfordshire Council's Looked After Children

| | As at 31 st March 2012 | | As at 31 st March 2013 | | As at 31 st March 2014 | |
|--|--------------------------------------|------|--------------------------------------|------|--------------------------------------|------|
| | Number | % | Number | % | Number | % |
| Total number of LAC | 208 | 100 | 246 | 100 | 268 | 100 |
| LAC placed in county | 88 | 42.3 | 96 | 39.0 | 113 | 42.2 |
| LAC placed out of county | 117 | 56.2 | 142 | 57.7 | 155 | 57.8 |
| LAC Placed in Foster Placement (total) | 151 | 72.6 | 183 | 74.4 | 206 | 76.9 |
| LAC placed with Independent Fostering Agency | 65 | 31.3 | 95 | 38.6 | 108 | 40.3 |
| LAC placed in Children's homes, hostels and other residential settings including Secure Units | 31 | 14.9 | 36 | 14.6 | 32 | 11.9 |
| LAC living independently | 20 | 9.6 | 13 | 5.3 | 15 | 5.6 |
| LAC placed for adoption, placed with parents or others | 6 | 2.9 | 14 | 5.7 | 15 | 5.6 |

5. Partnership

Throughout 2013/14, partners have worked cohesively to ensure continued high quality health service provision, and to ensure development in areas that required improvement. Partnership attendance at BCCG's LAC Health Group and CBC's Professional Development Board has been pivotal to this. Additionally, the LAC Health Service, SEPT and CBC have further developed their communication processes which includes a monthly meeting to facilitate on-going review, monitoring and discussion of the service and good practices, as well as issues requiring action.

During the year, the **CBC Professional Development Board**, chaired by the Director of Children's Services has had a workstream approach consisting of 9 workstreams including one for LAC Health development. Membership of the group consists of several lead officers from CBC, BCCG and SEPT. The lead officers for the LAC Health Development Workstream are the Child and Maternity Commissioning Manager and the Designated Nurse for Looked After Children. This workstream has provided a structure for updating and reporting on clearly defined developments/activities which include improved performance around Initial and Review Health Assessments and adoption medicals, quality of out of area Health Assessments, pathways for the Strength and Difficulties Questionnaire completion and Leaving Care Health Service, increase knowledge of dentists and pharmacists regarding LAC, and ensuring the voice of the child is captured in respect of their experience of their Health Assessment.

The LAC Health Group is accountable to the BCCG Executive and reports to Patient Safety and Quality Committee presenting the following:

- Activity and performance of health aspects for Looked After Children
- Compliance to and actions that support Ofsted and CQC compliance in respect of LAC
- Quality issues by exception

Additionally, the group reports into the CBC's Corporate Parenting Panel via the LAC Annual Health Report, and into the Child Health and Wellbeing Groups via the Joint Commissioning Officers Group

The LAC Health group meets six weekly to address a range of issues, and to consider and plan developments. The membership of the LAC Health Group comprises of partners from BCCG, CBC, BBC, Public Health, CAMHS and SEPT, and is chaired by the Director of Nursing and Quality, BCCG.

In 2013/14 the LAC Health Group has focussed on numerous issues including:

- progress and continued issues around the health assessment process
- data collection and reporting
- the External Review of the Health Assessment Pathways and the subsequent action plan health promotion
- health data collection

- development of the pathways for the SDQ and Leaving Care Health Service
- audit feedback
- has provided a forum for debate and exploration of local and national issues around the health assessment experience for those children and young people placed out of county

The Bedford Borough and Central Bedfordshire Health Improvement Group for Children and Young People who are Looked After

The purpose of the group is:

- to provide an opportunity for multi-agency networking to contribute to, inform and evaluate a coherent programme of training and workforce development, support and resources to meet the health and wellbeing needs of children who are looked after and of care leavers;
- to ensure that all opportunities are maximised to ensure that all care leavers and children and young people who are looked after access appropriate and effective health promotion and services to meet their health and wellbeing needs, allowing them to maximise their life chances.

The Group meets 3 monthly reporting directly to the LAC Health Strategic Group (led by Bedfordshire Clinical Commissioning Group), and is accountable to the multi-agency Child Health Groups within each Local Authority.

6. Health Service Structure for Looked After Children and Care Leavers in Bedfordshire

6.1 The LAC Health Team

South Essex Partnership University Foundation Trust (SEPT) is commissioned to provide a service for statutory health assessments for Looked After Children and to deliver additional health provision to Care Leavers from Central Bedfordshire and Bedford Borough Councils.

The purpose of the health assessments are to:

- Ensure that holistic and specific health needs are identified and plans in place to support/manage needs, including opportunities for routine health checks and screening, preventative measures and health education/promotion.
- Facilitate optimum health during childhood and into adult life.

This service co-ordinate the statutory LAC Health Assessments for in county and out of county placements for Central Bedfordshire and Bedford Borough children and young people. This process is supported by an administrative single point of contact within each Local Authority which improves the efficiency and streamlining of this service.

During 2013/14 the Specialist Nurses for LAC were responsible for ensuring the quality of all health assessments, however the 2014/15 Service Specification has been updated to ensure that the Specialist Nurses for LAC quality assures all health assessments completed by external health providers, and quality assuring a 10 % dip sample of all those completed by SEPT health professionals. This ensures that all assessments meet the required standard. Any issues identified through the quality assurance process are followed up, either specifically to the child/young person or as development of the professional undertaking the assessment.

Training has been provided to SEPT staff in order to improve the overall quality of health assessments; the focus of the training was on the process of assessment, including emotional well-being, health promotion recording and development of measurable health action plans. Training continues for new staff and student Health Visitors and School Nurses.

Community Paediatricians undertake the Initial Health Assessments for Central Bedfordshire children placed in Central Bedfordshire and Bedford Borough. Access to Community Paediatricians is via clinics in Bedford and Flitwick. Bedfordshire children/young people placed out of county access Initial Health Assessments in the main from out of county GP's, but if practical will be invited to attend a Bedfordshire Paediatrician clinic.

2013/14 saw some changes in the LAC Health Service Specification, which included:

- The Review Health Assessments of those aged 5-17 years being undertaken by the Specialist LAC Health Nurses instead of by the SEPT School Nurses

This change was to enable continuity of health professional undertaking the Review Health Assessment, and to increase flexibility of appointments and venues. Many children and young people had experienced lack of continuity, and was identified by them as an area that required improvement. Due to the additional pressures of managing the Out of County Health Assessments on the LAC Health Nurses, only about 50% of 5-17 year olds had their Review Health Assessment undertaken by a specialist LAC Health Nurse.

- The LAC Specialist Nurses no longer undertaking the Review Health Assessments for children and young people placed out of county, but co-ordinating these to be completed by the health provider in their area of placement

This change was in line with Statutory Guidance which indicates that health professionals in the local geographical area will have greater knowledge of the availability of local services which can meet the child's needs. Additionally, this was an Ofsted/CQC action identified in the 2012 inspection.

Additionally, the Specialist Nurse for LAC is responsible for undertaking the Review Health Assessments for Looked After Children in residential care settings, and for those children/young people with more complex needs.

Health Visitors from the SEPT 0-19 Team undertake the majority of Review Health Assessments for those aged 0-4 years placed in Bedfordshire, and support the child and foster carer via the universal and progressive Healthy Child Programme. Attending Statutory LAC Reviews as appropriate is integral to this.

The Initial and Review Health Assessment is informed by a number of resources including information provided by social care, information already known to SEPT health professionals via child health department, and requests for information from the child's GP. Improvements to the gathering and collation of this information has been achieved through the introduction of a referral form for LAC health assessments, and implementation of new templates for assessments and supporting guidance on SEPT's electronic record system.

A Specialist LAC Nurse is aligned to each of the local authorities to provide direct access for supporting frontline social workers to support the health needs of LAC. This role also provides the opportunity for dialogue with local authority LAC team managers to discuss performance indicators and specific process issues.

Specialist LAC Nurses also input to health professional, social worker and foster carer education via input to existing training and development programmes. Recent input has included; the importance of statutory LAC health assessments, role of Specialist LAC Nurse, information re immunisation programmes and dental checks and the importance of informed consent.

Details of the Leaving Care Health service provision are provided in Achievements and Challenges (section 8) of this report.

6.2 Child and Adolescent Mental Health Services (CAMHS)

This section outlines the CAMHS services relevant to looked after children. The Early Intervention Children Looked After Service (EICLAS) is commissioned by Central Bedfordshire and Bedford Borough Council from the South Essex Partnership University NHS Foundation Trust (SEPT) to provide an early intervention service to:

- Looked After Children – accommodated (Section 20 Children's Act 1989) or subject to a Care Order or Interim Care Order (Sections 31 & 38 Children's Act 1989)
- Adopted Children – within the first 3 years post adoption

Bedfordshire (which does not currently include Luton), has a dedicated Tier 2 Service, EICLAS, located within CAMHS; this provides assessment and short to medium term therapeutic interventions, and subsequent referral to appropriate services when necessary for Looked After Children with mild to moderate mental health issues. Short to medium term is defined within the context of EICLAS as up to six months.

The Key Functions of EICLAS:

- To provide an early intervention service for Looked After Children. This includes joint health and social care assessments and consultation to the Team Around the Child.
- Provision of training to enable skills development for Foster Carers and Looked after Children to help enable self-management of emotional and challenging issues.

- Provision of training and skills development to the Team Around the Child to enable them to be able to assess emotional issues and to intervene to support and maintain placements.
- To provide quick and easy access to interventions to prevent placement breakdowns for Looked after Children where there are emotional / behavioural issues threatening the placement stability.
- To provide short to medium term therapeutic interventions to Look after Children to address more deeply rooted emotional and attachment issues. Evidence based interventions are used such as:
 - Systemic interventions
 - Solution Focused interventions, including CBT based work
 - Individual Psychotherapy – Child Psychotherapy, Art Psychotherapy, Play Therapy etc.
- To provide the following group interventions:
 - Foster Carer Support Groups
 - Transition Groups – into new placements, including into leaving care services
 - Other Group interventions e.g. Children’s Group, as gleaned from best practice
- Offer a reflective forum to the Team around the Child. This will assist in raising awareness of ‘blind spots’ and how these may impact on practice, particularly in relation to safeguarding concerns.
- Offer interventions, resources permitting, outside clinics and out of hours where it might be more clinically effective to do so (usually the older age group). This could include working at home with Foster Carers to develop their intervention skills.
- EICLAS works with children and young people up to 18 years of age, with some flexibility to support young people through transition into adult services.

In order to ensure that EICLAS is meeting the needs of Looked After Children and fulfilling the expectations of our service agreement, feedback is collected from children and young people, Foster Carers and professionals, as and when appropriate, via Patient Reported Outcome Measures (PROMS), in addition to the ongoing outcome measures . PROMS are part of IAPT (Improving Access to Psychological Therapies) data collection process, initially introduced into Adult Mental Health Services. The Children and Young People (CYP) IAPT is currently being established in three large areas of England prior to going countrywide. As part of the quarterly reporting to the Clinical Commissioning Group the service provides audited information to show the effectiveness of, and satisfaction with, the service. EICLAS became fully functioning from September 2013.

6.3 Sexual Health and Teenage Pregnancy

Central Bedfordshire and Bedford Borough Councils 2014

Teenage Pregnancy is a complex issue affected by personal, social, economic and environmental factors. If a young woman experiences multiple risk factors, evidence has shown that she has a 56% chance of becoming a teenage mother compared with a 3% chance for young women experiencing none of these risk factors. Teenage pregnancy disproportionately affects those who are already disadvantaged and this further increases the likelihood of a future of social exclusion.

Therefore, efforts to reduce teenage pregnancy are included in both Local Authorities' Child Poverty needs assessments and the subsequent strategies, as the links between poverty and the causes of teenage pregnancy are inextricable.

The following lists highlights the risk factors associated with teenage pregnancy (Department of Children Families and Schools 2006):

- living in a deprived area
- limited knowledge of where to access contraception and sexual health advice
- living in care
- alcohol and substance misuse
- early onset of sexual activity
- low educational attainment
- disengagement from school
- leaving school at 16 with no qualifications

International evidence, as well as lessons from areas where teenage pregnancy rates have fallen fastest, shows that there are four main elements that need to be addressed to affect change in teenage conception rates.

No one of these can be expected to deliver change alone:

- Work to tackle low aspirations and lack of self-esteem - sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy and young people are given other choices in life.
- Effective sex and relationships education (SRE) – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and Sexually Transmitted Infections.
- Easy access to young people-centred contraceptive and sexual health (CASH) services, where they need them, when they need them.
- Addressing educational underachievement and lack of engagement in learning post-16 – there is high correlation between poor educational attainment and teenage conception rates.
-

Reducing the risk of teenage pregnancy in vulnerable groups including Looked After Children Increasing access to contraception and sexual health services- Brook Contraceptive and Sexual Health Services

Brook operates clinics and drop-in sessions for young people under the age of 25 in a range of settings including schools and hostels. Young people are able to receive guidance on relationships and sexual health, including contraception with a key with a focus on raising self-esteem and making positive choices. Brook clinics operate from a number of bases across Bedford Borough and Central Bedfordshire. They also operate drop-in clinics within upper schools in high teenage pregnancy rate areas on a weekly basis.

Access to the Brook Sexual Health Outreach Nurse

All LAC have access to the Brook Sexual Health Outreach Nurse who can be contacted directly by the young person or referred by a professional such as a social worker or teacher, to provide emergency contraception, pregnancy testing, sexual health advice and contraception.

Sexual Health Website for Bedfordshire – www.safesexinbeds.co.uk

Bedford Borough and Central Bedfordshire Public Health teams have developed a sexual health website which provides information about sexual health and contraception and an up to date clinic finder, which gives full details of all the local available clinics and when they can be accessed.

Targeted Support for Vulnerable Young People

Brook also deliver targeted one to one and small group work with young people who are in particularly vulnerable groups to help them build resilience and achieve positive relationships whilst avoiding risk taking behaviours. This includes Looked After Children (LAC), young people not in employment, education or training (NEET) and youth offenders. In addition to this, Year 11 girls in hotspot wards have been targeted for a specific intervention due to local hospital booking data showing spikes in continued pregnancies in some wards very soon after they have left school. This programme has been planned locally based upon real time data and aims to improve the aspirations of young girls who have been evaluated as at risk.

Early intervention programmes with children and young people to tackle the underlying causes of teenage pregnancy- The Aspire programme

Aspire is an evidence-based, early intervention programme that offers young people at risk of poor outcomes, including teenage pregnancy, small group support and individual coaching, with an emphasis on raising future aspirations. Participating schools are selected for the programme through analyzing the following; under 18 conception ward level data, local maternity booking data, attendance data, exclusion data and key stage 2 attainment data. There have been 4 Aspire programmes delivered in Bedford Borough in 2013/14 and 11 across Central Bedfordshire. In Central Bedfordshire, an additional Aspire programme has been scheduled in 2014 specifically for LAC.

Reducing repeat conceptions in the under 18s

Local referral pathways are in place between the sexual health service provider (Brook and Terence Higgins Trust) and the maternity departments at both Bedford Hospital and Luton and Dunstable Hospital. Through the support pathway for teenage parents, all under 20s who continue with their pregnancy are supported in the antenatal period to consider their contraception options and arrange contraceptive fittings post birth. This support is provided by the Brook peripartetic outreach nurse and the teenage pregnancy midwives.

Consultation with Looked After Children/Young People

Terrence Higgins Trust and Brook undertake an annual survey and continually encourage feedback on service provision by all service users. The feedback is used to develop the service and ensure that the needs of young people are being met.

In addition, the Young People in Care Council will be involved in the consultation process for the new sexual health website for Bedfordshire.

Raising Awareness of unhealthy and violent relationships among vulnerable groups including LAC

Teen violence multi agency training is delivered by the LSCB and public health and has been well attended by social workers and those working with LAC. The content covers sexual exploitation, why LAC are more vulnerable to this and what we can do locally to reduce their risk. The training highlights the Child Sexual Exploitation Panel, (previously known as SERAC) and referral and operating protocols. This training has been delivered throughout 2012/13 and will continue to be delivered in 2013/14.

Teenage Pregnancy Multi Agency Locality Groups

A multi-agency teenage pregnancy locality group led by the Public Health Co-ordinator for Teenage Pregnancy and Sexual Health meets quarterly to look at issues that affect teenage parents and their outcomes. There are two groups, one for Bedford Borough and one for Central Bedfordshire. The group is made up of members that represent all agencies that provide and offer support and services, such as, Brook, Youth Offending, Maternity, Children's Centre's, Education Welfare, School Nursing, Plan B drugs and alcohol, Jobs Hub Adviser, Housing, Care2Learn and others deemed appropriate.

Supporting Teenage Parents

The Central Bedfordshire support pathway for parents under 20s was established in 2011. The Support Pathway enables all under 20s who are continuing with their pregnancy to be provided with tailored support throughout pregnancy and into parenthood. The support pathway begins from the very first booking appointment with the midwife where the young mother to be completes a consented referral form to be contacted and have their support coordinated by the teenage parent support worker and the children's centre outreach officer. This includes access to education, support with parenting, housing, funding and access to a range of other support and services, including contraception advice and sexual health services post birth.

In January 2014, a parallel pathway specifically for LAC was added to ensure that those moving in or out of the area are known and supported and that additional support can be put in place (please see pathway attached).

7. Performance

Performance against health outcomes is monitored and scrutinised by the LAC Health Group as identified in the Performance Data section. Below is a summary of the key health indicators for LAC and provides data for those who have been looked after continuously for at least 12 months:

7.1 Immunisations

In 2013/14 Central Bedfordshire Council's uptake of immunisations for LAC was 87.6%, which is a slightly lower rate than 2012/13 and may be a result of the improved recording systems utilised by CBC which is supported by the LAC Health Team providing an immunisation print out for each child at the time of their RHA; this in effect means more accuracy so moving forward it will be easier to monitor and compare year on year immunisation rates.

Table 2: Immunisation and vaccination performance:

| | 2011/2012 | 2012/13 | 2013/14 | Statistical Neighbour Average 2012/13 |
|--|-----------|---------|---------|---------------------------------------|
| Immunisation completion rate by percentage | 68.0 % | 90.2 % | 87.6% | 88.4% |

7.2 Dental

In 2013/14 dental checks for LAC in Central Bedfordshire Council were 95.3%, which is a further improvement on 2012/13 and above with the statistical neighbour average.

Table 3: Dental check performance:

| | 2011/12 | 2012/13 | 2013/14 | Statistical Neighbour Average 2012/13 |
|---------------------------------|---------|---------|---------|---------------------------------------|
| Dental check rate by percentage | 81.0 % | 93.7 % | 95.3% | 84.3% |

7.3 Health Assessments

In 2012/13 Looked After Children who had their annual health assessment completed within timescales was 74.8 % which was up from 70.5% the previous year. However, 2013/14 has seen a vast improvement and has reached 94.7%.

Table 4: Review Health Assessment performance:

| | 2011/12 | 2012/13 | 2013/14 | Statistical Neighbour Average 2012/13 |
|-----------------------------------|---------|---------|---------|---------------------------------------|
| RHA completion rate by percentage | 70.5 % | 74.8 % | 94.7% | 86.3% |

7.4 Strengths and Difficulties Questionnaire (SDQ)

2013/14 has seen an improvement in the management and timely completion of the SDQs, with monthly completion rates and average scores now being available. Completion of the SDQ for 2012/13 was undertaken, in the main, as an end of year task. This year the SDQ Pathway has been introduced and SDQs are now being completed prior to the child/young person's health assessment. There was 100% completion of questionnaires again this year, with an average score of 14.2% which is slightly lower than the previous year's score of 14.8. CBC have a target average score of 13.0. CBC are working hard to improve the mental health and emotional well-being of their children and young people by ensuring they work effectively with their Early Intervention Children Looked After Service (CAMHS), improving placement stability, understanding individual SDQ scores and ensuring appropriate support and services are in place, and working with partner agencies, including education, to ensure that each child and young person receives interventions as soon as possible. Training, along with weekly access to an Early Intervention Children Looked After Service practitioner for Social workers, supports them in understanding and meeting the child/young person's needs.

Table 5: SDQ scores and completion rates

| | 2011/12 | 2012/13 | 2013/14 | Statistical Neighbour Average 2012/13 |
|------------------------|---------|---------|---------|---------------------------------------|
| Completion rate | | 100% | 100% | 65.0% |
| Average score | 13.7 | 14.8 | 14.2 | 13.8 |

The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is normal and 17 and above is a cause of concern (14-16 is borderline). For local authorities, their overall average score will give an indication of the level of "concern" there is across the service. From a strategic point of view a high score will mean that more looked after children are displaying such problems.

This is useful management information as it will give an indication of where resources may need to be allocated. Over time it will also give an indication of how effective services put in place are addressing these issues.

8. Achievements and challenges

8.1 Leaving and After Care Health Service

Since December 2012 a Looked After Young People's Nurse has been commissioned as part of the LAC Health Team to provide a leaving care health service. Integral to this role is the development of a good knowledge and skills base around the health and needs of this group, provision of an overview of the health service, knowledge of service provision by other agencies, provide a resource to support LAC Health Team members, and to act as a link nurse for other professionals and services involved. There is early transfer of care to this nurse at age 16-18 (or earlier if appropriate) dependant on wishes of individual young person. Each young person is given the opportunity to negotiate their named nurse at this period of change, and may remain with the nurse that they have had to date if they choose.

Care leavers who have consented to contact, are given at least one telephone call to offer support within the first year of leaving care. Provision of informal support is offered to care leavers until their 21st birthday if requested by a young person or Social Worker; referrals are made in line with the processes outlined in the Leaving Care Health Pathway. Health 'Drop In' sessions, which run alongside Social Care provision and drop in services, have been provided to ensure readily available health care and support around health issues for this group of vulnerable young people. However, attendance at these drop-in sessions by care leavers has been very low so will need reviewing to ensure service provision meets the requirements of this vulnerable group; on a positive note, social care staff have utilised the sessions to access health support and advice on behalf of the young people.

All Care Leavers, whether placed in or out of county, are provided with contact numbers and details of the LAC Health Team at the time of their final Health Assessment, in order to facilitate easy access and support as required. Young people placed out of county can access the Bedfordshire drop-in health clinics as required or able. The 2013/14 Service Specification commissioned direct service provision for LAC placed within the county, with co-ordination of health assessments and care for those placed out of county; this arrangement reduced the number of looked after young people who received a direct service from the Looked After Young People's Nurse.

8.2 Health Passport

Young people placed in area are now being provided with their Health Passport (personal health information pack) at their final health assessment. The LAC health team provide as much individual health information as is available to them, in writing within the pack; health contact details for future use are provided within this process. Young people placed out of area, have not been receiving their Health Passport routinely, due to the difficulties the LAC Health Team have in obtaining the relevant information; moving forward, the LAC Health Team need to develop systems for improving data collection from external health providers and GPs so that the Health Passport is available to all.

Use of the Personal Health Information Pack commenced in January 2013, and to date there has been limited feedback from the young people as to its usefulness and appropriateness. Systems to improve feedback (informal and formal) need to be incorporated into practice.

8.3 Health Assessment overview

This year has seen improved partnership working between the CBC and the LAC Health Team, with Single Point of Contact roles in both agencies making the systems and processes more effective. This increased efficiency has had a positive effect on the timeliness of referrals and completion of the health assessments. CBC are now in a position to supply a health update at each LAC Health Group Meeting which enables a clear understanding of the performance regarding Review Health Assessments.

The quality of health assessments has been improved by the implementation of a referral form for LAC health assessments which was developed by the LAC Health Team. This more detailed and specific form provides the health practitioner with more information about the child/young person's health and family health history (if available); this additional information improves the overall quality and thoroughness of the health assessment.

8.4 Health Assessments for Looked After Children/Young People placed Out of Area

This year has seen an increased level of challenge and difficulty around ensuring that all LAC placed out of area experience the same level of service for their Health Assessments as those LAC placed in area. In line with Statutory Guidance and the recommendations from the joint Ofsted and CQC inspection in 2012, the commissioning arrangements for health assessments for children and young people placed out of county were amended so that these were co-ordinated by the SEPT LAC Health Team, but undertaken by a health provider local to where their placement. This arrangement resulted in issues of delay and poor quality for a significant number of Review Health Assessments. Resolving these problems was very resource heavy for the LAC Health Team, and despite the introduction of an Escalation Notification from SEPT to BCCG, this saw limited resolution of the issues; there was success with one health provider who had undertaken assessments on a significant number of children, as this was addressed at Director of Quality level between the two Clinical Commissioning Groups.

In order to ensure improved experiences of the Review Health Assessment in terms of timeliness, quality and improved health outcomes, BCCG have reviewed the commissioning arrangements for 2014/15. These arrangements have reverted back to those seen previously where the SEPT LAC Health Team undertake the Review Health Assessments for children/young people placed within a one hour drive of the county border; this will include a majority of the children placed out of county. Although this arrangement is not in line with the Statutory Guidance, BCCG consider that this is in the best interest of the children at the present time. Moving forward, BCCG have raised the problems and issues experienced by Bedfordshire's LAC with the Area Team and via NHS England's National Safeguarding LAC Subgroup, and this is now being included in the work plans of this group in order to be

addressed locally and nationally. BCCG will review the commissioning arrangements in line with the developments in this area.

8.5 Health Assessments for young people placed in Secure Units

Young people placed in secure units are an extremely small minority, with CBC having only two young people remanded in the past 18 months. However, the LAC Health Team have experienced problems in managing their Initial and Review Health Assessments of some young people placed in Oakhill Secure Unit, Milton Keynes and Feltham Secure Unit, Essex by Bedford Borough Council; the issues experienced could be the same for any CBC young people in the future.

The main problem is around the IHA, as commissioning a medical practitioner to undertake this assessment has become increasingly difficult. NHS England commission the health care for secure units, but CCGs retain responsibility for commissioning Health Assessments. Previously, the GP Practice providing health care to the secure unit would be requested to undertake the IHA; more recently the GPs have declined to undertake these despite the individual fee paid directly to them for this service. Additionally, Paediatricians in the local areas do not ordinarily attend the secure units to undertake IHAs; some Paediatricians will schedule to see a young person in one of their clinics if this is appropriate.

June 2013 saw the introduction of the Comprehensive Health Assessment Tool (CHAT) which was developed by the DH and Youth Justice Service to ensure a comprehensive assessment of health for all young people entering the secure unit system. If undertaken well, the CHAT can be used to support the IHA process with a Paediatrician reviewing the CHAT, identifying any gaps and following this up, and developing a Health Plan. However, local experience has demonstrated that this is not the case, and despite further liaison with the secure unit health team, all the relevant health information could not be gathered to ensure that a robust IHA with resultant health plan was achieved.

In order to try and resolve the issues, the BCCG Designated Nurse has had telephone liaison with the Health Team Managers at both Feltham and Oakhill Secure units, and has a meeting arranged with the Oakhill in conjunction with the LAC Health Team from Milton Keynes who also experience the same difficulties and deal with the Secure Unit on a regular basis. These problems and issues have also been raised with the Area Team and via NHS England's National Safeguarding LAC Subgroup, and this is now being included in the work plans of this group in order to be addressed locally and nationally. BCCG is in the process of reviewing the commissioning arrangements around Secure Unit Health Assessments, in order to improve the service for the young people affected until local and national arrangements are more robust.

8.6 Looked After Children Risk Register

A LAC Risk Register was commenced in March 2013 and is owned by the Director of Quality and Safeguarding, BCCG; it is reviewed and updated by the LAC Health Group. The register

allows clear identification of the areas of service provision that pose a risk or are inadequate to ensure optimum health for LAC, such as delays or poor quality of health assessments, data flow and managing performance data. As the LAC Health Group is a strategic multi-agency forum, this enables clear identification of issues, responsibilities and required actions; time scales and partnership working can be readily negotiated within this forum. Issues are escalated as necessary.

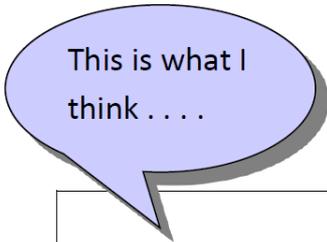
8.7 Audit Programme

The Designated Nurse's planned Health Assessment audit schedule was to include two audits for the year and was designed to audit 10 LAC records, 5 from CBC, for those who had received an Initial and Review Health Assessment in the previous 12-18 months. The schedule was adversely affected by limited Designated Nurse time, so instead of two audits during the year, only one was undertaken. However, a comprehensive report including recommendations and required actions was written and shared with partners. A follow up audit pertaining only to the areas of learning is scheduled for September 2014 to ensure that the necessary actions and developments have had an impact on practice.

The audit tool used, enables review of the information held in the health records against the delivery of services outlined in the Statutory Guidance for the Health and Wellbeing of Looked After Children (2009); this was developed by the Designated Doctor and a Paediatric colleague, and was subsequently revised by the Designated Nurse. This process enables audit of both the IHA and RHA and links these to the IROs Statutory Review minutes to ensure that identified health needs were addressed within this process.

8.8 Feedback from Children and Young People on experience of their Health Assessment

The Designated Nurse for Looked After Children has developed a short questionnaire which looks at 7 areas of the service that looked after young people have said they feel are very important to them (see questionnaire below).



Health Assessment Service Questionnaire

| Please tick one box for each question | Strongly Agree  | Agree  | Disagree  | Strongly Disagree  |
|--|---|--|---|--|
| 1. I got to choose where I had my Review Health Assessment (Do not answer for your Initial Health Assessment) | | | | |
| 2. The Nurse or Doctor listened to me | | | | |
| 3. I was able to ask questions about me and my health | | | | |
| 4. I got the help I needed | | | | |
| 5. The Nurse or Doctor talked to me about being healthy and positive | | | | |
| 6. The Health information I was given was helpful | | | | |
| 7. If you are not happy with the service do you know what to do? | | | | |

Age of child/young person: _____

Date questionnaire completed: _____

Please indicate:

Questionnaire completed by: Child/Young Person / Foster Carer

Type of Health Assessment: Initial/Review

Placement: In county/Out of county

The purpose of this Health Assessment Service User Questionnaire is to provide health and social care teams, and CICC (Children in Care Council) with feedback from children and young people who are in care and receiving regular health assessments.

The questionnaire is given to the children and young people during a home visit by their Social Worker, shortly after their health assessment; the questionnaire is completed during the visit.

For children that are too young or unable, for any reason, to complete the questionnaire their foster carer is asked to complete it on their behalf. The questionnaires are anonymous but do ask for age, date questionnaire was completed and who completed the questionnaire. If a child/young person does not wish to complete a questionnaire there is no pressure for them to do so and this decision is respected. Once completed the questionnaires were returned to the Designated Nurse for Looked After Children for processing, report writing and development of an action plan from any learning outcomes.

During the first Quarter that this was introduced the completion rate was very good and resulted in the Designated Nurse receiving 48 completed questionnaires. However, following this period of high activity subsequent questionnaire completion has become minimal; the Designated Nurse has addressed this with the CBC Head of Corporate Parenting who is going to ensure that this practice is embedded by social workers in order to hear the voice of the child.

8.9 External Review Action Plan

BCCG commissioned an External Review of health pathways to meet the needs of Looked After Children in Bedfordshire. The review, which took place in April 2013, had a remit to:

- Provide an overview of the current multi-agency processes in place to meet the health needs of Looked After Children.
- Assess and review these against national standards and good practice guidance.
- Highlight issues related to quality and outcomes and make recommendations for improvement

The review and subsequent report provided an overview of achievements since the joint Ofsted and CQC inspection in February 2012, operational processes, strategic overview, partnership working, areas requiring further work as well as current and future challenges for the service.

Following this, BCCG developed an action plan which included partnership objectives and actions; the action plan has been reviewed and monitored at the LAC Health Group. Most actions have now been achieved, but a final review and feedback will be undertaken at the next meeting in July 2014 with any outstanding actions being devolved to the relevant partner organisation for completion.

This review informed the decision for BCCG to develop a Looked After Children Health Strategy. This strategy will be shared with partner organisations and foster carers at a LAC Health Forum scheduled for July 2014.

8.10 Bedfordshire Clinical Commissioning Group Looked After Children Health Strategy

BCCG have developed a LAC Health Strategy for 2014/15 which outlines their vision, principles and values, achievements to date and their strategic aims for the coming year. This strategy will provide the platform for future work plans and developments to improve the health of

Bedfordshire's Looked After Children and Young People, and will be driven, reviewed and monitored through the LAC Health Group.

8.11 Raising GPs' Awareness of Looked After Children

2012/13 saw the provision of a rolling Level 3 Competency Safeguarding training programme to GPs across Bedfordshire, with one further training session being provided in November 2014. The training consisted of a full day of multi-agency presentations and group work, and included a session on Looked After Children. The purpose of this session was to raise GPs, Practice Nurses and Out of Hours Service nurses awareness of LAC and to provide information on their roles and responsibilities as per Statutory Guidance (2009). A further training date is arranged for October 2014. Evaluation and impact responses were extremely positive.

In June 2013 a briefing paper about LAC and the roles and responsibilities of GPs was mailed to each GP, and followed up with a duplicate emailed copy in December 2013; this ensured that each GP has a raised level of awareness and understanding. A process to obtain feedback regarding the impact of the briefing paper needs to be developed.

8.12 Leaving Care Pathway

The Designated Nurse facilitated partnership working to enable the development of a Leaving Care Health Pathways. The pathway has two components, one for the Looked After Young People's Nurse Drop-In service, and one for the Referral Process to the service for professional. The pathway was finalised in September 2013 following approval by the LAC Health Group, and is representative of the service for both Central Bedfordshire and Bedford Borough Councils.

8.13 Strength and Difficulties Questionnaire (SDQ) Pathway

The Designated Nurse facilitated partnership working to enable the development of a Strength and Difficulties Pathway, which was finalised in September 2013 following approval by the LAC Health Group. The Pathway is based on good practice and guidance regarding the completion and use of SDQs, and provides practitioners and managers with clarity around the processes, referrals and partnership responsibilities.

CBC have embedded this pathway into practice and have seen a vast improvement in the completion rate of SDQs as well as an improvement in the timeliness of completion; previously completion was undertaken as an end of year task for the majority of children and young people. This year's SDQ performance and outcomes are detailed within the Performance section.

8.14 Raise awareness of LAC amongst dentists and pharmacists

In order to increase the level of knowledge, awareness, guidance, legislation and statutory responsibility regarding Looked After Children amongst Dentists and Pharmacists in the BCCG area, a briefing paper was written by the Designated Professionals and circulated. A process to obtain feedback regarding the impact of the briefing paper needs to be developed.

8.15 Looked After Children Clinician's Group

The LAC Clinician's Group commenced in June 2013 and is a county wide group (Bedfordshire and Luton) with membership of Community Paediatricians who undertake Initial Health Assessments including the Designated Doctor, CAMHS clinicians, LAC Health Team Nurses and the Designated Nurse. This is a forum for clinicians to share and examine practice experiences (positives and challenges), review of literature and guidance for LAC, feedback about conferences and training, identify training needs and improve links and liaison across the county and within the LAC arena. The group has the remit to make recommendations on health and medical matters to other groups, and reports to the LAC Health Groups for Bedfordshire and Luton; the LAC Health Groups will also refer clinical issues to this group for consideration. To date, the group have met on a quarterly basis and have had three meetings (one meeting was cancelled due to limited availability for attendance).

8.16 Child Sexual Exploitation

The sexual exploitation of children and young people is a form of child sexual abuse. All children and young people could potentially be subjected to sexual exploitation, but Looked After Children and Young People are particularly vulnerable. Raising awareness and knowledge of all professionals through training and information sharing, and having robust systems and processes in place to enable concerned professionals to act accordingly are essential. The LSCBs (Central Bedfordshire and Bedford) are taking a lead in tackling Child Sexual Exploitation through their business priorities and through current monitoring arrangements.

In November 2011 the Government published the Tackling Child Sexual Exploitation action plan which was developed in the context of the Munro review of child protection. Like Professor Eileen Munro's final report, and the Government's response to her review, the action plan emphasises the important role of LSCB's at the centre of local multi-agency arrangements to help and protect children and young people.

The Central Bedfordshire Safeguarding Children Board has agreed a Child Sexual Exploitation Strategy, working in collaboration with the Pan Bedfordshire group. The strategy sets out the commitment of the Central Bedfordshire Safeguarding Children Board to do everything possible to prevent child sexual exploitation and support victims of this abuse. It recognises that only a proactive, coordinated, multi-agency approach will be effective in disrupting child sexual exploitation and prosecuting perpetrators.

The four aims of this strategy are to:

- raise awareness of the child sexual exploitation to **prevent** exploitation
- **identify** those at risk and provide early help to **prevent** exploitation
- **support** victims to break free from sexual exploitation
- use information to **disrupt** patterns of exploitation and **prosecute** perpetrators

8.17 Training and Health Improvement Actions

During 2012/13 a Foster Carer training programme to raise awareness of health promotion and health improvement was delivered by Public Health in partnership with the shared Adoption & Fostering Service and SEPT provider services. The training programme included: - *'Helping to maintain and promote good health for children and young people in care'*, *"Helping to meet the specific health needs of young people leaving care"* and *"How to talk to young people about sex and relationships"*. These training sessions supplemented the information in the Health & Wellbeing Information packs provided to Foster Carers and older children and young people.

In order to understand the training needs and plan future health related training for foster carers, Social Workers and Residential Home Staff, a partnership Task and Finish Group met on two occasions. The future timetable is currently being considered and negotiated and will involve continued training delivery by the LAC Health Nurses and partner agencies and services. The training sessions will meet the increased training needs of foster carers who now work within a Tier System governed by levels of training and experience.

9. Strategic Aims for 2014/15

9.1 Quality and audit

To develop an audit tool and programme that is in line with the CQC and Ofsted processes which follow the pathway for each child rather than the more traditional approach of focusing on a specific area or episode of care. The new schedule will continue to include the previously used audit tool focussing on a child/young person's IHA and RHA, but will be extended to look at the pathway for individual children, and will be undertaken in conjunction with the Designated Nurse for Safeguarding Children; this will allow BCCG and partners to understand good practice, areas requiring improvement and any gaps or risks in practice over a longer period of time, thus facilitating improved learning with actions that will enhance outcomes for children and young people.

9.2 Voice of the Child/Young Person

To further improve systems and processes to obtain the views of children, young people and foster carers about their experience of health assessments and health services. Ensure the voice of children, young people and foster carers is captured and used positively to inform service design and provision.

This will be achieved by:

- Obtaining feedback, views and comments from individual children, young people, care leavers, foster carers and birth relatives
- Working with the Children in Care Councils to obtain individual and group feedback, views and comments
- Working with Local Authority Participation Officers to access LAC through a variety of forums
- Accessing foster carers via their support forums

- Provide individual and groups with updates and outcomes of their involvement

The above aims will be realised through the inclusion of:

- Compassion in Practice, Nursing Midwifery and Care Staff, Our Vision and Strategy (December 2012)
- You're Welcome – Quality criteria for young people friendly health services (April 2011)

9.3 Access to health care provision

Ensure adequate access to universal and specialist health care provision, including the Specialist LAC Health Team through regular review of commissioning arrangements and exception reporting to the CCG. Foster carers are fundamental in the provision of care and support for all aspects of a child/young person's life; health training and support will be provided to enable fulfilment of this role.

9.4 Care Leaver Provision

Ensure the Leaving Care Health Service is responsive to meeting the needs of this extremely vulnerable group of young people, and is effective in supporting the transition from children's to adult services. Ensure that the voice of young people and care leavers informs service design and provision.

9.5 Strengths and Difficulties Questionnaire (SDQ)

BCCG and partner agencies will develop systems to collate and analyse the SDQ average score, with Local Authorities examining the root cause(s) that contribute to individual children with high scores. This analysis will inform and provide clarity, which in turn will be resultant in identification of themes. Partners will work collaboratively to provide services that are responsive to these identified needs, with the expectation of improving the mental health and health and well-being outcomes, and subsequently life chances, for Looked After Children.

9.6 Understanding the Health Needs of our Looked After Children

BCCG and partner agencies will improve their understanding of the health needs of Bedfordshire's Looked After Children. Collection and analysis of LAC specific health needs data is being undertaken by Public Health colleagues within both local authorities. This data will combine with the data collated and supplied by other health partners and agencies in respect of Looked After Children, to inform the review of current services and the provision of future health services. This health needs analysis will be considered alongside the Joint Strategic Needs Assessment (JSNA) and Health and Well-being Boards priorities.

9.7 Children and Young People placed out of area

Improve the quality and timeliness of Health Assessments for children and young people placed out of area, in order to improve the child/young person's experience of their Health Assessments, including Young People placed in secure units. Reducing the risk of poor engagement by young people and/or health needs not being identified and met as a result of late or poor quality health assessment provision will be an integral function of this process.

9.8 Health Passport, health history and health needs

Develop health service provision that enables children and young people to understand their own health needs. All health professionals, social care practitioners and foster carers will support each child/young person to access universal services, including school based provision, and specialist services in a timely manner so support this process. Each young person will receive a copy of their health history as a Health Passport at their final Health Assessment, or by other arrangements if they decline this opportunity or are placed out of area; this information will support and inform their health choices and health care needs through transition into adulthood.

9.9 Healthy Lifestyle

Through the provision of frequent age appropriate health education and health related activities and additional specialist support as required, each child and young person understands the basic requirements of healthy lifestyles and healthy lifestyle choices. Each child and young person will receive support in achieving this outcome from health professionals, social care practitioners and foster carers.

9.10 Children with a Disability

Children with Disability receive a Health Assessment service that is integrated with their ongoing health and medical care provision by combining the Review Health Assessment with existing Paediatrician appointments when possible; this therefore, provides a seamless, comprehensive service and reducing the need for repeated appointments.

9.11 Personal Health Record

All children and young people, who become Looked After, will have a formal personal health record commenced and updated regularly, to ensure that a comprehensive health history is available for all. This will take the form of the Personal Child Health Record (red book) for children under 5 years and the personal Health Record (blue book) for children and young people over 5 years. This record will be held by the foster carer or young person and will move with the child/young person should a placement move be required.

9.12 Safeguarding

NHS organisations are subject to the section 11 duties of the Children Act 2004, which places responsibility on the health provider to ensure that effective safeguarding children arrangements are in place. This will be achieved through commissioning and monitoring arrangements identified within the contractual arrangements. This will include arrangements with regard to child sexual exploitation.