

Surrey Looked After Children
Health Needs Assessment
2014

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Executive Summary.....	3
Methodology:	3
1. Introduction	7
2 Rationale	8
3 Methodology	10
4 Surrey- Local Context	12
5 Engaging with Looked after Children.....	20
6 Engaging with Professionals.....	22
7 Mental Health and Emotional Wellbeing	33
8 Sexual Health, Conception, Contraception and Abortion	39
9 Substance Misuse	47
10 Developmental checks, immunisations, dental checks and health assessments	52
11 Health Related Behaviours.....	54
12 Specific Populations	58
13 Care Leavers	61
14 Appendix	67

Executive Summary for Looked After Children Health Needs Assessment

Executive Summary

Children and young people who are looked after share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers due to the impact of poverty, abuse and neglect. 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. Children in Surrey are, in general healthier than children living in other parts of the Country and this may make the health gap between Looked after children (LAC) and other children even greater. This health needs assessment (HNA) aims to identify areas where the health of looked after children could be improved.

The aims of the health needs assessment:

- To build a picture of current levels of need in the LAC population, access to services and existing pathways.
- To gather data on the health behaviours of LAC
- To conduct a literature review to determine best practice and
- To make recommendations to improve the health and wellbeing of LAC in Surrey

(Note a detailed review of the health assessments process is excluded from this HNA as this work is being separately commissioned by the CCGs)

Methodology:

Addressing the health of a looked after child is a complex area with a number of stakeholders, this work was taken forward with the support of the members of the Corporate Parent Operational Group. (CPOG)

The HNA used the expertise of the Schools and Students Health Education Unit (SHEU) in order to obtain the views of looked after children and young people anonymously. 76 looked after children and young people completed the questionnaire.

The views of LAC were also obtained from three focus groups with 15 young people aged 15-19 years.

In addition to the views of the looked after children and young people, the opinions of health and care professionals were also sought. An online questionnaire was completed by 129 professionals involved in the care of LAC (provider and commissioner). On top of this, to obtain more in depth data, 14 1:1 semi-structured interviews were undertaken with professionals.

Key Findings:

Immunisations:

There has been a decrease in immunisations for LAC from 75% to 62% (2011-2013). Many of the diseases we vaccinate against are now so rare that it's easy to underestimate the importance of childhood vaccinations. In the last three years increased incidence of measles has raised concerns about a potential measles epidemic that is likely to occur due to continuing low uptake of the MMR

vaccine (against measles, mumps and rubella) and accumulating numbers of unprotected children in the UK.

Mental Health

92% (n=129) of the professionals questioned as part of the on-line survey cited emotional and mental health as one of the main health needs of LAC and included trauma-related needs, self-harm and low self esteem. Placement stability was also an issue for LAC, with some professionals citing longer term placements and continuity of care while out of area as something that would benefit the health of LAC.

Children and young people entering the care system do so with a range of traumatic experiences not encountered by others. The frequency and likelihood of risk factors relating to mental health is higher for LAC. A large number may have suffered with abuse, neglect, bereavement, poverty and often a combination of more than one factor, leaving them at a disadvantage in comparison to the general population.

Once in the care of the local authority the trauma of placement stability and unknown permanency can have a huge effect on emotional well-being, leaving children and young people feeling a loss of identity and acceptance; often adding to, or triggering mental health problems and emotional upset.

Sexual Health

21 of the 27 (77.8%) KS4 LAC that responded to the questionnaire answered questions relating to sexual experience. 38% of these said that they were either currently in a sexual relationship or had been previously. The sample size does not allow us to say definitely that this is higher than we would expect to see in a sample living with their family. One KS3 pupil also reported having had sex in a previous relationship.

LAC are exposed to greater risk factors for teenage pregnancy than many other groups. Risk factors include socio-economic deprivation, low educational attainment, and lack of consistent positive adult support, having a teenage mother, low self-esteem and experience of sexual abuse.

53% (n=129) of professional respondents to the on-line survey felt they could identify the risks and respond appropriately to children with sexual health issues either well or very well, whilst 12% did not feel they could respond well or very well.

Substance Misuse

Catch 22's Substance Misuse Service data, released in February 2014 provided the local picture for looked after young people receiving support for drug and alcohol use. April 2011 to December 2013, 189 clients with a Looked After status (44% of the service population) accessed the substance misuse treatment service.

Of the 189 young people with Looked After status that presented to the substance misuse service, 39% were females and 61% were males. Nearly two-thirds (62%) were aged between 14 to 18 years.

Many looked after young people use drugs for recreational reasons, just like other young people. There is also evidence that looked after young people may use drugs, including alcohol to 'forget bad things', reflecting their often difficult and traumatic personal histories.

In addition, where children and young people are abused through prostitution, alcohol and other drugs are often used in the grooming and enticement process. There is a close connection between the uses of alcohol and substances as a significant factor in young people's sexual behaviour and

as with other aspects of their lives, children and young people learn from the behaviour of those around them.

Smoking

Of the LAC that responded to the questionnaire, 61 completed the question about smoking behaviour. 52% (n=76) of those answered the question, had tried smoking and 24% were current smokers. This is higher than children living at home nationally and this is higher than the Surrey county figure of 6.3%. Older children and females were more likely to be current smokers. Evidence shows the best practice to stop young people from smoking, is to help adults to quit. Young people that live with smokers are three times more likely to smoke. It is the ambition nationally to achieve 5% prevalence amongst 15 year olds by 2025.

Healthy Weight/ Healthy Lives

18% (n=76) of the LAC, which responded to the survey, stated they did not take any effortful exercise on any day in the week before the survey. 1% of the sample said they had been physically active the week prior to completing the survey. The most commonly reported barriers to taking more exercise were time (28%), discomfort with appearance (25%), shyness (22%), don't know what to do (22%) and don't know where to go (20%). 28% (n=76) of respondents walked to school on the day of the survey.

Recent research has shown looked after children and young people share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, lack of access to the support and advice of trusted adults.

Training and Development

In terms of health-related training to support professionals in their work the following training needs were reported:

- Mental health (including self harm/suicide)
- Sexual health
- Substance misuse (including Foetal Alcohol Syndrome)
- Medication LAC are taking
- Refresher training for carers of poorly children
- Regular training on updates relevant to LAC

Mental health training (specifically with reference to LAC) was by the most cited training need.

Access to Services

The professionals that responded to the survey felt confident they understand the health needs of LAC. The majority consider it is their role to check a young person has access to health services and to signpost appropriately. However in terms of knowing where to signpost young people in need of services, there appear to be a few gaps. Some are unaware of how to refer a young person to stop smoking services, where to go for specialist dietary help or where local physical activity schemes can be accessed. Most professionals feel they can identify the risks and respond appropriately to LAC with emotional and mental health issues, however some (18%, n=129) do not. Similarly 17% of professionals do not feel able to identify risks and respond to children with substance misuse issues (although 44% do feel able).

Many of the respondents felt there should be more collaborative working and joint commissioning. It was suggested services need to be more joined up (such as sexual health services linking in to schools and school nurses, or social workers integrating with LAC teams).

Further analysis of content of health assessments

Some people felt the LAC individual health assessment needs to be more child/young person focused, and perhaps the health assessment form contains too many questions. It was felt the form could be more user-friendly, particularly for the older child. Some professionals said the assessment should be part of an ongoing process, requiring follow-up in order to be effective and the work in between reviews needed to be captured.

It was felt the assessment should be tailored to certain populations, such as children of asylum seekers, as certain populations presented with a specific set of needs.

Next Steps

Key findings and full report to the Corporate Parenting Healthy Outcomes Group to support the development of a local action plan.

1. Introduction

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 often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. 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. Children in Surrey are in general healthier than children living in other parts of the Country and this may make the health gap between Looked after children and other children even greater. This Health Needs Assessment aims to identify areas where the health of looked after children could be improved.

Aims

The aims of the health needs assessment are:

- To build a picture of current levels of need in the Looked after Children (LAC) population, access to services and existing pathways.
- To gather data on the health behaviours of Looked After Children and best practice.
- To make recommendations to improve the health and wellbeing of LAC in Surrey

Objectives

1. Map existing care pathways for looked after children into universal services such as sexual health.
2. Map existing services for LAC
3. Conduct a literature review on what works in improving the health of LAC.
4. Collate initial and review health needs assessment data for a representative sample and explore whether LAC in Surrey are more at risk of risky health behaviours such as substance misuse incl. smoking than other children in Surrey
5. Conduct semi structured interviews with key stakeholders
6. Conduct focus groups with key stakeholders including LAC themselves
7. Conduct on line questionnaires with key stakeholders including LAC themselves
8. Make recommendations based on the data and disseminate widely

(Note a detailed review of the health assessments process is excluded from this HNA as this work is being separately commissioned by the CCGs)

2 Rationale

Policy Context

The Children Act 1989 was perhaps the most comprehensive and far reaching reform of child law in the United Kingdom, integrating many points of law relating to children. The act brought together the public and private law provisions for the first time but removed the link with the criminal law for young people. The act followed a series of influential reports on system wide failures to protect children through the 1980s. There were three important public inquiries following the deaths of Jasmine Beckford (1985), Kimberley Carlile (1987) and Tyra Henry (1987). These highlighted the failure of agencies to work together successfully to protect children and the failure of agencies to intervene, particularly when parents avoided contact.

Children are placed in care by two main routes: either because the parents have asked for this help or because the child is in danger of being harmed. Under the Children Act 1989, local authorities have a general duty to safeguard and promote the welfare of children within their area who are in need. They must assess a child's needs and promote the upbringing of children by their own families if safe to do so. In doing this local authorities should work in partnership with parents. While the local authority should seek a court order when compulsory action is in the best interest of the child, the first option is to work with the parents by voluntary arrangement unless to do so would clearly be placing the child at risk of significant harm. A court will only make an order if it is better for the child than making no order. In all cases when the court determines any question with respect to the child's upbringing, the child's welfare should be the paramount consideration.

In November 2009 the then Department for Children, Schools and Families (DCSF) published 'Statutory guidance on promoting the health and well-being of looked after children'. The new guidance aimed to remove inconsistencies and promote better-coordinated care. Local authorities must also comply under section 7 of the Local Authority Social Services Act 1970 with duties to promote the health of looked-after children and young people. The revised document also includes practice guidance on access to services, care planning and placement quality, physical health and health promotion. Guidance on promoting the quality of life of looked after children and young people was published jointly in 2010 by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence.

The Health and Social Care Act (2012) sets out a new responsibility for NICE to develop quality standards and other guidance for social care in England. The Act outlines a vision for establishing quality as the defining factor for health and social care, through the use of quality standards. The use of quality standards for health and social care can allow people to hold their local commissioners to account, can help guide the commissioning of efficient and effective services and can assist service providers and users to assess the quality of the services they are involved in. In 2014 NICE published 'Quality standards for the health and wellbeing of looked-after children and young people.'

Children and Families Act (2014) The Bill seeks to reform legislation relating to the following areas:

- adoption and children in care
- aspects of the family justice system
- children and young people with special educational needs
- the Office of the Children's Commissioner for England
- statutory rights to leave and pay for parents and adopters
- time off work for ante-natal care
- the right to request flexible working

The Children and Families Act 2014 (CFA 2014) covers both public and private children proceedings. In public law proceedings, amongst other things, it imposes a 26-week deadline for care and supervision proceedings (as piloted since July 2013), it scraps the 28-day time limit for interim care/supervision orders and it introduces new provisions regarding post adoption contact.

The independent Children and Young People's Forum was established to inform the development of a Children and Young People's Health Outcomes Strategy published in January 2012. Following the report of the forum, work is in progress to develop a number of proposals for developing the strategy for improving and measuring health outcomes for children and young people. This includes recommendations for new national outcome measures and the strengthening of existing indicators for children and young people; it will consider information to be made available for looked-after children where appropriate (alongside the general population).

Public Health Outcomes Framework 2013 – 2016 and the NHS Outcomes Framework 2013-2014

The NHS and Public Health Outcomes Frameworks include a number of overarching indicators that relate to the health and wellbeing of Looked After Children.

NHS outcomes framework 2013–14	
Domain 4: Ensuring that people have a positive experience of care	<p>Improvement area</p> <p>Improving children and young people's experience of healthcare (4.8 indicator in development).</p>
Public health outcomes framework 2013–16	
Domain 1: Improving the wider determinants of health.	<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities.</p> <p>1.2 School readiness (placeholder)</p> <p>1.3 Pupil absence</p> <p>1.3 First-time entrants to the youth justice system</p> <p>1.5 16–18 year olds not in education, employment or training</p>
Domain 2: Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.</p> <p>2.23 Self-reported wellbeing</p> <p>2.5 Child development at 2–2.5 years (placeholder)</p> <p>2.8 Emotional wellbeing of looked-after children (placeholder)</p>

Surrey Health & Wellbeing Board, Surrey Prevention Action Plan

Locally the Children and Young People's Partnership and the Children's Health and Wellbeing Group together will ensure that there a clear strategic fit between the Health and Wellbeing priorities and joint commissioning arrangements. Outcomes set as part of the plan include improving health outcomes for Looked After Children in Surrey.

Surrey's Health and Wellbeing Strategy commits to five priorities:

1. Improving children's health and wellbeing
2. Developing a preventative approach
3. Promoting emotional wellbeing and mental health
4. Improving older adults' health and wellbeing
5. Safeguarding the population

The action plan aims to deliver the following improvements to children's health and wellbeing:

- More babies will be born healthy
- Children and young people with complex needs will have a good, 'joined up' experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient

Surrey Children & Young People's Partnership Plan 2014-17

The Children and Young People's Plan (CYPP) sets out the strategic direction and goals for the Partnership, covering all services for children and young people. It sets out the priorities for the Partnership for the next three years and the key pieces of work that will need to be undertaken to deliver them. The Plan is a delivery mechanism of the Health and Wellbeing Board (HWB) and closely linked with the Surrey Safeguarding Children Board (SSCB), an independent statutory board which co-ordinates safeguarding activities in Surrey.

3 Methodology

Addressing the health of looked after children is a complex area with a number of stakeholders, this work was taken forward with the support of the members of The Healthy Outcomes Sub-group of the Corporate Parenting Operational Group.

Most importantly in this HNA were the views of the Looked After Children themselves. This HNA used the expertise of the Schools and Students Health Education Unit in order to obtain the views of the children and young people anonymously. This process included;

1. Study design agreed: number and age of LAC to be included
2. Questionnaire content agreed
3. Social care distributed the questionnaires
4. Survey conducted with the LAC online and on paper
5. Paper questionnaires processed
6. Reports returned to commissioners

The analysis from the views of the young people who took part in the Schools Health Education Unit Survey (SHEU) was carried out by the SHEU using the statistical software package SPSS. Analysis took the form of simple frequency distributions and cross-tabulation.

The views of LAC were also obtained from three focus groups.

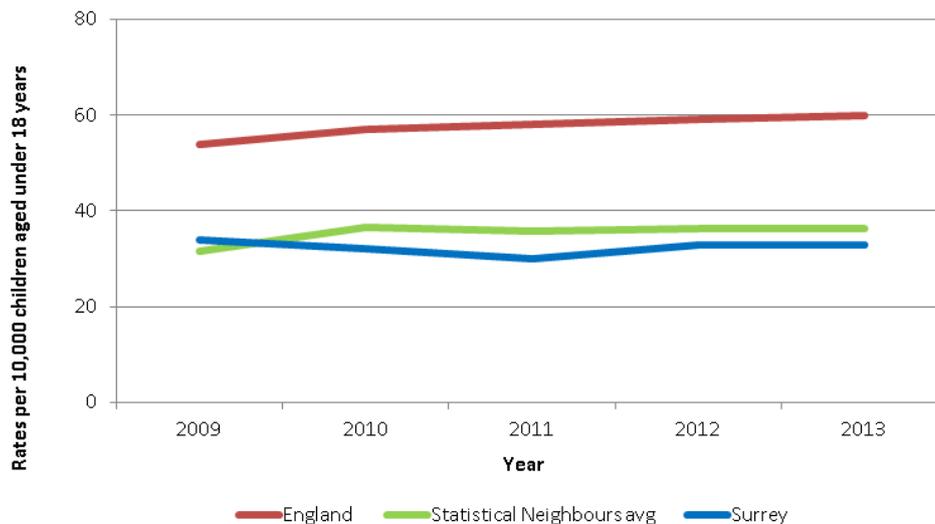
In order to better understand the health needs of looked after children, the views and opinions of health professionals have also been sought. An online questionnaire was completed by 129 professionals who are involved in the care of looked after children (whether that be in a provider or a commissioning capacity). This provided both quantitative and qualitative data. In addition to the questionnaire, fourteen 1:1 semi-structured interviews were undertaken with professionals, which enabled more in-depth data to be obtained. These data were analysed using thematic analysis (Braun & Clarke's six phases of thematic analysis, 2006). See Appendix 7 for more details.

4 Surrey- Local Context

Population profile of Looked after Children

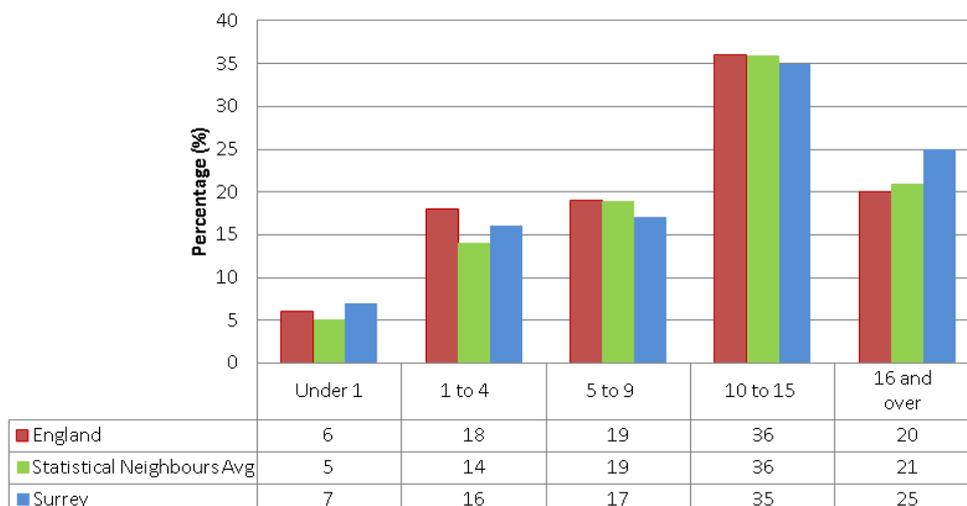
This section outlines the population profile of looked after children in Surrey, drawing comparisons with statistical neighbours and the overall England picture.

Figure 1 - Rates per 10,000 of children aged under 18 years of children looked after during the years 2009 – March 2013.



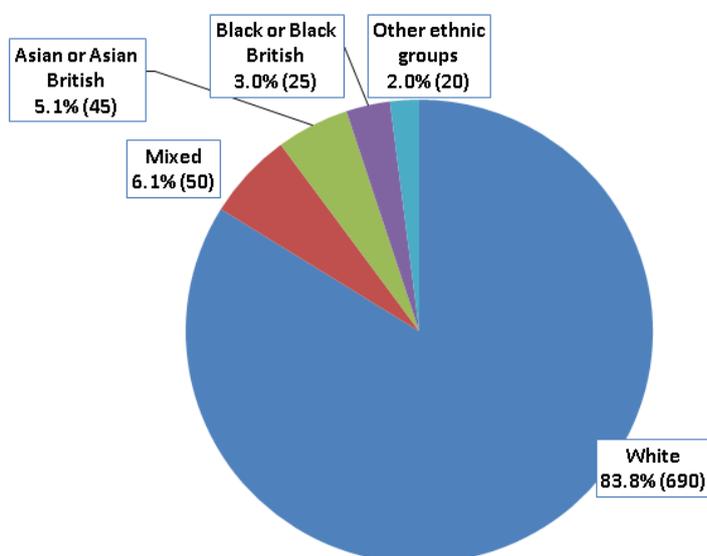
There were 830 looked after children in Surrey in March 2013. Surrey is similar to its statistical neighbours in the rate of looked after children per 10,000 and lower than the England average. There has been an 8.5% increase in the number of looked after children in Surrey between 2010 and 2013, which is slightly higher than that seen across England (5.7%).

Figure 2 Percentage of looked after children, by age, in Surrey, March 2013.



About a third (295) of looked after children in Surrey are aged between 10 and 15 years. This is similar to England (36%) and Surrey's statistical neighbour average (36%). Twenty three percent (190) of Surrey's looked after children are under 5 years of age.

Figure 3. Percentage of looked after children in Surrey, by ethnicity, March 2013.



Predominantly looked after children, in Surrey, are white (84%) which is similar to the Surrey population as a whole (83%). There are a greater proportion of looked after children that are not white compared to the general population of Surrey.

Table 1 - Number of unaccompanied Asylum Seeking Children looked after during the years ending 31 March from 2009 to 2013 in England, Surrey and its statistical neighbours

Area	Number of Asylum seeking children					Percentage (%) of Asylum seeking children				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
England	3,890	3,480	2,730	2,200	1,860	6.4	5.4	4.2	3.3	2.7
South East	700	620	530	430	410	9.1	7.6	6.3	4.9	4.6
Bracknell Forest	x	x	x	x	x	x	x	x	x	x
Buckinghamshire	20	20	15	10	10	6.1	5.8	3.8	2.7	2.5
Cambridgeshire	40	25	15	5	10	8.9	5.3	3.2	1.1	2.2
Cheshire East	.	15	5	5	x		3.4	1.1	1.1	x
Hampshire	35	30	30	25	25	3.2	2.7	2.8	2.3	2.2
Hertfordshire	60	80	60	55	35	6.1	7.0	5.5	5.2	3.4
Oxfordshire	45	35	35	30	30	10.8	7.8	8.2	6.7	7.2
Surrey	105	85	60	60	60	12.8	11.1	8.2	7.5	7.2
West Berkshire	15	30	20	10	10	15.8	24.0	16.0	8.0	6.9
Windsor and Maidenhead	x	x	x	5	x	x	x	x	5	x

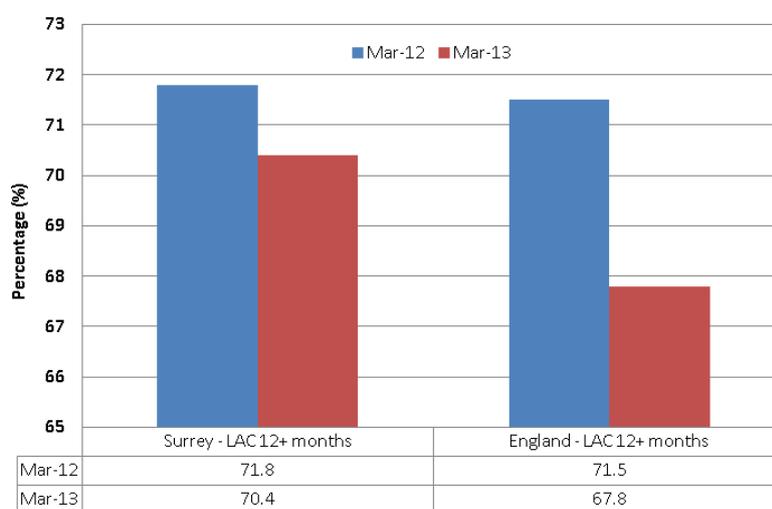
Wokingham	x	x	x	x	x	x	x	x	x	x
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x Figures suppressed in order to protect confidentiality.

Table 1 shows the number of unaccompanied Asylum Seeking Children looked after during the years ending 31 March from 2009 to 2013 in England, Surrey and the statistical neighbours. The number has been decreasing since 2009 with a percentage decrease of 43%. Surrey and Oxfordshire have the highest proportion of unaccompanied Asylum Seeking Children, more than England and the South East region.

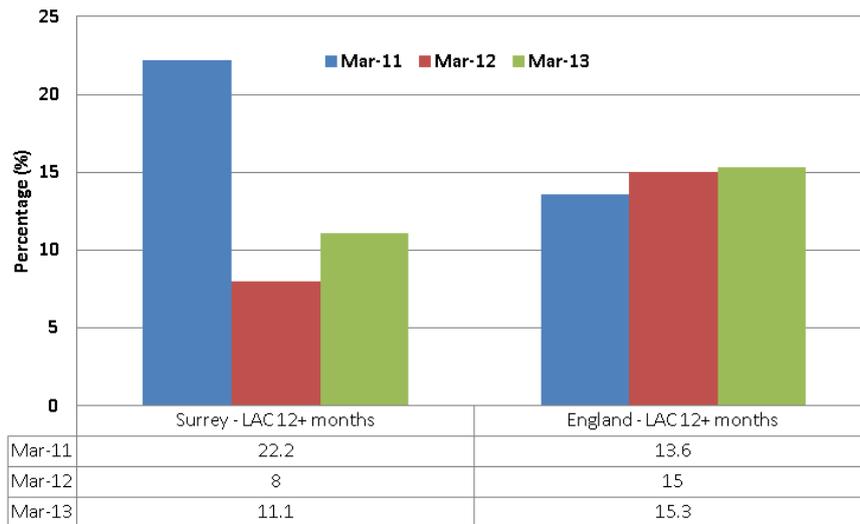
NB Numbers to October 2013 have shown an increase to 78, this is latest data which isn't reflected in the table above as it is 6 month rather than annual data.

Figure 4 Percentage (%) of Children who had SEN statement in Surrey and England during the years ending 31 March.



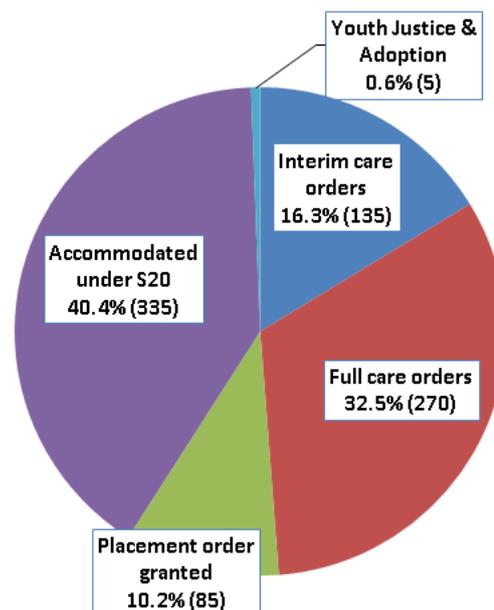
Over two-thirds of looked after children, in Surrey, had a statement of Special Educational Needs. The proportion is similar to that seen nationally and has decreased slightly from March 2012 to March 2013.

Figure 5 Percentage (%) of Children who had 5+ A*-C at GCSE (inc Maths & English) during the years ending 31 March in Surrey and England



The proportion of looked after children attaining 5+ A*-C at GCSE (inc Maths & English) in Surrey decreased from 22% to 11%. In England, this figure has almost remained static since 2011. Several studies have suggested that the educational achievement and employment opportunities of young care leavers are highly dependent on what happened before they came into care (Stein, 2004), with a number of factors while in care further influencing young people's achievement including placement stability, school place stability, time out of school, help with schoolwork, the carers' educational experiences and support for education at home. In 2013 nationally just 15.3% per cent of children who had been in care for a minimum of one year obtained five good grade GCSEs, including English and Maths, for all children nationally the figure was 68.1% per cent.¹

Figure 6 Percentage (%) and number of Children looked after by legal status, in Surrey, March 2013.



Legal Status

*Accommodated under S20 of the Children Act 1989 – Voluntary arrangement between local authority (LA) and the parent (or young person aged over 16) with the parent retaining full parental responsibility.

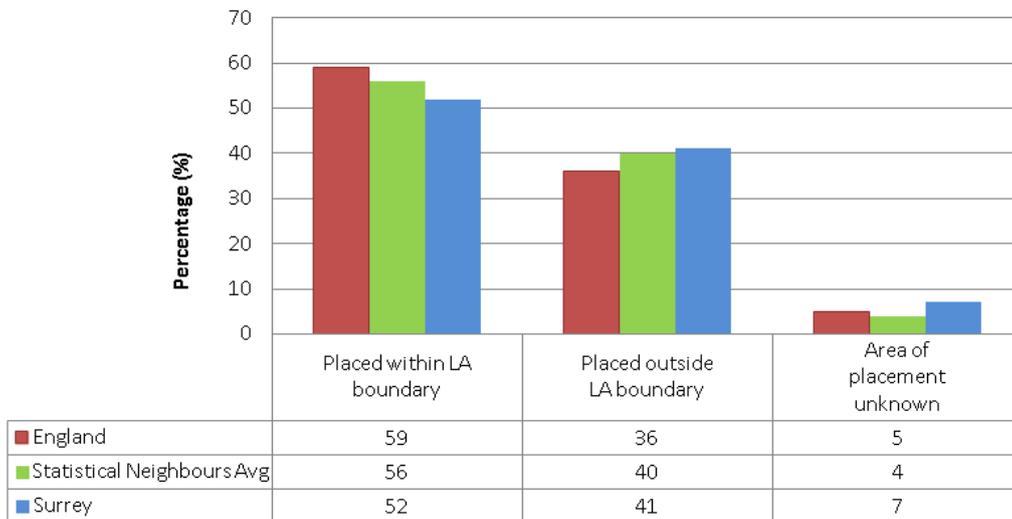
*Freed for Adoption – has been replaced by the Placement order since 30/12/2005. This is where the Court has agreed that adoption is in the best interest of the child and parental consent has been given or dispensed with.

*Full care orders – gives local authorities parental responsibility. Although shared with the parent, the LA decides the extent a parent is able to exercise responsibility.
 *Interim care orders – period where an application has been made to the court before a full hearing takes place. Could be up to 18 months.
 *Placement order granted – permission given to the LA to place a child for adoption with or without the birth parents consent.
 *Youth Justice legal status - These are children on remand or committed for trial, children detained in local authority accommodation under section 38(6) of the Police and Criminal Evidence Act 1984 and children sentenced to CYPA 1969 supervision order with residence requirement.

Looked after children placements.

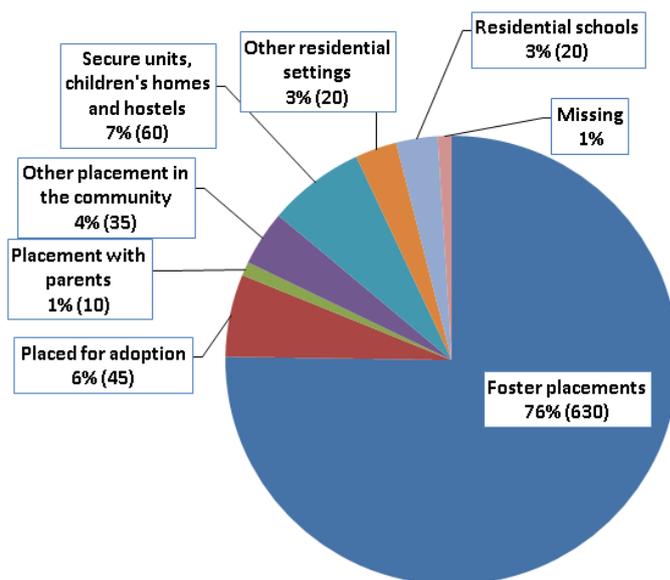
This section describes where looked after children are placed both terms of in or out of area and also the types of accommodation and placement.

Figure 7 Percentage of children looked after as at 31 March 2013 by placement in or out of local authority's area in England, Surrey and its statistical neighbour average



Nearly half of Surrey's looked after children are placed within the County which is slightly lower than both the averages for the statistical neighbours and England. Forty percent of Surrey's looked after children are placed outside of boundary and although this is similar to the average for the statistical neighbours there is a range of 23% in Oxfordshire to 46% in Buckinghamshire.

Figure 8 Percentage (%) and number of Children looked after as at 31 March 2013 by placement type

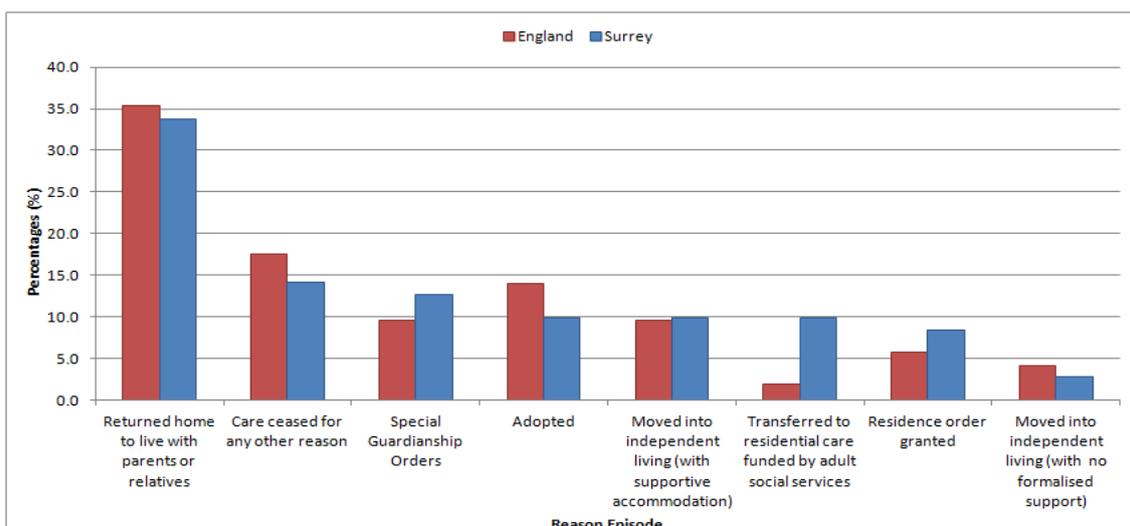


Out of the 830 looked after children, over two-thirds (76%, 630 children) of the children in Surrey were in foster care. This is almost the same as for England (75%, 50,900 children). The number of children cared for under a series of short term placements has been decreasing in Surrey from 115 in 2009 to under 5 in 2013. The 91% decrease in short term placements, in Surrey, differs significantly from that seen in England across the same time period.

Table 2 – Numbers and Percentages (%) of children who started to be looked after and taken into care during the years ending 31 March in England, Surrey and its statistical neighbour (SN) average.

First Contact	Area	2009	2010	2011	2012	2013
All children who started to be looked after in the year ending 31 March	England	25,680	28,080	27,500	28,390	28,830
	SN avg	205	207	189	195	197
	Surrey	365	285	275	375	375
of which: children who were taken into care	England	8,180	9,580	9,560	10,140	11,100
	SN avg	70	70	73	73	70
	Surrey	115	95	110	130	95
Percentage (%) of children taken into care	England	32	34	35	36	38
	SN avg	34	34	39	38	36
	Surrey	31	33	39	35	25

Figure 9 Percentage (%) of Children who ceased to be looked after as at 31 March 2013 by reason episode ceased in England, Surrey.



* Only the last occasion on which a child ceased to be looked after in the year has been counted

In England, Surrey and its statistical neighbours, about a third of children who started to be looked after as at 31 March of that year were taken into care. In Surrey, about 355 children ceased to be looked after in March 2013. About a third returned to parents or relatives. This proportion is similar to England.

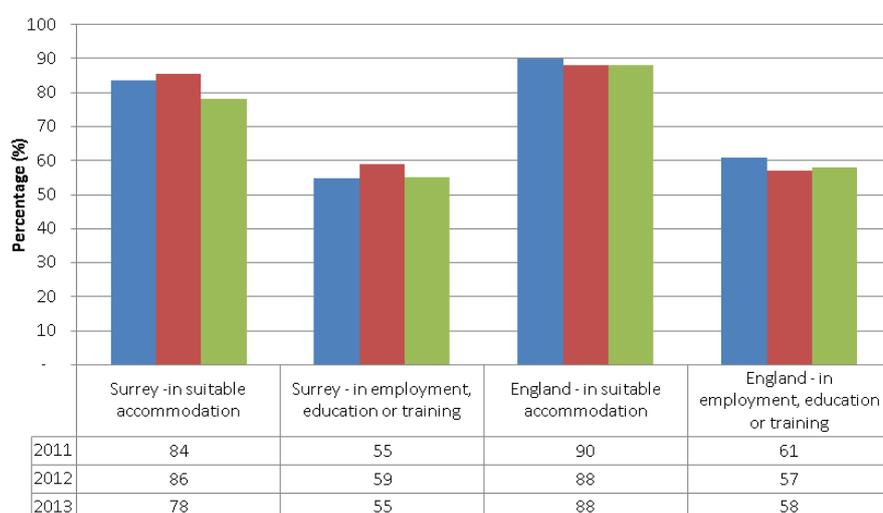
In Surrey more than half of looked after children aged 16 and over remained in care until their 18th birthday. Of those that were in care at 16 years of age half are in employment, education or training at 19 years of age and nearly 20% are not in suitable accommodation.

Table 3 Percentage (%) of children 16 years and over who remained looked after during the years ending 31 March, until their 18th birthday in England and Surrey

Year	Number of children leaving care at age 16 years and over		Number of which leaving care at age 18 years and over		Percentage (%) of which leaving care at age 18 years and over	
	England	Surrey	England	Surrey	England	Surrey
2009	8,750	160	5,338	118	61	74
2010	9,180	165	5,692	116	62	70
2011	10,010	155	6,306	126	63	81
2012	10,040	130	6,626	99	66	76
2013	9,990	130	6,793	104	68	80

In Surrey, 80% of looked after children aged 16 and over remained until their 18th birthday. Nationally during 2011-12 10,000 children aged 16 years and over ceased to be looked after, an increase of 18 per cent since 2008. In 2013 more than half of young people (68 per cent) were aged 18 years and over at the time of leaving care, but the remaining 32 per cent were only 16 or 17 years old. Surrey is achieving better than the England average in supporting young people aged 16-18 years. Although this still contrasts with the average age of leaving home for the general population increasing – a recent ONS report highlighted one in three men and one in six women aged 20 to 34 still lived with their parents. Many young people are still leaving care too early. Young people leaving care are among the most vulnerable children in our society. Even those who have had a stable placement may have very high levels of need. Many children who have been in the care system have had a childhood full of instability and trauma, with over 62 per cent of looked after children being taken into care due to abuse or neglect.

Figure 10 Percentage (%) of Children aged 19 years old who were looked after when aged 16 years by accommodation and activity during the years ending 31 March



In Surrey, 80% of looked after children aged 16 and over remained until their 18th birthday. Nationally during 2011-12 10,000 children aged 16 years and over ceased to be looked after, an increase of 18 per cent since 2008. In 2013 more than half of young people (68 per cent) were aged 18 years and over at the time of leaving care, but the remaining 32 per cent were only 16 or 17 years old. Surrey is achieving better than the England average in supporting young people aged 16-18 years. Although this still contrasts with the average age of leaving home for the general population increasing – a recent ONS report highlighted one in three men and one in six women aged 20 to 34 still lived with their parents. Many young people are still leaving care too early. Young people leaving care are among the most vulnerable children in our society. Even those who have had a stable placement may have very high levels of need. Many children who have been in the care system have had a childhood full of instability and trauma, with over 62 per cent of looked after children being taken into care due to abuse or neglect.

From 2011 to 2013, there has been a reduction in the allocation of suitable accommodation and employment, training and education for looked after children. The percentage decrease in suitable accommodation was 7% for Surrey, and 2% for England. For employment, education and training, there was no change for Surrey but a 5% decrease for England. 12 per cent of care leavers in England live in 'unsuitable accommodation' upon leaving care. Demos in their 2010 report *In Loco Parentis*, written with Barnardo's, identify four factors that can significantly improve a young person's experience of leaving care and give young people a chance of better adult outcomes: the age at which young people leave care; the speed of their transition; their access to preparation before leaving care and support after leaving care; and maintaining stability and secure attachments after leaving care.

Specific types of support that seem to be effective include reliable financial support, apprenticeships and work experience, mentoring schemes, interview preparation and help with university forms, special classes or teachers to provide additional support to young care leavers, Personal Education Plans, access to computers, including specific people with educational remit within teams, involving career advisers in leaving care services, employment skills groups and building formal links with colleges, trainers and employers (Biehal *et al*, 1995, Ofsted, 2009, Stein, 2004 and Wade, 2003).

5 Engaging with Looked after Children

In order to address the health needs of Looked After Children it is essential to talk and listen to the views of young people themselves. Public Health commissioned The Schools Health Education Unit to carry out this piece of work. All looked-after children in Surrey of secondary school age were mailed an invitation to take part in the survey, giving them a choice of completing a paper questionnaire or completing the survey online.

Out of the 440 young people, invited to take part in the survey, 76 returned completed questionnaires, less than a quarter of the available sample. In addition to the survey three focus groups, with 15 young people, were conducted to collect views, opinions and suggestions from the young people aged 15- 19.

Characteristics of the sample

	Year 7	Year 8	Year 9	Year 10	Year 11	[Missing year group]	Total Sample (Count)
<i>Male</i>	2	3	8	4	8	9	34
<i>Female</i>	8	4	3	4	11	12	42
<i>Total Sample (Count)</i>	10	7	11	8	19	21	76

74 of the 78 described who they lived with; 78% of the respondents lived with foster parents.

	All
Mainly or only mum	1%
Foster parents	78%
Carer in a residential school/home	12%
Other carer	8%
Valid Responses	% 100%
	Count 74
	All 76

69% of secondary pupils described themselves as white British, but this was not distributed evenly across the sample: 79% of the females said they were white British.

	KS3	KS4	[Missing year]	Male	Female	All
White UK	85%	71%	48%	59%	79%	69%
Count	27	24	21	34	38	72
Total Sample (Count)	28	27	21	34	42	76

Reference samples

It is often interesting to compare local figures with results from elsewhere in the country. Each year the Schools Health Education Unit (SHEU) supports surveys in many schools throughout the UK and publishes the total picture for each year. In this report, the sample has been compared with the SHEU aggregate sample from 2010 which was published in the report *Young People into 2013*.

The surveys contributing to the reference samples were carried out throughout the schools year, while the local survey was carried out in the Spring. Therefore, any differences seen between the

local survey and the reference sample may be caused by seasonal factors or the academic calendar.

Not all questions in the local survey could be compared; as our local surveys used customised versions of the SHEU questionnaires.

Details of the results from this questionnaire are given in chapters throughout this Health Needs Assessment.

Focus Groups with young people

The views and opinions of young people were also gathered through small focus groups. Three focus groups were held with fifteen young people aged 15- 19 where the following themes were identified;

Being healthy

Young people reported that a combination of eating healthy, taking exercise, good personal hygiene and being happy in themselves summed up a healthy lifestyle for them. They also had a clear idea of how to stay healthy, through regular exercise, regular sleep patterns and a healthy diet, although also admitted that factors such as poor weather, motivation and cravings for unhealthy food stopped them from achieving better health. They also felt the social workers could speak more directly to them rather than through carers about their health.

Talking about health

Young people said they knew where to go for information on health and felt comfortable talking to LAC nurses, carers, social workers and personal advisors, however they didn't like their health information being shared with school staff, specifically at reviews.

Young people felt that the LAC nurse system worked well as they had a sense of familiarity in seeing the same person on a regular basis, however some young people didn't have access to LAC nurses and felt the service was unfairly distributed. They felt that the CAMHS workers were an asset, and felt they understood their specific mental health needs.

Overall opinions

Young people felt that the main concerns for looked after children's health were exercise, hygiene, sexual health and substance misuse.

Overall they felt that they had good experiences of support with their health.

6 Engaging with Professionals

In order to better understand the health needs of looked after children, the views and opinions of health professionals have been sought. An online questionnaire was completed by 129 professionals who are involved in the care of looked after children (whether that be in a provider or a commissioning capacity). This provided both quantitative and qualitative data. In addition to the questionnaire, fourteen 1:1 semi-structured interviews were undertaken with professionals, which enabled more in-depth data to be obtained. Those interviewed included clinicians (GPs, designated doctor, specialist nurses), service providers (such as mental health and sexual health) and commissioners of services for looked after children.

The data were analysed using thematic analysis (Braun & Clarke's six phases of thematic analysis, 2006) and the emerging themes can be found below.

Findings from the semi-structured interviews

After transcribing and analysing the data captured from the semi-structured interviews, the following themes emerged:

Emotional and Mental Health needs

92% of those questioned cited emotional and mental health as one of the main health needs of looked after children. Although different health needs were also mentioned, this was by far the main health need to be cited, and included trauma-related needs, self harm and low self esteem.

Other needs included risk-taking behaviour in older children, such as substance misuse, alcohol, smoking, teenage pregnancy, sexual health; also poor diet, and developmental problems due to mother's exposure to substances/alcohol prenatally.

Placement stability was also an issue for looked after children, with some professionals citing longer term placements and continuity of care while out of area as something that would benefit the health of looked after children.

Health Assessment

75% of those questioned confirmed adhering to the NICE guidance on the health of looked after children. The other 25% had either limited awareness of the guidance or said they probably did not adhere to the guidance.

Some people felt that the LAC health assessment needs to be more child/young person focused, and that perhaps the health assessment form contains too many questions. It was felt that the form could be more user-friendly, particularly for the older child. Some professionals said the assessment should be part of an ongoing process, requiring follow-up in order to be effective and that the work in between reviews needed to be captured in some way.

It was felt that the assessment should be tailored to certain populations, such as children of asylum seekers, as certain populations presented with a specific set of needs.

Partnership working

Most of the respondents reported working/linking in with Social Services (social workers) and many confirmed working with community and acute hospitals, health visitor and school nurse teams, specialist nurses, CAMHS specialists, the LAC team, foster teams, residential and children's teams, and GPs. Partnership working was integral to many people's roles, however some services did not have any formal links with other agencies, such as sexual health services which mainly linked in only with Social Services (for the purpose of safeguarding training) and with GPs (for training). There was also partnership working between Children's commissioning teams and stakeholder groups (such as Substance Misuse and CAMHS).

Access to support services for looked after children

Professionals were asked for their views on services available for looked after children and how access to these services might be improved. One of the main themes to emerge was around **resources**. It was felt by many of those questioned that there is a shortage of specialist nurses (both school nurses and LAC nurses). The need for more admin support was also cited by several people as a gap. Respondents were of the opinion that the teams were too small to cover the whole LAC community.

*... to have a decent service specification that is appropriately resourced
invested with the evidence base and it's got the knowledge and backing
behind it, then we should see the benefit for the children and young people ...*

It was felt by some that there should be more reporting on waiting times and in areas such as substance misuse and looked after children.

The other main theme to emerge from the data was around **integration of services**. Many of the respondents felt there should be more collaborative working and joint commissioning. It was suggested that services need to be more joined up (such as sexual health services linking in to schools and school nurses, or social workers integrating with LAC teams).

Other suggestions for improving access to services for looked after children included raising awareness amongst professionals and children/young people of services available and providing more health training for professionals (sexual health in particular).

Health information available to looked after children

Most people felt that looked after children were able to access health information in a variety of ways, such as via the GP, during review health assessments, during PSHE lessons in school, via the LAC nurses, and through a variety of services such as CAMHS, Catch22, sexual health clinics and counselling services. It was felt by some that looked after children had the same access to their own health information as any other child once they reached 14 years. The red book was also cited as a source of health information at their disposal.

Some people drew attention to the need to find the best way of sharing potentially very sensitive health information with young people before they leave Care.

Leaving Care support for looked after children

Over half of the people questioned considered there to be a large gap in care/healthcare for young people leaving care, from age 18+. It was pointed out that the final health assessment with a young person is at age 17 and that this is possibly the last contact they will have with the LAC team. Emotional health and wellbeing was cited as one of the main health needs for Care leavers and that although they may not meet the criteria for accessing CAMHS, they may still need support. Also if young people leave school at 16, they no longer have access to school health services. This means that for young people going on to college, they do not have anyone allocated to them. There was a feeling amongst many that there should be more support for young people up to the age of 25. Some professionals were aware of work currently being undertaken in this regard.

In terms of what is actually available to young people leaving care, the following were cited:

Healthcare Plan/Leaving Care Plan; red book; services of the Leaving Care team; personal advisers; sexual health support; Youth Support service; Transitions team; Catch22; statutory services; LAC health team.

One thing to improve the health of looked after children

Professionals were finally asked if they could change one thing to improve the health of looked after children, what that would be. The most frequently cited responses were:

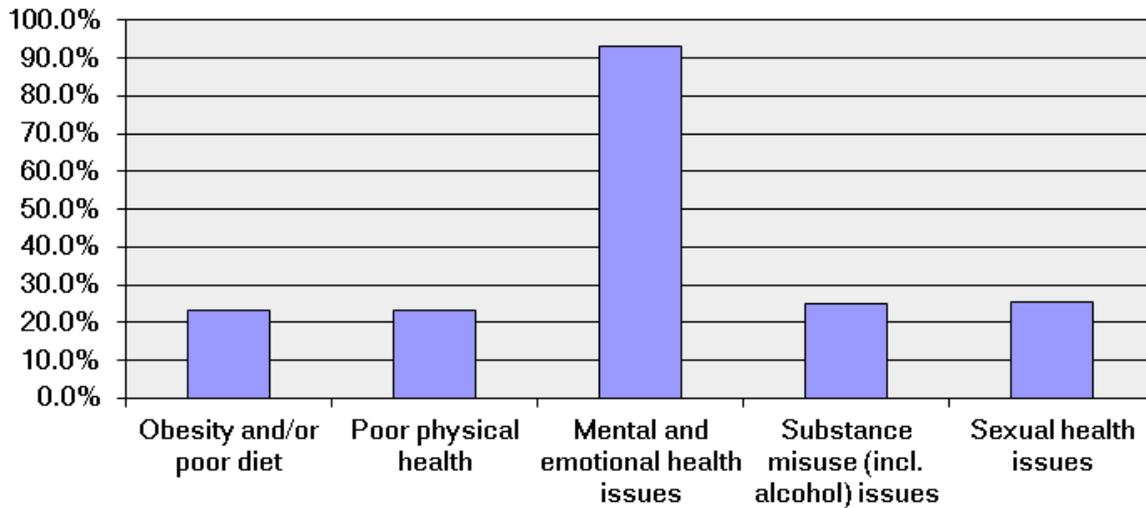
- More specialist nurses
- More admin support
- Longer term placements
- Increased understanding of the needs of looked after children
- More integration of services (including shared data sets)

Professionals were also keen to point out the positive side of services for looked after children, saying that services were good, there was good communication with Catch22 and 3C's, the commitment of health professionals was high, and that they were very passionate and committed to supporting looked after children.

Findings from the online survey

In addition to the semi-structured interviews, an online survey invited a range of health professionals (including commissioners and providers of services for looked after children) to provide views and show their understanding of the health needs of looked after children. One hundred and twenty-nine professionals completed the questionnaire. As was evidenced in the interviews, respondents identified the mental and emotional health of looked after children as their main health need (93%). This was followed by sexual health (26%), substance misuse (25%), obesity/poor diet (23%) and physical health (23%).

What do you think are the main health concerns for the looked after children you are in contact with?

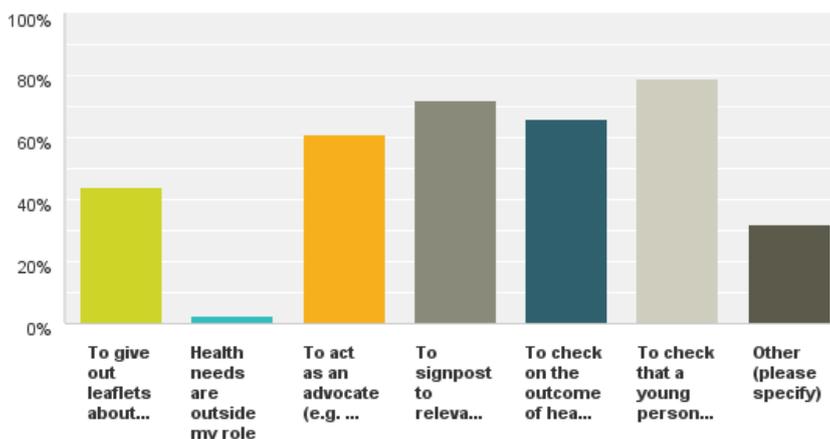


Professionals were asked how healthy they considered the children (in contact with their services) to be. 32% considered the children to be healthy or very healthy, with 19% citing unhealthy or very unhealthy. The remainder did not express a strong opinion either way. In terms of understanding the health needs of looked after children, the majority of respondents (83%) felt they understood the needs either well or very well, with only 2.3% stating they did not understand the health needs very well or not very well at all. This is supported by findings from the focus groups conducted with looked after children, who felt overall that they had experienced good support with their health.

Professionals were asked about their role in relation to the health needs of looked after children.

Q5 When I think about the health needs of looked after children, I believe it is my role

 Answered: 129 Skipped: 0



When I think about the health needs of looked after children, I believe it is my role		
Answer Options	Response Percent	Response Count
To give out leaflets about health	44.2%	57
Health needs are outside my role	2.3%	3
To act as an advocate (e.g. to arrange an appointment at the dentist and go with them)	61.2%	79
To signpost to relevant agencies (e.g. give a young person the number for a GUM service)	72.1%	93
To check on the outcome of health appointments	65.9%	85
To check that a young person has access to health services, such as GP or dentist	79.1%	102
Other (please specify)	31.8%	41
answered question		129

The majority of respondents felt it was their role to check that a looked after child has access to health services (79%), to signpost to relevant agencies (72%) and to check on the outcome of health appointments (66%). Only 2.3% felt health needs were outside their role.

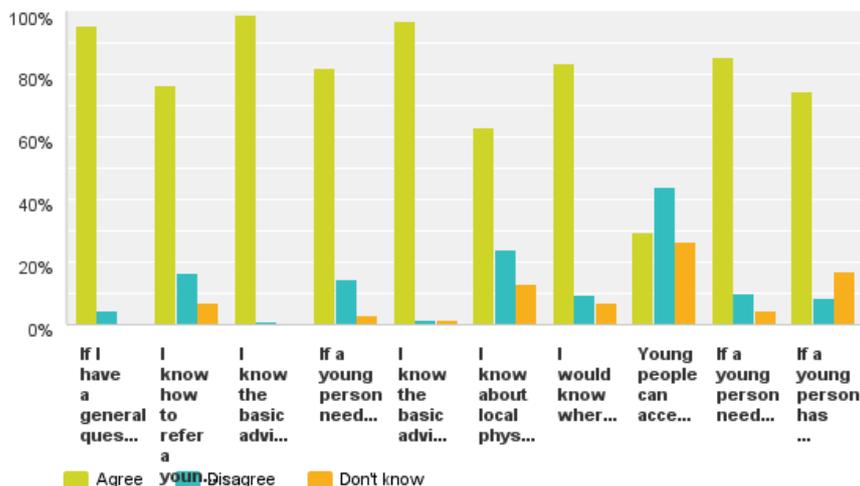
Several people felt their role included promoting a healthy lifestyle for the looked after child, including a healthy diet and physical exercise. Working with foster carers to support the health needs of looked after children was also cited as being part of their role.

The respondents were then asked questions about their confidence in providing services that could respond to the differing needs of looked after children and whether they were able to support or signpost a child/young person with a specific problem.

As the chart and table below illustrate, the vast majority of respondents felt they knew the basic advice to give a child/young person about their diet (99%) and their physical activity (97%) however 15% did not know who to ask if a child/young person needed specialist dietary help and 24% of respondents did not know about local physical activity schemes for young people. 95% said they had someone they could ask if they had a general question about a young person's health. Although the majority (77%) knew how to refer a child/young person to stop smoking services, 16% did not.

Q7 Please say whether you agree or disagree with these statements: (N.B. 'young person' refers to looked after child)

Answered: 129 Skipped: 0



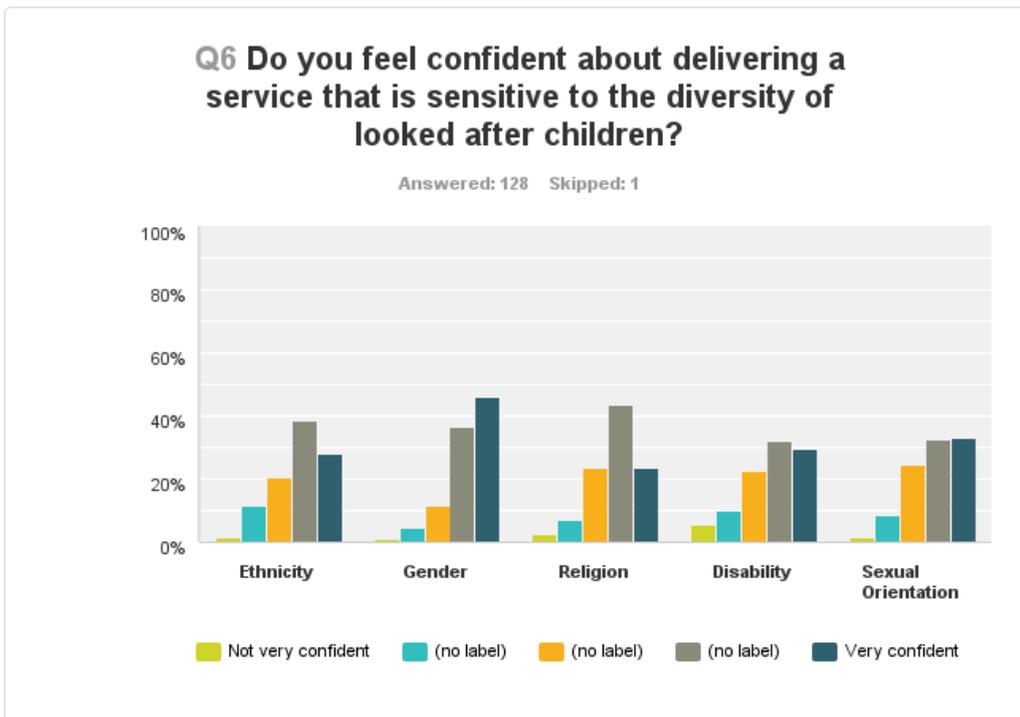
Please say whether you agree or disagree with these statements: (N.B. 'young person' refers to looked after child)

Answer Options	Agree	Disagree	Don't know	Response Count
If I have a general question about a young person's health, I have someone I can ask	123	6	0	129
I know how to refer a young person to Stop Smoking services if they want to quit	99	21	9	129
I know the basic advice to give a young person about their diet	128	1	0	129
If a young person needs specialist dietary help, I would know who to ask	106	19	4	129
I know the basic advice to give a young person about their physical activity	125	2	2	129
I know about local physical activity schemes that I could tell a young person about	81	31	17	129
I would know where to direct a young person if they needed sexual health advice	108	12	9	129
Young people can access condoms, lubricants and barrier protection through your services	38	57	34	129
If a young person needed advice about pregnancy, I would know where to direct them	110	13	6	129
If a young person has a chronic health condition, their specific needs are addressed	96	11	22	129

Diversity

Respondents were asked how confident they felt in delivering a service that was sensitive to the diversity of looked after children.

As the table below shows, the majority (83%) felt either confident or very confident in delivering a service sensitive to the **gender** of looked after children. In terms of **ethnicity**, 13% did not feel confident or very confident in delivering a sensitive service. 16% did not feel confident or very confident in delivering a service sensitive to children with **disabilities**.



Social communication difficulties

When assessing or engaging with looked after children, 89% of respondents said they considered social communication difficulties. Below are some of the most cited strategies used to help children with communication difficulties:

- Use of age-appropriate tools e.g. symbols, language
- age-appropriate language
- visual aids
- checking understanding
- using language in different ways
- avoiding jargon
- using repetition
- drawings
- listening
- patience
- use of Makaton/PECS
- use of SALT
- referral to specialist services

From this list of strategies, the most commonly cited were 'using age-appropriate tools/language', 'visual aids' and 'listening'.

In terms of resources to help children with communication difficulties, respondents confirmed using Makaton, computer programmes, pictures, leaflets, use of interpreters, drawings, sign language, LDT, flash cards and PECS. These were the most frequently cited responses.

Substance misuse

Respondents were asked if they were able to identify the risks and respond appropriately to looked after children who had substance misuse issues. 44% felt they could identify risks and respond either quite well or very well, however 17% said they could not identify risks and respond very well or very well at all.

Mental & emotional health

The same question was asked with regards to looked after children with mental and emotional health issues. 56% of those questioned felt they could identify the risks and respond appropriately either quite well or very well, whereas 18% cited not well, or not very well at all.

Sexual health

53% of respondents felt they could identify the risks and respond appropriately to children with sexual health issues either well or very well, whilst 12% did not feel they could respond well, or very well.

Learning disabilities

Respondents were asked if they considered possible learning disabilities when engaging with or assessing looked after children. The vast majority (>99%) said they did consider possible learning disabilities when engaging with LAC and 84% said they would know where to go for specialist help. However 16% of those questioned would not know where to go for specialist help.

Health-related training received

Professionals were asked about what kind of health-related training they had received. More than 50% of respondents had received training on mental health (86%) and substance misuse (70%). Half of those questioned had received training on sexual health.



Apart from the training above, other types of training were cited; these were the most common:

- First aid
- Foetal alcohol syndrome
- Medication

Also included were safeguarding, dietary and eating disorders, motivational interviewing, depression in young people, ADHD, self harm.

Health-related training needs

In terms of health-related training to support professionals in their work, the following training needs were reported:

- Mental health (including self harm/suicide)
- Sexual health
- Substance misuse (including Foetal Alcohol Syndrome)
- Medication that looked after children are taking
- Refresher training for carers of poorly children
- Regular training on updates relevant to looked after children

Mental health training (specifically with reference to looked after children) was by far the most cited training need.

Leaving Care support for looked after children

Professionals were asked what kind of support existed for looked after children when leaving care. Below are the most commonly cited examples:

- Leaving care service/team
- Transition team
- Financial help in form of 'setting up home' allowance
- Supported lodgings
- Personal adviser

However many people felt there was not enough support for looked after children leaving care and said there was a big gap in the system for young people when they reach 18 years of age. As well as needing more support, some felt this support should start sooner. It was pointed out that these young people may well have emotional problems that do not meet the criteria for accessing adult mental health services, therefore there is potentially a gap in support.

One thing to improve the health of looked after children

Professionals were asked to suggest one thing we could change to improve the health of looked after children. Of the 90 responses received, below are the top ten most common responses:

- Better/quicker/easier access to mental health services
- More LAC nurses
- Maintaining as much stability as possible (fewer changes of placement)
- More flexible and faster access to services generally, and particularly for older children (16-18)
- Young person friendly stop smoking clinics offering continued support
- Access to free/reduced rate leisure centre services (swimming/gym etc)
- Encourage more physical activity & healthy lifestyle (diet, etc)
- Listening to/more support for carers
- Compulsory dental and GP health checks up to age 16
- Therapy available to all (whether they meet the criteria or not)

By far the most frequently cited response to improve the health of looked after children was to have **improved access to mental health services**.

Conclusion

The findings show that emotional and mental health is perceived by professionals to be the predominant health need experienced by looked after children; this would include trauma-related needs, self harm and low self esteem. Although affecting looked after children of all ages, it was felt that this was a particular problem for young people leaving Care whose emotional and mental health needs might not meet the criteria for accessing adult mental health services, but for whom support was still needed.

In addition professionals consider that the issues arising from risk-taking behaviour (such as substance misuse, alcohol, smoking, sexual health including teenage pregnancy) represent considerable health needs for older looked after children. Poor diet and developmental problems (arising from exposure to substances in utero) are also cited as health needs affecting looked after children.

Professionals on the whole feel confident that they understand the health needs of looked after children; the majority consider it is their role to check that a young person has access to health services and to signpost appropriately. Almost all professionals are aware of the basic advice to give to young people around diet and physical activity. However in terms of knowing where to

signpost young people in need of services, there appear to be a few gaps; some are unaware of how to refer a young person to stop smoking services, where to go for specialist dietary help or where local physical activity schemes can be accessed. Most professionals feel they can identify the risks and respond appropriately to looked after children with emotional and mental health issues, however some (18%) do not. Similarly 17% of professionals do not feel able to identify risks and respond to children with substance misuse issues (although 44% do feel able).

Most professionals consider social communication difficulties when engaging with looked after children and use a range of resources and strategies to help the children, such as the use of age-appropriate tools/language and visual aids. The vast majority of professionals also consider learning disabilities when engaging with looked after children and most know where to seek specialist help, although some (16%) do not. Equally 16% do not feel confident in delivering a service that is sensitive to the needs of children with disabilities. Also 13% do not feel confident in delivering a service sensitive to the ethnicity of looked after children.

The most cited health-related training received by professionals is emotional and mental health training, followed by substance misuse and sexual health. Mental health training (which includes self harm and suicide) is also by far the most cited training need by professionals.

Professionals consider partnership working to be an integral part of their role and there is much evidence of agencies working together, however there are instances of services not having formal links with other agencies (such as sexual health services) and there is a feeling amongst professionals that services need to be more joined up and integrated, leading to more collaborative working.

In order to improve access to services for looked after children, professionals feel there should be more human resources in terms of specialist nurses and administrative support, and that awareness should be raised amongst professionals and young people of the services available. With mental and emotional health being cited as the area of greatest need, professionals are of the opinion that improving access to mental health services will be the best way of improving the health of looked after children.

References

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. Vol 3. Pp. 77-101.

7 Mental Health and Emotional Wellbeing

Children and young people entering the care of Local Authority do so often with a range of traumatic experiences not encountered by others. The frequency and likelihood of risk factors relating to mental health is higher for looked after children; a large number may have suffered with abuse, neglect, bereavement and poverty, and often a combination of more than one factor, leaving them at a disadvantage in comparison to the general population.

Once in the care of the Local Authority the trauma of placement stability and unknown permanency can have a huge effect on emotional well-being, leaving children and young people feeling a loss of identity and acceptance; often adding to, or triggering mental health problems and emotional upset. Changes involved in moving from home, and/or across a range of placements can be extremely upsetting for children, often leaving them withdrawn and insecure. Finding placements that are suitable in meeting a child's needs emotionally as well as physically and culturally can be difficult due to a lack of available placements, which can leave a child with unmet or unnoticed needs, specifically around their mental health and well-being.

Care Matters: Time for Change¹ highlights the need for the corporate parent role to be improved, to ensure the responsibility and accountability for the well being of children in care is upheld to a reasonable standard. The White paper outlines how joint commissioning arrangements can secure suitable child and adolescent mental health services that are appropriately targeted to prioritise the needs of looked after children and young people. It outlines that services will –

- *Use statutory guidance to ensure CAMHS provide targeted and dedicated provision that appropriately prioritises children in care.*
- *Consider how best to ensure that the mental health of children in care is reflected in future local authority performance management arrangements. In doing so, we will explore the case for developing new indicators focused on the psychological and emotional health and wellbeing of children, and specifically on the emotional and behavioural difficulties of children in care.*

The paper recognises the need for introducing a new indicator within the new Local Authority Performance Management Framework around the emotional and behavioural difficulties of children in care.

The National Institute for Clinical Excellence (NICE) *QS31 Quality standard for the Health and Wellbeing of Looked-after Children and Young People*¹ sets out a standard highlighting the importance of dedicated services and realistic timescales for supporting looked after children's health needs. Quality statement 5 (Support from Specialist and Dedicated Services) pays particular attention to local arrangements for specialist services that can meet children and young people's needs such as easy transitions from children to adult mental health services, and an ability to evidence children and young people's continuing needs are being met. NICE guidance suggests around 60% of looked after children experience emotional and mental health problems.

*The Public Health Outcomes Framework*¹ sets out the measures and indicators which the health system has to work towards. Within the document there are indicators relevant to improving the general health of children, with a specific indicator on the emotional wellbeing of looked after children. The framework is designed to help focus understanding on how well the public health

system is meeting the needs of the population through realistic measures. The emotional health of looked after children performance indicator is measured through the Strengths and Difficulties Questionnaire (SDQ).

*The NHS Outcomes Framework*¹ also sets out milestones against which the health and care system can measure outcomes, across five domains. One indicator is around better outcome measures for children and young people, and looks at improving access to healthcare services. The framework indicators provide a consistent approach to the delivery of healthcare and how to deliver improvements at a local level.

Prevalence

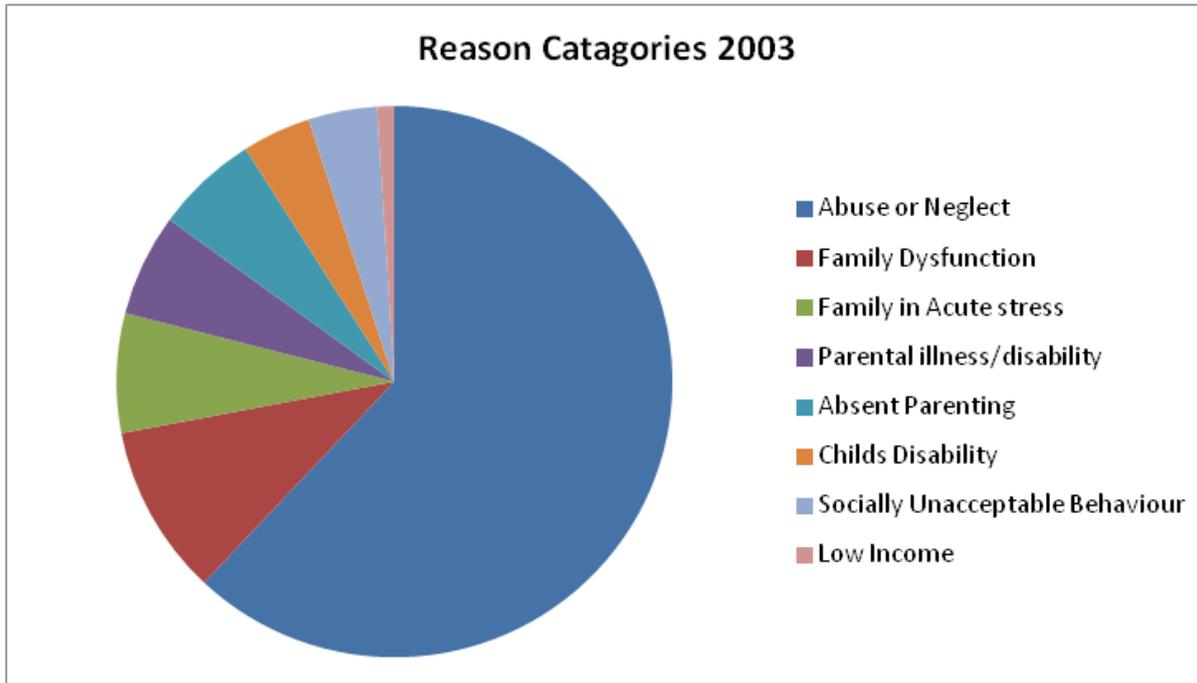
Research shows that looked after children have inordinate levels of depression, anxiety disorder, conduct disorder and attention deficit hyperactivity disorder, and a number of studies in recent years have shown that the prevalence of mental health conditions continues to still be high despite different provisions in the care of looked after children.

In 2003 *Meltzer et al*¹ undertook an extensive study of the mental health and emotional wellbeing of looked after children in England, sampling 2,500 children. The team used versions of the Strengths and Difficulties Questionnaire (SDQ) which were then verified by a mental health practitioner. The study revealed higher than average rates of mental health compared to the general population, where 45% of young people, aged 5–17 years, looked after by local authorities, were assessed as having a mental health condition. In addition to this two thirds of all looked after children had a least one physical health complaint; the more common complains being eye/sight problems and speech and language problems.

Looked after children aged 11 to 15 were over four times more likely to have a mental health condition than those living in private households (49% compared with 11%). Of this, emotional disorders were at 12% compared to 6%, hyperkinetic disorders were at 7% compared with 1%, and more startlingly, conduct disorders for looked after children were at 40% compared with 6% in the general population. The study showed that overall the boys aged 11-15 living in residential care that had been in their placement for less than three years were the most likely to experience mental health conditions compared with other children.

To look at why the rates of mental health disorders varied in percentage range so much, *Meltzer et al* studied the reasons why the children and young people were taken into the care of local authorities from the Department of Health statistics. The health needs of looked after children and young people are often a direct result of the circumstances and experiences that led to their looked after status, and go some way to explain the higher rates of mental health conditions. Listed below are the reason categories-

- Abuse or neglect 62%
- Family dysfunction 10%
- Family in acute stress 7%
- Parental illness or disability 6%
- Absent parenting 6%
- Child's disability 4%
- Socially unacceptable behaviour 4%
- Low income 1%



Over the last ten years the category percentages have largely stayed the same; in September 2012 the Department for Education¹ recorded them as -

- Abuse or neglect 62%
- Family dysfunction 14%
- Family in acute stress 9%
- Parental illness or disability 4%
- Absent parenting 5%
- Child's disability 3%
- Socially unacceptable behaviour 2%
- Low income 1%

In 2012 the charity Young Minds released a report on looked after young people's mental health entitled *'Improving the mental health of Looked After Young People: An exploration of mental health stigma'*¹. To write the report Young Minds worked with 50 young people across a range of settings including foster placements and residential homes, using their feedback to inform the findings and recommendations.

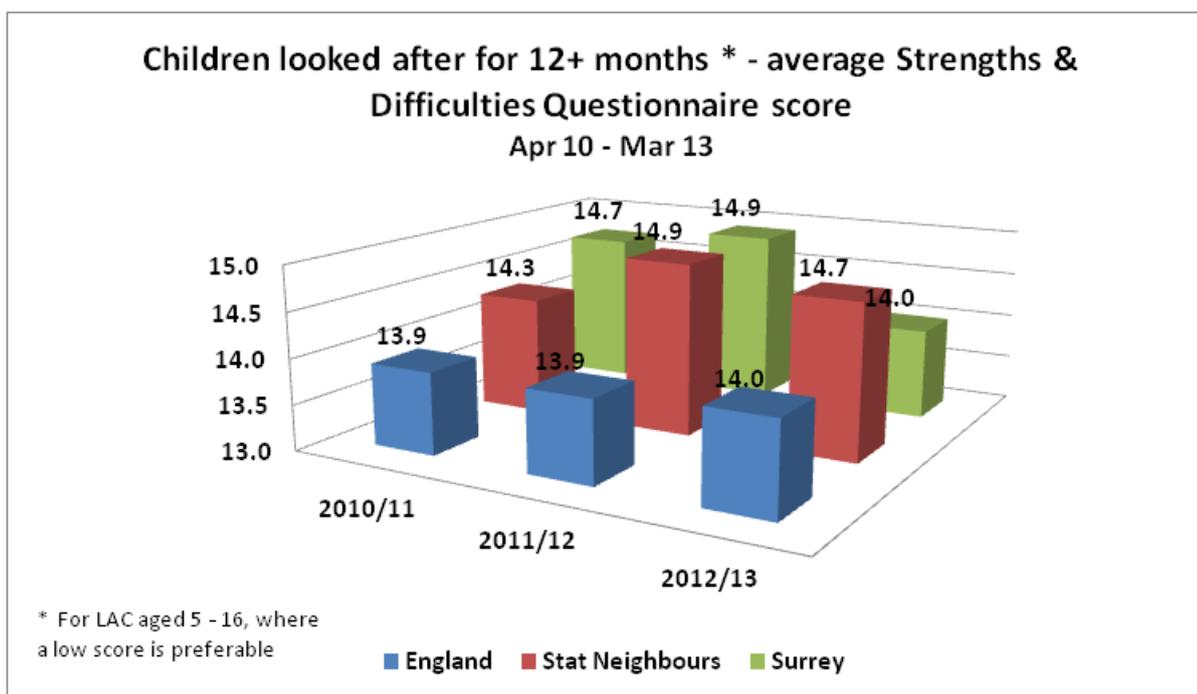
The report found that young people wanted there to be less stigma around getting support for mental health problems, and more understanding. They felt that the relationships between young people and mental health services could be improved, including the waiting time for assessments and diagnosis, which, when given were found to be helpful. It was also felt that foster carers and residential workers didn't always fully understand the emotional needs of looked after young people, and could benefit from regular training and support. Young people also felt that there was a lack of understanding around looked after young people at school, where they often felt judged and unsupported. Again, recommendations were made for more training to support the understanding of looked after children and young people without stigmatisation.

The overall message from young people was that they felt that a greater understanding of looked after children and their needs could improve their overall mental health and wellbeing.

Since April 2008 every local Authority in England has to collect and provide data on the emotional wellbeing and behavioural health of looked after children through a Strengths and Difficulties Questionnaire (SDQ), which is completed by foster carers. The SDQ is a screening tool for the detection of mental health disorders by gives a summary score for each child. Higher than average scores are referred to the Child and Adolescent Mental Health Team (CAMHS) for specialist support and treatment. A summary figure for each child/young person is submitted to the DfE through the SSDA903 data return.

In Surrey in the period 1 April 2011 - 31 March 2012, 71% of looked after children had a Strengths and Difficulties Questionnaire (SDQ) completed about them.

A snapshot of data of 32 looked after children in Surrey looked at between September 2012 and 2013 identified:



- Thirteen of the young people in in-house residential placements received support from CAMHS while 13 did not (possibly because they refused to engage or because it was not felt necessary). Six young people are do not currently engage with the 3 Cs service
- Of the 215 children in external fostering provision, at least 57 had parents with mental health problems
- Of the 17 children in residential provision on S20s, 3 had parents with mental health problems. Of the 5 on section 31s, 2 have parental mental health difficulties

An audit of Surrey case files in Jan 2014 of 15 looked after children and young people (boys and girls) with abnormal SDQ scores aged between 4 and 16 years, in foster care and residential care was undertaken. This identified that 13 of the children were either receiving CAMHS input or being considered for assessment and possible therapeutic intervention to maintain placement, address emotional difficulties in order to live in a family setting or to improve behaviour or emotional/behavioural difficulties ranging from anxiety, anger management to minor or significant self harm. Nine of the young people were receiving assessment, intervention or referral for sexually harmful behaviours (Assessment, Consultation and Therapy Service (ACT) or specialist placement), four for self harm and two relating to drug abuse (substance misuse team).

Placement breakdown is highlighted as an important factor and emphasises the importance of post adoption support. Emotional wellbeing and mental health is an area recognised in all the children in the sample and the placement plan template includes a section for emotional and behaviour development which may act as a prompt.

Provision of services

The SDQ process has recently been reviewed in Surrey by the Healthy Outcomes Subgroup as part of the Corporate Parenting Operational Group.

The system currently in place has less of a child centred focus and more of an information gathering process, where the outcome of the questionnaire is not shared with the child’s social worker or other relevant health professionals. By reviewing the process and revising the way it is undertaken the information can be made available to a broader range of professionals supporting the child. In the new system the child’s social worker will be able to trigger the process by sending the questionnaire to the carer for completion, and follow it up prior to the Review Health Assessment. Completion of this process would then trigger a referral to a specialist service based on the scores.

Child and Adolescent Mental Health Service

The Surrey Child and Adolescent Mental Health Service (CAMHS) is commissioned by the Surrey and Borders Partnership NHS Foundation Trust, and delivers preventative mental health services and treatment to children and young people aged 18 and under, with a specialist service for looked after children called the 3C’s (CAMHS Children in Care service).

CAMHS delivers its support across a range of settings by specialist mental health workers, psychiatrists, therapists, psychologists, nurses and social workers, working with children and young people with both mild and complex mental health conditions. The service delivery is set across four tiers, where services are tailored to the needs of the individual, the more moderate difficulties being supported through the lower tiers.

CAMHS professionals and associated partners are organised into a structure comprising four tiers.¹

Tier 1	This tier comprises contact with professionals who are not necessarily employed for the prime purpose of promoting mental health, but who directly and indirectly influence the mental health of children through their work with them e.g. Health visitors, school teachers, social workers, GPs.
Tier 2	Individual specialist mental health workers, who work with children, adolescents and their families with mild to moderate difficulties.
Tier 3	Services that are more specialised and deal with complex problems. In this tier, members of multi-disciplinary mental health services often work in therapeutic teams so that the co-ordinated interventions of several professionals can be used to help children with moderate to severe problems.
Tier 4	This tier provides for highly specific and complex problems that require considerable resources, e.g. in-patient psychiatric provision, secure provision, very specialised services.

HOPE Service

The HOPE Service delivers support across two dedicated short stay education centres based in Guildford and Epsom, providing specialist support to young people aged 11-18 who experience complex mental health, social, emotional and behavioural difficulties. The service works with young people for an average of 6-9 months, through a range of positive interventions, delivered by a team of specialists including social workers, teachers, nurses and therapists.

CAMHS Children in Care

Since 2010 CAMHS has had a dedicated service for looked after children, the 3C's service. This team works closely with social care and offers support to both the young person and their wider support group. Young people in the care system are supported through a range of therapeutic interventions which are underpinned by trauma and attachment theory. Referrals are made to the 3C's team based on the SDQ score, where higher scores represent a need for more specialist support and/or therapeutic intervention. 3C's see approximately 120 children and young people annually. The most frequent themes identified by the service are trauma, unresolved loss and attachment issues, (early life experiences, possibly physical and sexual abuse and exposure to domestic abuse).

If a child/young person is unable or unwilling to engage in therapy, 3C's will work with the carers to provide support.

CAMHS offer assessment, consultation and individual therapy which is tailored to the individual, so there is no set length of time for a support programme. CAMHS does not have a waiting list, which ensures children/young people are seen soon after a referral is made.

The *CAMHS Surrey Child and Adolescent Mental Health Service Annual Report 2012/13* lists the 3C's objectives for 2013/14 as:

- Further develop the 3C's current consultation model to include the facilitation of 3C's consultation meetings to the professional network and carers with accompanying 3C's consultation reports.
- Further develop the 3C's current methods of undertaking assessments with children, young people and carers.
- Further develop the current therapeutic provisions available to children, young people and their carers.
- Establish an additional therapeutic support group for foster carers, co-facilitated by 3C's.
- Offer training to foster carers and residential teams to develop their knowledge and understanding of Trauma and Attachment in relation to children and young people in care.
- Continue to establish and develop positive working relationships with agencies working with children young people in care.
- Design a 3C's information pack and leaflet for children, young people in care, their carers and professionals who make referrals to 3C's.
- Build on the successful joint pieces of work undertaken with other agencies, such as ACT (Assessment, Consultation and Therapy) and the HOPE Services.
- Continue to raise awareness and understanding of the emotional and mental health needs of children and young people in care.

Recommendations

- The Strengths and Difficulties Questionnaire (SDQ) pathway review is completed and the new process is adopted to ensure the timely completion and return of questionnaires for follow up.
- CAMHS Brief intervention training made available to a wider range of professionals working with looked after children and young people such as foster carers.

- Introduce a new indicator within the Local Authority Performance Management Framework around the emotional and behavioural difficulties of children in care.

References

- ¹ Care Matters: Time for Change – Department for Education and Skills, June 2007
- ¹ National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE)
- ¹ A Public Health Outcomes Framework for England, 2013-2016 Department of Health
- ¹ NHS Outcomes Framework, 2013-2014 Department of Health, November 2012
- ¹ The Mental Health of Young People looked after by Local Authorities in England (Meltzer et al & Office for National Statistics) 2003
- ¹ Department for Education (stats), 25 September 2012
- ¹ Young Minds, February 2012
- ¹ Surrey CAMHS

8 Sexual Health, Conception, Contraception and Abortion

Having good sexual health is an important aspect of overall physical and emotional health and well-being. It is central to the development of some of the most important relationships in our lives. The Public Health Outcomes Framework acknowledges this by including three sexual health indicators, namely:

- Under 18 conceptions
- Chlamydia diagnoses in 15-24 year olds
- People presenting with HIV at a late stage of infection

A Framework for Sexual Health Improvement in England has two objectives pertaining to young people and young adults. It advocates building knowledge and resilience among young people by ensuring that:

- Children and young people receive good-quality sex and relationship education at home, at school and in the community
- Children and young people know how to ask for help, and are able to access confidential advice and support about wellbeing, relationships and sexual health
- Children and young people understand consent, sexual consent and issues around abusive relationships
- Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex

The framework also advocates improving sexual health outcomes for young adults by ensuring that:

- Young people are able to make informed and responsible decisions, understand issues around consent and the benefits of stable relationships, and are aware of the risks of unprotected sex
- Prevention is prioritised
- Young people have rapid and easy access to appropriate sexual and reproductive health services
- Young people’s sexual-health needs – whatever their sexuality – are comprehensively met

Teenage Pregnancy in Looked After Children

Looked after children are exposed to greater risk factors for teenage pregnancy than many other groups. Risk factors include socio-economic deprivation, low educational attainment, lack of consistent positive adult support, having a teenage mother, low self esteem and experience of sexual abuse.

It is known that teenagers who become parents experience greater health, social, educational and financial needs than their peers. As a result, their children may experience greater social deprivation and disadvantage. In the case of looked after children who become parents, the effects are more adverse as this group is more likely to be unemployed, have mental health problems and have little social or financial support. Access to good quality sex and relationship education has been shown to reduce levels of teenage pregnancy.

The table below provides an estimate of teenage conceptions for looked after girls aged 15-17 years for 2013. As there are no available data for Surrey, the national rate of 41 per 1,000 (from 2006) has been applied to give an approximation.

Estimated conceptions in Looked After Females aged 15-17 years in Surrey

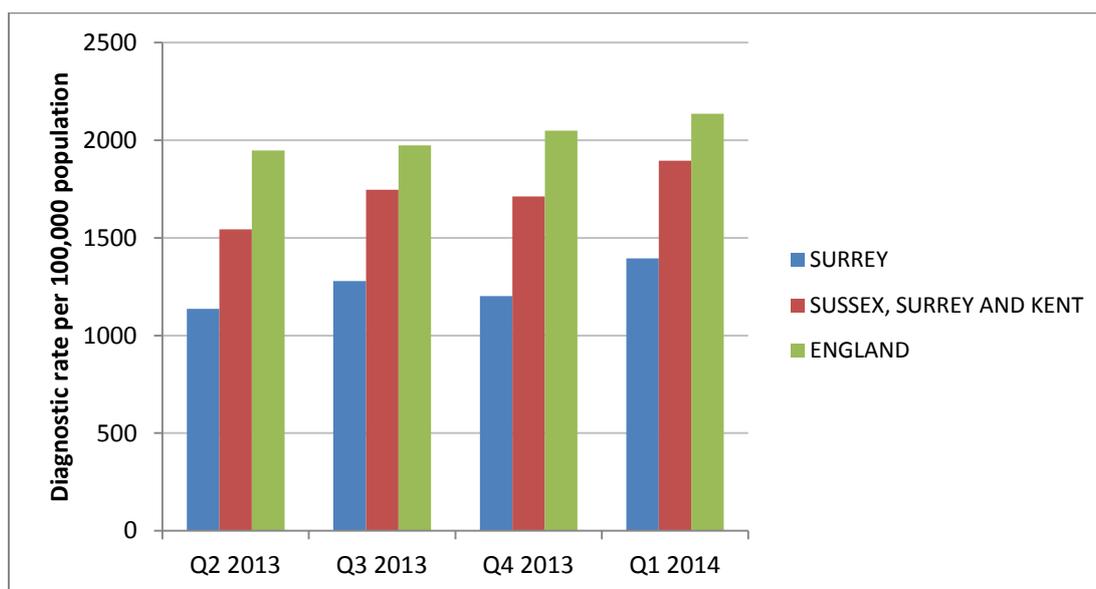
Total Looked After Males & Females (2013)	Total Looked After Females 15 – 17 years	Estimated Conceptions in Looked After Females 15 – 17 years*
830	70	3

*NB: This is a rough estimate based on national rate of 41 per 1,000 (DfES, 2006)

Sexually Transmitted Infections (STI's)

The latest data for England and the South East show that young people under 25 experience the highest rates of STI's. 64% of Chlamydia diagnoses and 54% of genital warts diagnoses were attributable to this age group in 2012. Genital Chlamydia trachomatis is the most commonly diagnosed STI in the UK and highest rates are seen in mainly young people under 25 years of age. Young adults are advised to test for chlamydia annually or on change of sexual partner, as part of the National Chlamydia Screening Programme to control the infection and its complications. In 2012, over 1.7 million chlamydia tests were undertaken and over 136,000 diagnoses made. Gonorrhoea most commonly affects young people, with current rates highest in males aged 20-24 years and females aged 16-19 years. The table below shows Chlamydia diagnostic rates for young people in Surrey aged 15-24 years for the period Q2 2013 to Q1 2014, as compared to the South East and England.

Quarterly Chlamydia Diagnostic rates for Surrey vs Sussex Surrey & Kent vs England (2013-2014)



Provision of Services

There are six clinics in Surrey offering sexual health services specifically for young people under the age of 25. All offer walk-in consultations and some offer booked appointments. Emergency contraception is available at a range of clinics across Surrey and this is free to young people under the age of 21. Emergency contraception is also available through pharmacies in Surrey but is not free of charge to under 21's. Sexual health support/services are offered at five GUM (Genito Urinary Medicine) clinics, 17 CASH (Contraception & Sexual Health) clinics and also in one of five walk-in centres or A&E departments.

There are a number of Teenage Parent Groups operating in Surrey. The groups are run by either Surrey County Council Services for Young People, the Youth Support Service, health services (midwives or health visitors) or Children's Centres. In some cases they are run in partnership. The groups provide support with a wide range of issues affecting teenage parents in an appropriate informal setting including advice on sexual health, contraception and services available locally.

Three Twister Youth Groups for lesbian, gay, bisexual and trans (LGBT) young people aged 13-19 (or up to 25 if the young person has disabilities) are currently available in Surrey. These youth groups are run by Surrey County Council Services for Young People and staffed by youth workers. The venues are not made public but the groups are based at youth centres in Guildford, Redhill and Spelthorne and meet one night a week in each venue for 46 weeks of the year.

Key Issues

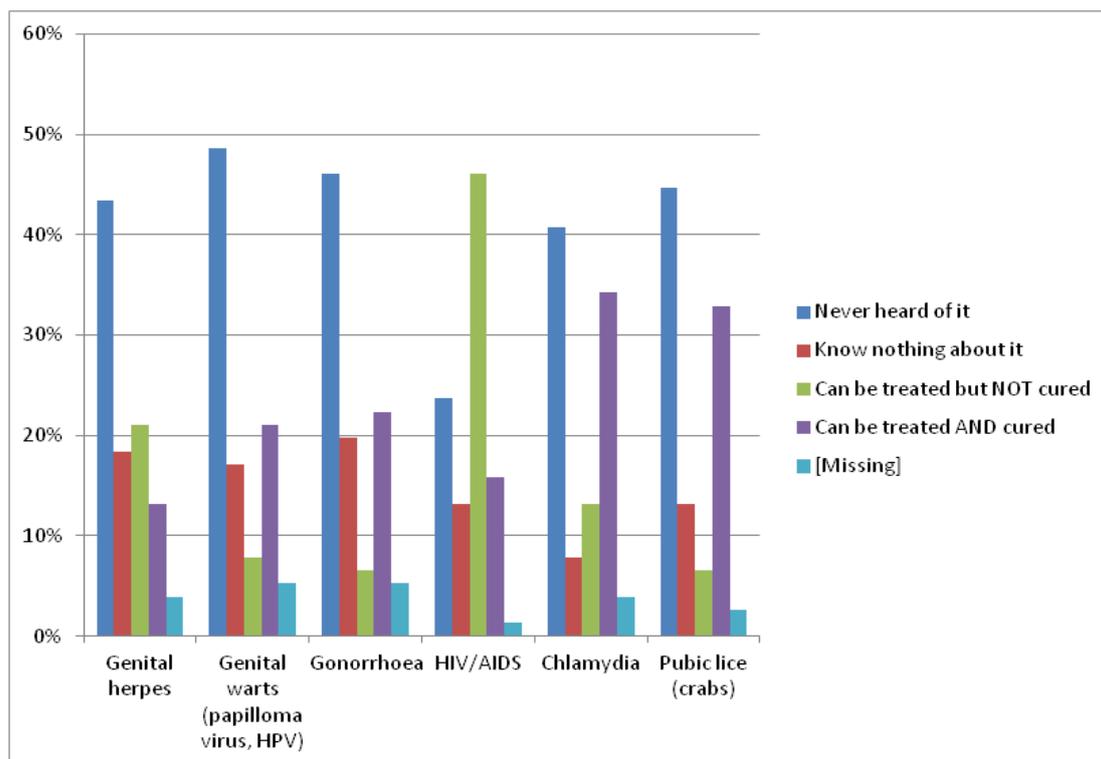
In order to inform this needs assessment, Surrey County Council commissioned the Schools Health Education Unit to conduct a survey with looked after children to better understand their health needs. One of the areas covered in the survey was around sexual health; the findings are detailed below:

Knowledge of Sexually Transmitted Infections

Young people were asked about their knowledge of sexually transmitted infections, namely genital herpes; genital warts; gonorrhoea; HIV/AIDS; Chlamydia; pubic lice.

61% of those questioned had either not heard of genital herpes or knew nothing about it; two out of three young people (66%) had not heard of or knew anything about genital warts; the same figure (66%) applied to gonorrhoea; 49% had not heard of/knew anything about Chlamydia and 58% had not heard of/knew anything about pubic lice.

KS3 and KS4 (combined) knowledge of Sexually Transmitted Infections (2014)



N.B. All percentages are of the total sample, the percentage of missing is declared for each item.

However these figures apply to both Key Stage 3 (11-14 year olds) and Key Stage 4 (14-16 year olds). When we look at results for KS4, the percentages are somewhat lower:

Genital herpes (37%)

Genital warts (48%)

Gonorrhoea (41%)

Chlamydia (22%)

Pubic lice (38%)

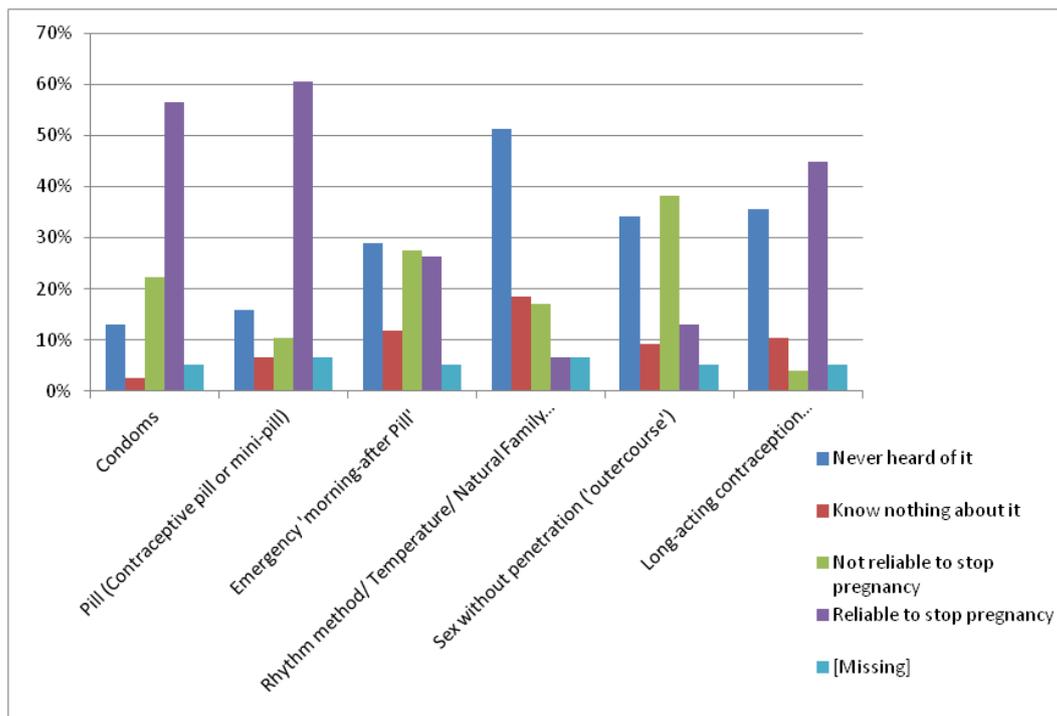
When asked which sexually transmitted infections can be treated and cured, 22% of KS4 young people stated genital herpes, 33% genital warts, 37% gonorrhoea, 19% HIV/AIDS, 48% Chlamydia and 52% pubic lice. When compared to Year 10 pupils (Balding & Regis, 2013) across the country (not looked after children specifically), there are variations in both directions, i.e. 29% of Year 10 pupils across the country consider that genital herpes can be treated and cured (as compared to 22% for Surrey LAC), whereas only 38% of Year 10 pupils consider that Chlamydia can be treated and cured, compared to 48% for Surrey LAC. However it is worrying to note that almost one in five

(19%) of Surrey looked after children in KS4 consider that HIV/AIDS can be treated and cured (this compares to 8% in Year 10 pupils across the country).

Knowledge of methods of contraception

Young people were asked about their knowledge of different methods of contraception, namely condoms; pill; emergency morning-after pill; rhythm method; sex without penetration; long-acting contraception.

KS3 & KS4 (combined) knowledge of methods of contraception (2014)



N.B. All percentages are of the total sample, the percentage of missing is declared for each item.

59% of KS4 young people believed that condoms were reliable in stopping pregnancy, although 30% did not believe they were reliable in preventing pregnancy. 15% of KS4 young people considered the rhythm method to be reliable in stopping pregnancy.

31% of KS3 and KS4 girls did not believe condoms were reliable in preventing pregnancy whilst only 12% of KS3/4 boys considered condoms to be unreliable.

Knowledge of contraception that stops infections

56% of KS4 young people believed condoms to be reliable in stopping infections, 39% of KS3 young people believed them to be effective and from those who did not state a key stage, 43% believed condoms to be effective. None of the girls questioned believed that either the morning-after

pill, rhythm method or sex without penetration were reliable in stopping STIs, although some of the boys did (6% morning-after pill, 12% sex without penetration).

Knowledge of how to access condoms, sex/contraception information and EHC

61% of KS4 young people knew where to obtain condoms free of charge, although 39% did not. For KS3 young people, the figures were roughly the opposite, i.e. 35% knew where to obtain free condoms whereas 65% did not.

In terms of getting information about sex or contraception locally, 36% of KS4 young people did not know or were not sure how to obtain this information. Across KS3 and KS4 there was a difference between girls' and boys' knowledge with 71% of girls being aware of how to access this information, and 55% of boys.

46% of KS4 young people either did not know or were not sure how to obtain emergency contraception. Across both key stages, not surprisingly more girls (46%) knew where to obtain emergency contraception than boys (25%), although 54% of girls did not know or were not sure how to obtain this.

Young people were asked to name places where they could get hold of free condoms, information and emergency contraception. The most common responses for KS3 were:

Hospital (GUM clinic); Doctor's/health clinic; Family Planning clinic; Internet; Chemist/pharmacy.

For KS4, the most common responses were:

Chemist/pharmacy; unspecified 'clinic'; doctor's; hospital (GUM clinic); youth centre, school/college, named local centre, C-card or similar.

In terms of obtaining sexual health information, the most common responses cited by KS4 young people were:

Doctor's; school/college; hospital; chemist/pharmacy; youth centre; unspecified 'clinic'; named local centre; carers. Not surprisingly none of the KS4 young people cited 'parents' as a source of sexual health information.

As far as knowledge around obtaining emergency contraception is concerned, 20% of KS4 cited doctor's and 20% cited pharmacy as a source of emergency contraception.

Sexual history and intentions

Young people in Year 9 and older (13-14 years upwards) were asked whether they had had sex in the past, were in a relationship and thinking about having sex, or were in a sexual relationship currently. 29% of KS4 young people reported having had sex and 10% were currently in a sexual relationship. 14% of KS3 young people have had sex in the past.

They were then asked about their intentions around sex and their experience of sex. Only 15% of KS4 young people had thought about what kind of contraception they would use if they were to have sex in the future. Across KS3 and KS4 33% of these were girls and 7% were boys, with girls clearly giving more consideration to this than boys.

Only 30% of KS4 young people confirmed when having sex in the past that they always used contraception. 7% of KS4 confirmed having unprotected sex after drinking alcohol and 7% of KS4 said they had unprotected sex after using drugs. These were all girls.

Recommendations

- More education/awareness around sexually transmitted infections, especially for KS4 young people
- More education around effective forms of contraception
- More information on how to access contraception (especially condoms free of charge and emergency contraception)

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9 Substance Misuse

Care Matter: Time for Change¹ states that ‘*The physical and mental health of children and young people in care is too often poor in comparison to that of their peers. Children in care have higher rates of substance misuse and teenage pregnancy than those in the non-care population and a much greater prevalence of mental health problems*’. This can be associated to a variety of issues that affect children early on in life, such as poverty, poor health and trauma. Evidence suggests that children and young people in care are four times more likely to smoke, drink alcohol and use drugs than their peers. Addressing the problem and its causes early on can often prevent problems escalating.

The White paper lays out requirements to address the need for more coordination within healthcare services to ensure the needs of looked after children are met. It suggests that this can be achieved through re-issuing guidance for both local authorities and healthcare bodies, which would be reflected in part of the revised Children Act 1989 guidance for local authorities. By setting out expectations for health assessments and health plans the guidance will-

- *Include the need to address substance misuse.*
- *Early identification and assessment of substance misuse should take place in context of the assessment of the young person’s needs and not as a stand alone activity.*

*Statutory Guidance on Promoting the health and well-being of Looked After Children*¹ looks at the delivery of services working towards improving the health of looked after children and young people, including health agencies and local authorities.

The document gives guidance to services around the delivery of their functions to ensure children and young people’s well-being is improved and safeguarded, with the aim of making sure all looked after children/young people are healthy, not only physically but also mentally, emotionally and sexually.

Within the document there is a section specifically around substance misuse. It states that -

- *Many looked after young people use drugs for recreational reasons, just like other young people. But there is also evidence that looked after young people may use drugs, including alcohol to ‘forget bad things’, reflecting their often difficult and traumatic personal histories.¹*
- *In addition, where children and young people are abused through prostitution, alcohol and other drugs they are often used in the grooming and enticement process. There is a close connection between the uses of alcohol and substances as a significant factor in young people’s sexual behaviour and as with other aspects of their lives, children and young people learn from the behaviour of those around them.*
- *All professionals working with looked after children should understand the referral pathways for treatment. It is also advised that strategic plans such as the Young People Treatment plans should consider the needs of looked after children and young people and that the Substance Misuse Partnership considers whether the needs of looked after children and young people are being met.*

Prevalence

When Meltzer et al¹ undertook their extensive survey of the mental health of looked after young people in 2003 they also included information on substance misuse, including drugs, alcohol and smoking.

The survey focussed on 11-17 year olds, and found that almost a third (32%) of young people identified as current smokers. From this number a staggering 69% of young people in residential care were smokers, and around 34% of the young people who were smokers, reported that they started at the age of ten or earlier. The survey also found that young people experiencing mental health conditions were much more likely to smoke, with over 50% being current smokers (compared with 19% of young people without mental health conditions). Evidence shows that a young person's chances of being a smoker is quadrupled if they suffer with emotional wellbeing issues, with these rates again increasing if the young person is in residential care or between the ages of 16 – 18.

Meltzer also found that a third of young people aged 16 -17 drank alcohol at least once or twice a week, and around 19% of all young people who had drunk alcohol had done so around or before the age of ten. Young people aged 16 -17 were much more likely to drink than the 11 – 15 year olds; 34% compared with 7%.

When asked if they had drunk alcohol in the last week, over a quarter of young people in foster care and a fifth living in residential care said they had. 5% of young people who had experienced mental health problems reported that they drank alcohol on a daily basis, compared to none of the young people without mental health concerns.

If this data is compared to general data (such as the '*Survey of Smoking, Drinking and Drug Use among Young People in England*') evidence suggests looked after children/young people are drinking more than their non-looked after peers.

On the subject of drugs, 20% of 11 -17 year olds reported using cannabis at least once; with half having used in the last month, making it the most commonly used drug. Ecstasy and solvents were reported at the most commonly used drugs after cannabis.

Boys in residential care were found to have the highest levels of use, along with young people experiencing mental health problems.

In 2013 the Health and Social Care Information Centre¹ published the latest *Survey of Smoking, Drinking and Drug Use among Young People in England* from data captured in 2012. The survey included information from around 6000 young people aged 11-15 regarding their opinions and behaviours towards smoking, drinking and drug use and any relevant influences and trends. The main findings from the survey were found to have varied since the previous year, reporting overall reductions in smoking, drinking and drug use. The survey found that while a quarter of young people have tried smoking at least once, only 4% identified as regular smokers (one cigarette a week).

With regards to alcohol 43% young people reported that they had had at least one alcoholic drink in their lifetime, which had been reported at 61% a decade before. Regular drinking was reported at 10%.

Overall there was also a decline in drug use amongst 11-15 year olds over the decade, down to 17% from 29%, where cannabis was recorded as being the most commonly used drug (which was similarly reported by the Meltzer survey). Young people listed using cannabis the most, with 7.5% of the group reporting as having used it in the last year. In addition, 3.6% of young people reported using volatile substances such as gas or glue within the last year, and 1% using other drugs.

The Surrey Public Health team recently commissioned a Health Behaviours Survey of Looked After Children in Surrey 2014¹. The Survey was sent out to all looked after young people aged 11-17 in Surrey, with 76 valid responders. The survey reported the following data on Substance misuse behaviours, including smoking, alcohol and drugs.

Smoking

61 of the 76 responded to the question about smoking experience. 52% of those answering the question had ever tried smoking, while 24% were current smokers. This is rather higher than we see in children in the general population. Older children, and females, were more likely to be current smokers.

Shops (35% of smokers) and friends (47%) were the main sources of cigarettes.

Alcohol

9% (7 young people) of the sample had an alcoholic drink in the week before the survey, but these were all KS4 pupils.

Friday and Saturday were the days when alcohol was most likely to be consumed.

Among the types of drinks reported, there seemed no strong preferences between beer/lager, cider, bottled spirits or pre-mixed spirits (alcopops).

5% of the sample said they got drunk in the week before the survey.

The most common site for drinking alcohol was at a friend's or relation's house. For children living in the family home, the home is the most common site for drinking.

21% of the sample reported experiencing some negative consequences of using alcohol in the last year: 16% reported a hangover while 5% said they had to go to hospital.

Drugs

The young people in the survey were asked a number of questions about their knowledge of and attitude towards different illegal drugs. Most young people said either that they had never heard of the drugs, or that they knew nothing about them, or that they were always unsafe to use.

26% of KS4 pupils said they thought cannabis was safe if used properly.

41% of the sample said they were at least fairly sure they knew at least one person who uses illegal drugs.

32% of the sample said they they had ever been offered cannabis while 18% had been offered other drugs, most often ecstasy.

18% of the sample said they had ever taken illegal drugs (32% of KS4 pupils). This is rather higher than we usually see in among children living at home.

The drugs most likely to be reported as ever used were cannabis and 'legal highs'.

7% said they had used a drug in the last month; 5% more than a year ago.

11% said they had ever taken more than one type of drug on the same occasion.

22% said they had ever taken alcohol and drugs on the same occasion.

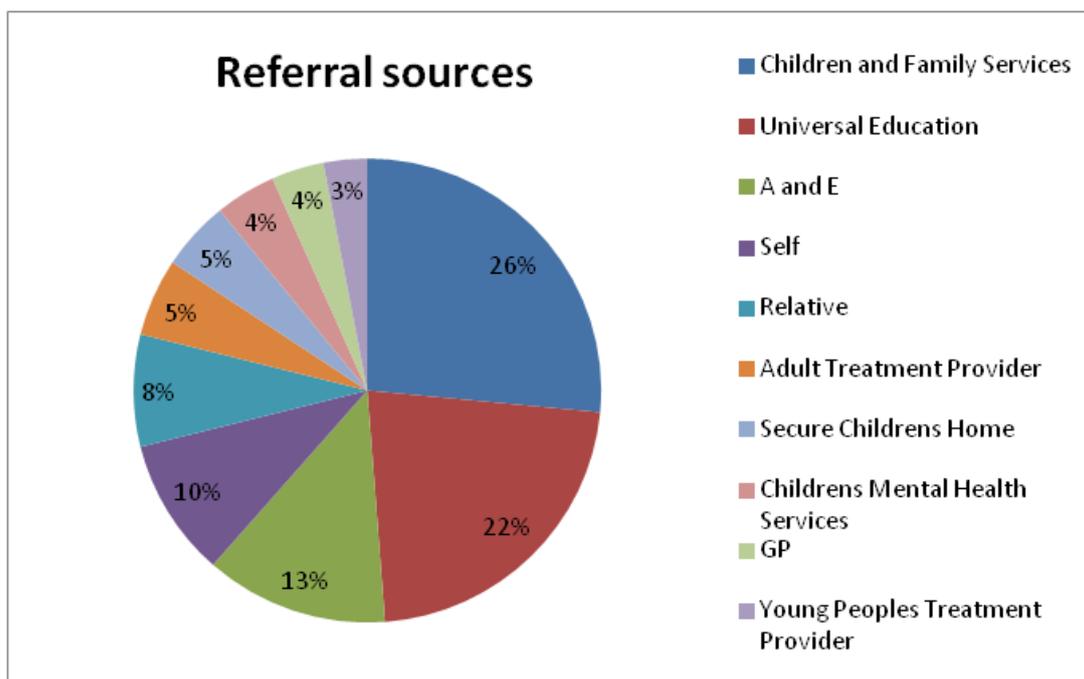
15% said they had ever been concerned about their own use of drugs (which is most of the 18% who had even used drugs).

Data from Catch 22's Substance Misuse Service, released in February 2014 (collected between April 2013 and February 2014) showed the local picture for looked after young people receiving support from them.

- From April 2011 to December 2013, 189 clients with a Looked After status (44% of the service population), accessed the substance misuse treatment service.
- Of the 189 young people with Looked After status presented to the substance misuse service, 39% were females and 61% were males. Nearly two-thirds (62%) were aged between 14 to 18 years.

Age Band	Number			Percentages (%)		
	Females	Males	Grand Total	Females	Males	% Total
14-18	51	67	118	27%	35%	62%
19 and over	22	49	71	12%	26%	38%
Grand Total	73	116	189	39%	61%	100%

- The majority of the referrals were from Children and Family service (26%) and Universal Education (22%)



- Nearly two-thirds (32%) of the new referrals had a parent with a history of substance misuse.
- 536 clients were in treatment between April 2011 and December 2013. 205 (38%) of these clients had a Looked After status.
- Out of the 205 clients in treatment, 46 (22.4%) which is about 1 in 5 people, had a low to high risk of mental health while 159 (77.6%) clients did not have any identified.

Age band	Risk from mental health	No Risk identified	Grand Total
14-18	20	101	121
19 and over	26	58	84
Grand Total	46	159	205

- For those in treatment, about 1 in 4 was aged 13 years (25.9%) at time of first drug use, followed by those who started between 14 years and 16 years. About 4% started when they were aged between 7 and 10 years.
- For those in treatment, just over a quarter (27%) have had a previous treatment with the substance misuse service.
- Out of the 834 closed episodes 122 (14.6%) young people had a Looked After status
- Of the Looked After clients, 107 (87%) reduced their substance misuse having a positive outcome

Provision of Services

Catch22 Young Persons Substance Misuse Service supports looked after and non looked after young people in Surrey, providing a multi-professional team of specialist support workers providing a range of support. This support includes -

- whole-family work
- A&E link work
- a 24/7 emergency referral & crisis line for young people
- specialist prescribing and pharmacological support for rapid response for prescribing needs
- a 'harm-reduction' approach that informs young people about the effects of drug and alcohol misuse and the risks involved
- individually tailored help, based on an assessment of each young person's needs
- specialist support for mental health problems
- access to prescribing and needle exchange services
- alternative therapies, such as acupuncture
- access to mentors, aftercare and recovery support
- transitional support to adult services
- additional support for care leavers and those with learning difficulties or disabilities up to the age of 25.

Recommendations

Substance Misuse

- Promote and maintain access to Catch 22
- Brief intervention training opportunities for foster carers in areas such as Smoking and Alcohol awareness

Smoking

- Provide brief intervention training for Social Care and other staff who come into contact with LAC (either by Surrey Stop Smoking Service or on-line by the NCSCT National Centre for Smoking Cessation Training)
- Actively promote the Stop Smoking Support available from LAC nurses, school nurses, GP practices, community pharmacists and Surrey NHS Stop Smoking Service, etc.

- For SSS in partnership with social care to work with LAC to explore how Stop Smoking services can be tailored to better meet their needs to improve uptake.
- Qualitative data on the preferences of LAC should be fed into the Tobacco Control JSNA.
- Data recorded on looked after children/young people's smoking status.
- Offer young person friendly stop smoking clinics

References

¹ Care Matters: Time for Change – Department for Education and Skills, June 2007

¹ Statutory Guidance on Promoting the health and well-being of Looked After Children, Department of Health 2009

¹ Big Step Social Inclusion Partnership. The Health of Young People in Care and Leaving Care in Glasgow. The Big Step 2002

¹ The Mental Health of Young People looked after by Local Authorities in England (Meltzer et al & Office for National Statistics) 2003

¹ Health and Social Care Information Centre, 2013

¹ Dr. David Regis, Schools Health Education Unit, 2014

10 Developmental checks, immunisations, dental checks and health assessments

In a study by Meltzer et al (2003) two thirds of looked after children were reported to have at least one physical health complaint. Looked after children are more likely than their peers to experience problems including speech and language problems, bedwetting, coordination difficulties and sight problems. The health needs which occur most frequently are those relating to developmental/educational and emotional/behavioural issues; incomplete immunisations have also been highlighted as an area needing particular attention with unaccompanied minors. Many looked after children have identifiable health needs that require further support from other health services. Good health for looked after children is therefore achieved through communication and cooperation

Despite the wide ranging health needs of looked after children, there is a statutory requirement for the local authority to collect data on only a small number of health outcomes: development checks, immunisations; dental checks and whether the child has had a health assessment. Currently there can be a long wait for immunisation history which may only be followed up annually, so it could be some time before immunisation status is known.

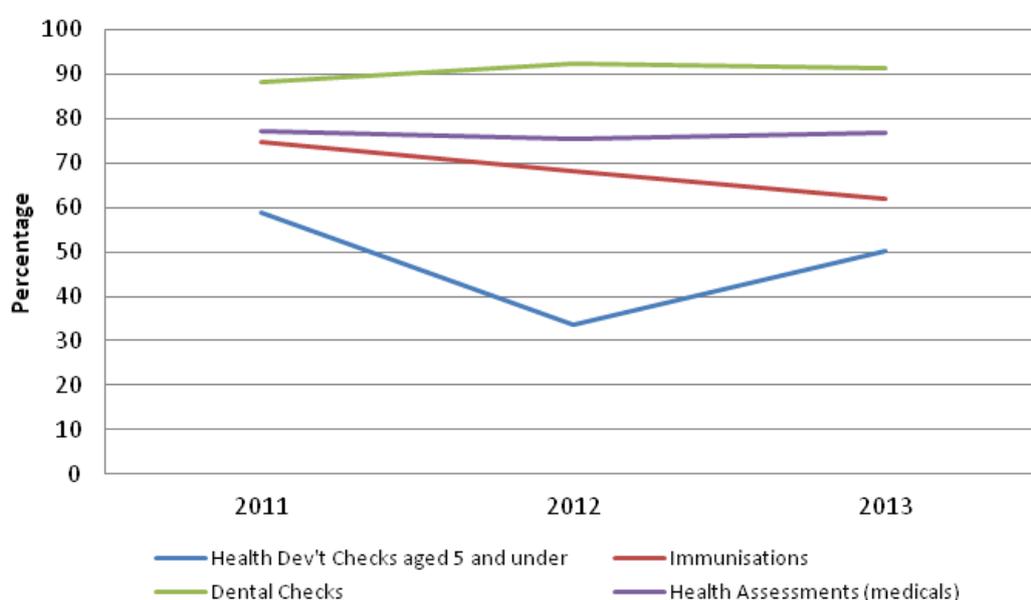
According to the NICE Looked After Children and Young People, Public Health Guidance (2013) there is evidence of reasonable quality from one US study to suggest that providing all reasonably available medical records to the professional undertaking initial health assessment at entry into care increases uptake within 14 day, 30 day and 1 year periods (Risley-Curtiss & Stites 2007+). This finding may be of moderate relevance to the UK care system as this was a US study published two years ago. There is evidence of poor quality from one UK non-comparative study to suggest no significant difference in immunisation uptake rates among looked after children and young people before and 12 months after providing social services with information on immunisation status (specific statistical test and *p*-value not reported) (Ashton-Key & Jorge 2003-). This finding may be moderately applicable to the UK care system as this was a UK study and was published six years ago, however there was no comparison group.

According to the Social Care Institute of Excellence (2008) 'Qualitative research to explore the priorities and experiences of practitioners working with Looked After Children and Young Peoples' Physical health'. Practitioners were reluctant to generalise about the health problems identified at the initial assessments, but issues related to neglect, such as missed immunisations, poor dental health, poor nutrition and physical development, and undiagnosed conditions or disabilities seemed

common. Older LAC were often said to be resistant to healthcare at this stage because they had not received it before, and there was a general feeling that the types of issues that are concentrated on during these assessments are not of great interest to LAC themselves. The main problems faced by health professionals in carrying out health assessments were consistent across all the areas visited: difficulties in obtaining an LAC's records; poor quality information in those records; and difficulties in obtaining parental consent for interventions. All these issues were said to cause considerable delays in carrying out health assessments, and to contribute to difficulties in meeting targets.

Medical and dental checks for looked after children

Percentage (%) of Children who had medical and dental checks during the years ending 31 March in Surrey



The chart above shows that for looked after children in Surrey, there has been a decrease in health development checks for those aged 5 years and under, and in immunisation. Dental checks has however increased since 2011.

Recommendations

General Health

- Update the personal health record (red book) and ensure this follows the child or young person, ensure that if the original health record is lost or unavailable a new one is provided and when it is reissued it should include as much information as possible; the issuer will need to look back and incorporate historic information. Ensure there is a clear process to reissue the personal health record, where needed.
- A training needs audit should be carried out for any professionals who conduct review health assessments with looked after children, with a view to enhancing the provision of topic based age appropriate health assessments. So that topics such as substance misuse, sexual health, mental health and other health behaviours can be covered. Commissioners should ensure this is included in the new service specification.

- A training needs audit should be carried out for any professionals who contribute to the health care of looked after children with a view to providing topic based age appropriate health promotion.
- Additional data collection processes should be put in place as part of the Initial and Review Health Assessments Surrey wide so that data can be collated and analysed to build up a picture of the health of Surrey's Looked After Children.

Immunisations

- Check the immunisation status of looked after children during their initial health assessment, the annual review health assessment and statutory reviews. Ensure outstanding immunisations are addressed as part of the child's health plan. Offer opportunities to have any missed vaccinations, as appropriate, in discussion with the child or young person and those with parental responsibility for them.
- If at the 4 month review immunisation status is unknown then follow the general principles of this guidance. Unless there is a reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned, this should be initiated at the 4 month review.
- For unaccompanied asylum seeking children unless there is a reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned. If there is a reliable vaccine history from the country of origin, then individuals coming to UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age

Dental services

- Promote the importance of good oral health by regular attendance at the dentist and good diet and tooth brushing

Access to health information

- All partners to take a role in ensuring LAC have access to up to date information on services and information affecting health
- Partners to work with LAC on exploring which methods of communication are most appropriate
- All staff working with LAC attend the RSPH understanding behaviour change training
- Improve data linkage between health providers (primary and secondary, internal and external to Surrey) and social care.

11 Health Related Behaviours

Recent research has shown that looked after children and young people share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Looked after children can show high rates of emotional, behavioural or mental health issues. This is largely due to adverse factors impacting on children prior to entry into care, in particular the effects of disrupted early attachments, grief and loss and resulting depression, especially for younger children. Poor emotional and psychological health and feelings of low self esteem can lead to ill health, depression and / or the use of escape coping mechanisms such as substance misuse and risk taking behaviours in older looked after children and conduct disorders in younger looked after children.

According to the Social Care Institute of Excellence (2008) 'Qualitative research to explore the priorities and experiences of practitioners working with Looked After Children and Young Peoples' Physical health'. Once in care, almost all practitioners agreed that there is no reason why LAC per se should face on-going physical health problems, and that once initial issues have been addressed, the state of their physical health and development is often, and indeed should be, similar to that of other young people. Some LAC (particularly those in residential care) were said to pay little attention to their own health and lifestyle because of generally low self-esteem and dissatisfaction with their situation, and to suffer some health problems as a result. But it is primarily on the mental health side that problems continue to manifest themselves, and require on-going attention. Respondents' conception of a 'healthy' LAC was therefore much wider than good physical health alone. Despite the fact that services are provided by individual agencies, they felt that the ideal service model should address an LAC's overall needs, rather than looking at physical health, mental health, education, home life and social care in silos, or, even worse, reducing the priority given to one or more of these fields.

Prevalence

In response to the questions asked by the SHEU respondents highlighted;

Focus of control

Looked-after children in Surrey seem to have a generally positive view about how much are in control of their health. We asked four statements and invited pupils to say if they agreed or disagreed with them:

A I am in charge of my health	68%
B If I keep healthy, I've just been lucky	13%
C If I take care of myself I'll stay healthy	83%
D Even if I look after myself I can still easily fall ill	45%

These percentages are of the total sample.

Males, and older students, scored higher on the 'in control' items (A + C).

Satisfaction

70% of the sample say they are quite a lot or very much satisfied with their lives at the moment; this is no lower than we would expect to see in a sample of young people living with their family.

Healthy eating

88% of the sample had a traditional breakfast which included carbohydrate and a drink on the day of the survey.

Diet

13% had no portions of fruit or vegetables on the day before the survey. 23% had the recommended 5 or more portions. This compares with the national average of boys and girls aged 11 to 18 years consumed on average 3.0 and 2.7 portions per day respectively. Nationally 10% of boys and 7% of girls in this age group met the “5-a-day” recommendation.

The foods most commonly reported to be eaten 'on most days' included meat (64%), dairy (64%), vegetables (55%) and fruit (42%).

The foods most commonly reported to be eaten 'rarely or never' included fish (33%), high-fibre cereals (59%) and vegetarian meals (53%).

Physical activity

69% of the sample said they enjoyed physical activities 'quite a lot' or 'a lot' (75% of males).

51% thought that they were 'fit' or 'very fit' (67% of males).

18% said they took did not take any effortful exercise on any day in the week before the survey. Just 1% of the sample said they were physically active last week on every day, as recommended.

The most commonly reported barriers to taking more exercise were time (28%), discomfort with appearance (25%), shyness (22%), don't know what to do (22%), don't know where to go (20%).

28% of pupils walked to school on the day of the survey.

Community safety

82% thought their safety during the day in their neighbourhood was good; 53% said the same about safety after dark. 12% thought their safety after dark was poor.

4% said they had been the victim of violence or aggression in the area where they live in the last year.

7% said they usually or always carry something for protection when they go out. Often this was reported to be a mobile 'phone, but 6% of males carried a knife.

e-Safety

82% use the Internet at home; 45% have a device with which to use the Internet in their own room.

91% say that they have been told how to stay safe online and 70% say they always follow the advice they had been given.

School

77% of the sample enjoy at least half of their lessons at school while 10% enjoy hardly any of them.

Attitudes to and perceptions of school were generally positive, and more so than we usually see among young people living at home.

Aspirations

59% of the sample want to stay in full-time education after Year 11 while 64% want to get training for a skilled job (71% of males).

Leisure activities

The most **common** leisure activities reported on the evening before the survey were watching TV (76%), socialising online (51%), computer games (46%, but 62% of males) and meeting with friends.

Recommendations

- Produce and use a diversity profile covering the looked after children and young people. Use the diversity profile when commissioning services to ensure services are relevant and meet specific needs.

Healthy eating

- Publicise the Surrey Joint Training Partnership Cookery Leader training for frontline workers, foster carers and volunteers from local organisations to support them in providing more cook and eat activities for LAC
- Encourage foster families and local organisations to sign up on the Start 4 Life/Change 4 Life website for access to healthy eating and physical activity information and resources
- Encourage eligible families to sign up to Healthy Start to obtain vouchers for fruit and vegetables and milk and free vitamin supplements
- Encourage eligible families to access free school meals
- Promote uptake of Vitamin D for all infants and young children under 5 years of age; pregnant and breastfeeding LAC; LAC who have low or no exposure to the sun, for example those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods; and LAC who have darker skin, for example people of African, African-Caribbean and South Asian origin, because their bodies are not able to make as much vitamin D.
- Monitoring systems should be put in place as part of the initial and review health assessments processes to enable monitoring of weight in the Looked After Child Population.

2.3.6. Physical activity

- Encourage LAC to further participate in a wide range of physical activities including sport and other activities such as walking, cycling, dance, gardening, etc. This could be achieved by promoting information on activities available on websites and through frontline workers and foster carers
- Promote participation in the HENRY (Health Exercise and Nutrition for the Really Young) programme for foster families with young children
- Key partners to explore the possibility of providing further concessions at local leisure centres to ensure these facilities are affordable for LAC
- Explore how to offer more opportunities for outdoor play and more affordable play and youth activities
- Access to free or reduced rate leisure centre services (swimming, gym, etc)
- Training for carers (on healthy lifestyle etc)

2.3.7 Unintentional Injuries

- Work on reducing unintentional injuries in LAC, should be developed in line with the recommendations from the Unintentional Injury HNA.

12 Specific Populations

Unaccompanied Asylum Seeking Children

Unaccompanied Asylum Seeking Children are children and young people under the age of 18 who are seeking asylum in the UK without their parents, relatives or guardians. Local Authorities have a duty of care to ensure that the welfare of unaccompanied asylum seeking children is met.

The full definition for immigration purposes of an unaccompanied asylum seeking children is given by the UK Border Agency as:

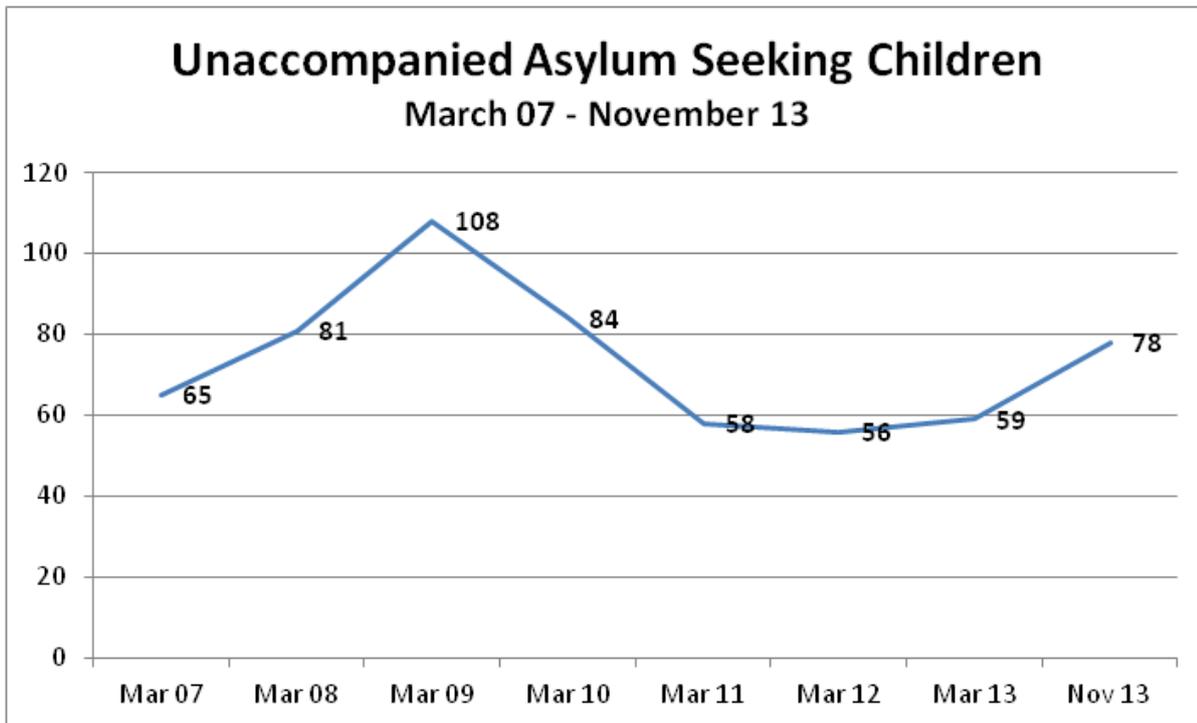
*"A person under 18 years of age or who, in the absence of documentary evidence establishing age, appears to be under that age" who "is applying for asylum in their own right and is separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so"*¹

The British Refugee Council shares in its Asylum Statistics paper the following figures for Unaccompanied children in 2013 -

- Albania is now the country of origin for the largest number of unaccompanied children (38% of all applications in 2013). The number of applications from Afghanistan has declined sharply in recent years. 76% of all applications in 2013 were from 6 countries.
- In 2013 86% of applicants were male, a similar percentage to earlier years.²

The Children Act 1989 puts a duty on Local Authorities in England and Wales under Sections 17 and 20, to provide support for unaccompanied asylum seeking children. A general duty to safeguard and promote the welfare of children in need by providing suitable services is outlined in Section 17, while Section 20 details the need to provide accommodation for children in need if the following applies-

- there is no person who has parental responsibility for them;
- the children have been lost or abandoned; or
- the person who has been caring for them has not been able to provide them with suitable accommodation.³



Prevalence

Young asylum seekers and refugees are a very diverse group. Children from one particular country may come from different ethnic and linguistic backgrounds. Families may have different political beliefs and religious observances.

National picture

Asylum seeking and refugee children may have a wide range of educational and social needs.

Significant proportions of them:

- have had an interrupted education in their countries of origin
- have had horrific experiences in their home countries and flight to the UK, and for a small number this may affect their ability to learn and rebuild their lives
- have suffered a drop in their standard of living and other major changes in their lives
- may not be cared for by their parents or usual carers
- have parents who are emotionally absent
- are living with families who do not know their educational and social rights
- speak little or no English on arrival in the UK
- suffer racist bullying or isolation in school

Local picture

The general practice in Surrey is for Unaccompanied Asylum Seeking Children (UASC) to be 'looked after children'. There is no longer an UASC team in Surrey. Some will inevitably have health issues but these are not recorded and information may only be available through individual files. The first review is held within a month of placement, invariably foster placements or semi-independence in a shared house. The second review is three months on when referral may be made for counselling, however emotional wellbeing and mental health are alien concepts to many children e.g. Afghani boys and Eritreans, so identifying and meeting needs is challenging.

The Refugee Council offers an assessment service through solicitors for trauma.

There is an average of 8 new UASC per month although this number will fluctuate dependent on the situation and conflict in different parts of the world. The number of UASC decreased slightly between 2009 and 2012 but has increased in 2013 to 78 by October 2013. This is due in part to young people arriving in the UK from Syria. The 2009 needs assessment on asylum seekers identified 81 UASC in care as more detailed estimates for Surrey were not available. Of the 840 Looked after Children in Surrey, 83 were UASC in November 2013 – see table below

Number of UASC in Surrey by area, 2013

Asylum breakdown		
	Over 18	Under 18
North East Surrey		19
South East Surrey	2	18
North west Surrey		19
South East Surrey		22
Sub-total	(2)	(78)
County Services	119	0

Source: Children's services scorecard, October 2013

The 119 children in County Services are in the Care Leaver's team. The under 18 group will be within the Looked after Children Teams.

Provision of services

The United Nations Convention on the Rights of the Child (UNCRC) includes key commitments that the UK Border Agency has to meet when working with asylum applications from children. The following articles highlight this –

- Article 2 – Non- discrimination *States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's, or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.*
- Article 3 – Best interests of the child *In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*
- Article 12 – Child's views *State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*
- Article 22 – Refugee children *States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present*

Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

- Article 37 – Deprivation of Liberty *States Parties shall ensure that:
No child shall be subjected to torture or other cruel, inhumane or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;
No child shall be deprived of his or her liberty unlawfully or arbitrary. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.*
- Article 39 – Rehabilitation of victims *States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhumane degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.*

Recommendations

- Tailor health assessments to specific populations (e.g. asylum seeking LAC)

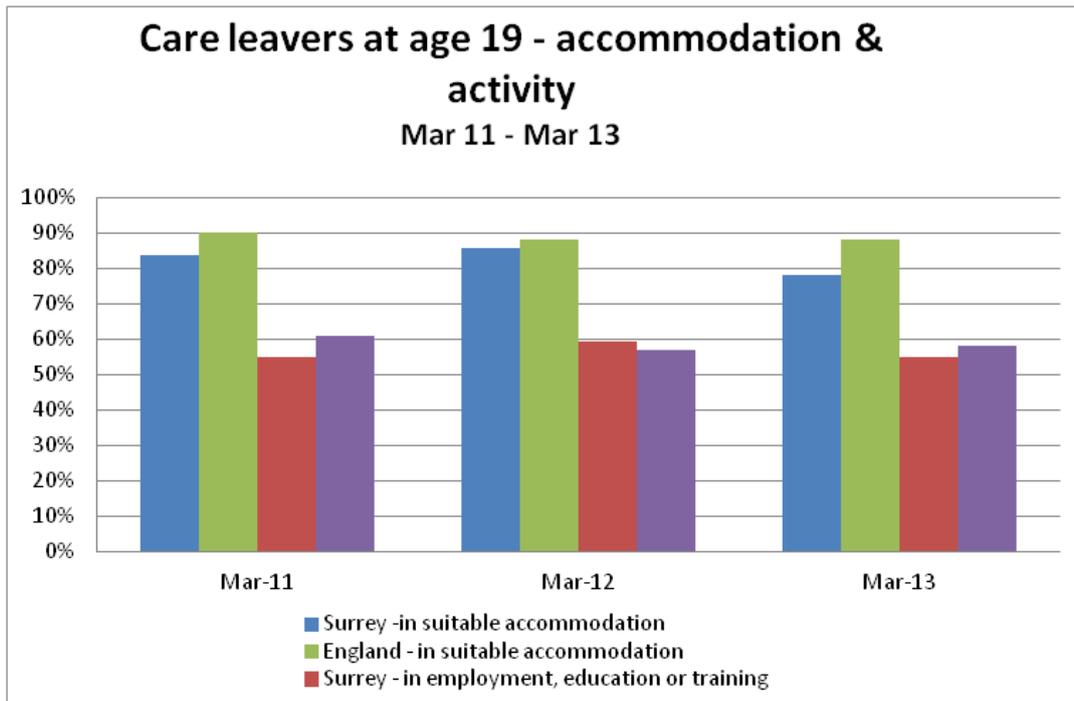
References

1. The Safe Network, NSPCC, 2011
2. Asylum Statistics, British Refugee Council, Feb 2014
3. Children Act 1989, Department for Education, 1988

13 Care Leavers

Young people who have grown up and progressed through the care system are recognised as facing significantly different problems to other young people, due to their early life experiences. Research and statistics show that looked after children and young people have higher incidences of mental health problems, substance misuse, offending and physical health problems.

For care leavers education/employment/training and accommodation are two of the most important issues they face, although higher numbers of looked after young people are staying with foster carers after the age of 18 in Surrey, increasing their opportunities and stability, a lot still needs to be done for those no longer in foster care.



In October 2001 'The Leaving Care Act 2000' came into effect in England and Wales, and provided legal requirements for Local Authorities on support for young people leaving care. There are two main aims of the act; to ensure that young people only leave care when they are ready, and to ensure that when they do, the support is effective. This means that all 16 and 17 year olds in care or leaving care should have an adviser and a pathway plan which supports them into independence and assists them with education or training until the end of the course.

This Act made a huge difference in how young people up to the age of 21 (or 24 in further education) were supported, ensuring local responsibility for all LAC.

This is further supported by the inclusion of a new element in the Ofsted Framework around the inspection of services for children in need of help and protection, children looked after and care leavers.

In 2010 the duties placed on Local Authorities around care leavers was further strengthened through 'The Care Leavers (England) Regulations 2010' and the statutory guidance 'Volume 3: Planning Transition to Adulthood for Care Leavers', which both came into force in April 2011 and are based on best local practice.

The principles in the underlying statutory framework are that young people should:

- Usually remain looked after until their 18th birthday unless there is a good reason to change their status;
- be listened to in the development and implementation of their Pathway Plans;
- be supported into education, training or employment;
- be provided with accommodation which is suitable and safe; and

- be given information and advice, as well as practical and financial support to make the transition into independent living

89% of care leavers aged 19 between 1 April 2009 and 31 March 2012 were judged to be in suitable accommodation. This showed a range between Local Authorities from 65% to 100%

Key findings for young people who ceased to be looked after (in England)¹

- The number of young people aged 16 and over leaving care has risen each year from 8,170 in 2007 to 10,000 in 2012.
- More than half of these young people (63%) were aged 18 and over at the time of leaving care. 19% were aged 16 and 18% were aged 17.
- The number of 19 year olds who were looked after aged 16 was 6,610 at 31 March 2012. This is a rise from 6,290 at 31 March 2011.
- 2,400 (36%) of young people in 2011-12 were not in education, employment or training. In 2010-11, this figure was 33%.

Destinations of care leavers aged 16 and over varied according to their age.

16 year olds were more likely to return home to their parents whereas those aged 18 and over were more likely to move into independent living or adult social service care.

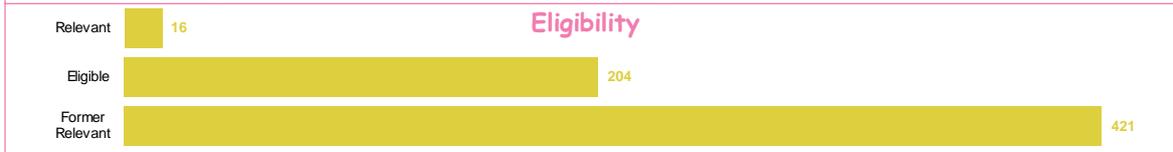
The large percentage of 18 year olds in the “Care ceased for any other reason” category are mainly those who cease to be looked after on reaching adulthood.

Prevalence

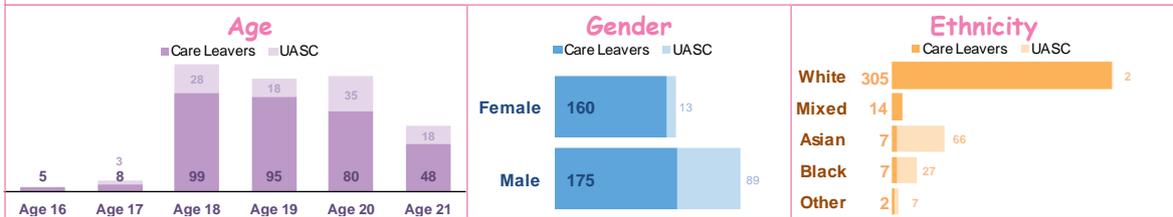
In Surrey there are generally low numbers of young people leaving care aged 16 and 17, with many young people remaining with foster carers, ensuring a smooth transition in line with the new guidance.

Surrey data -

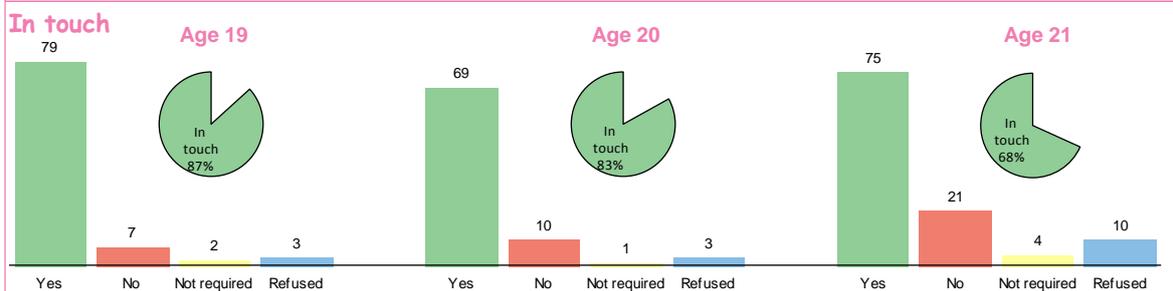
656 Young people entitled to leaving care service (as at 31 March 2014)



Demographics for the 437 relevant and former relevant care leavers (Quarter 4 2013-14)



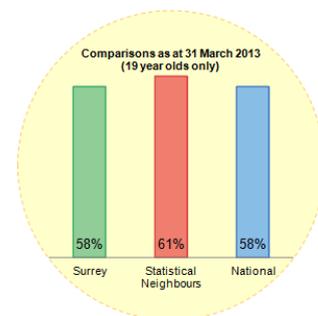
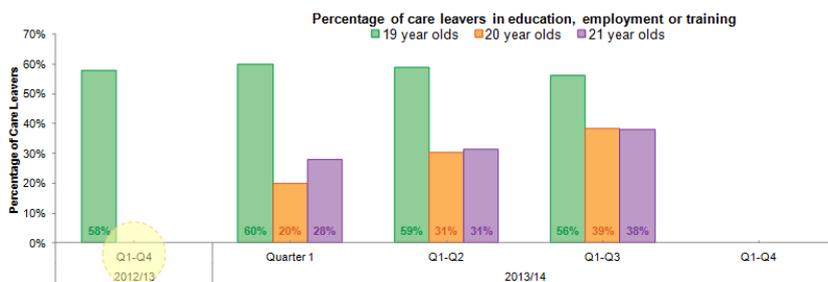
284 care leavers have had their 19th, 20th and 21st birthdays in the year so far (Quarter 3 2013-14)



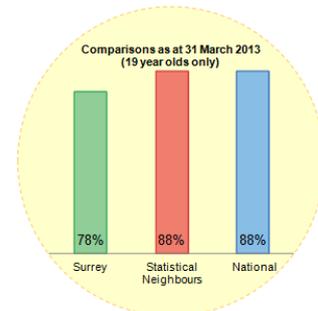
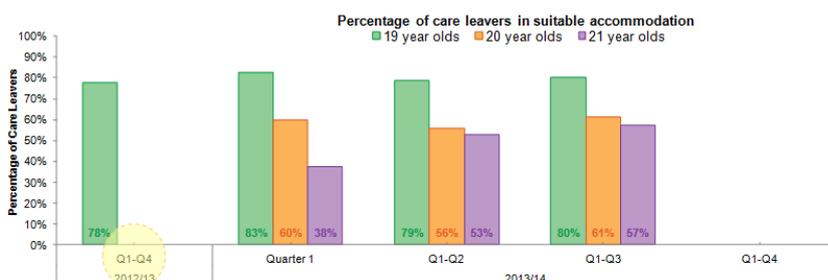
CARE LEAVERS

OUTCOMES

Education, Employment and Training (EET)



Suitable Accommodation

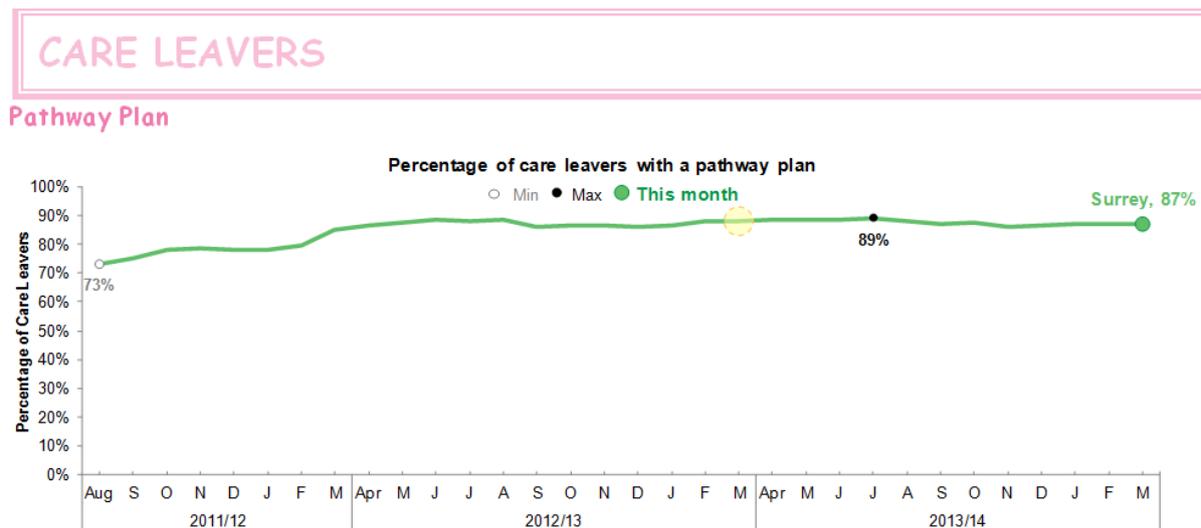


Key Messages on Supporting Young People in Education

- There is a link between stable placements whilst in care and being in education training or employment.
- One of the key indicators of future economic well-being is the level of education and training that a person achieves. Financial support and policies should encourage young people to remain engaged in education, take up training opportunities and undertake activities aimed at improving employability.
- The Department has been funding the FromCare2Work programme run by National Care Advisory Service which provides care leavers with employment opportunities. Local authorities should actively work with the programme.
- A new 16-19 Bursary scheme began in 2011. Looked after young people and care leavers should receive a guaranteed £1,200 bursary if they stay in full-time education.

Provision of services

The Care Leavers Service in Surrey provides advice, support and financial help to young people aged 18 – 25, which includes anyone who moves out of county. Each young person is paired with a Personal Adviser who works with them to complete and regularly review their pathway plan and support the young person to achieve their objectives.



Percentages of care leavers with a pathway plan in Surrey

As part of its commitment to looked after children and care leavers, Surrey has a pledge outlining the main promises they make to ensure they are well looked after. The pledge was written with input from the Care Council and states that -

We promise:

- *to care about you, be honest with you and keep you in mind*
- *only make promises that we know we can keep and when mistakes are made to make sure we learn from them*
- *to provide you with somewhere to live, with people who care about you*

- *to involve you fully in plans about all aspects of your life*
- *to listen to you and take your points of view seriously*
- *to keep you safe and help support you to make the right choice*
- *to help you to keep in touch with the important people in your life*
- *to ensure you receive excellent education and health advice*
- *to ensure your experience of care results in positive outcomes and prepares you for becoming an adult*
- *to help and support you to live independently when the time is right*
- *to make sure you know your rights and who to turn to when you need help*
- *to be there for you and do everything we can to make sure you are happy.*

Key Issues

Key Messages on Care Leavers

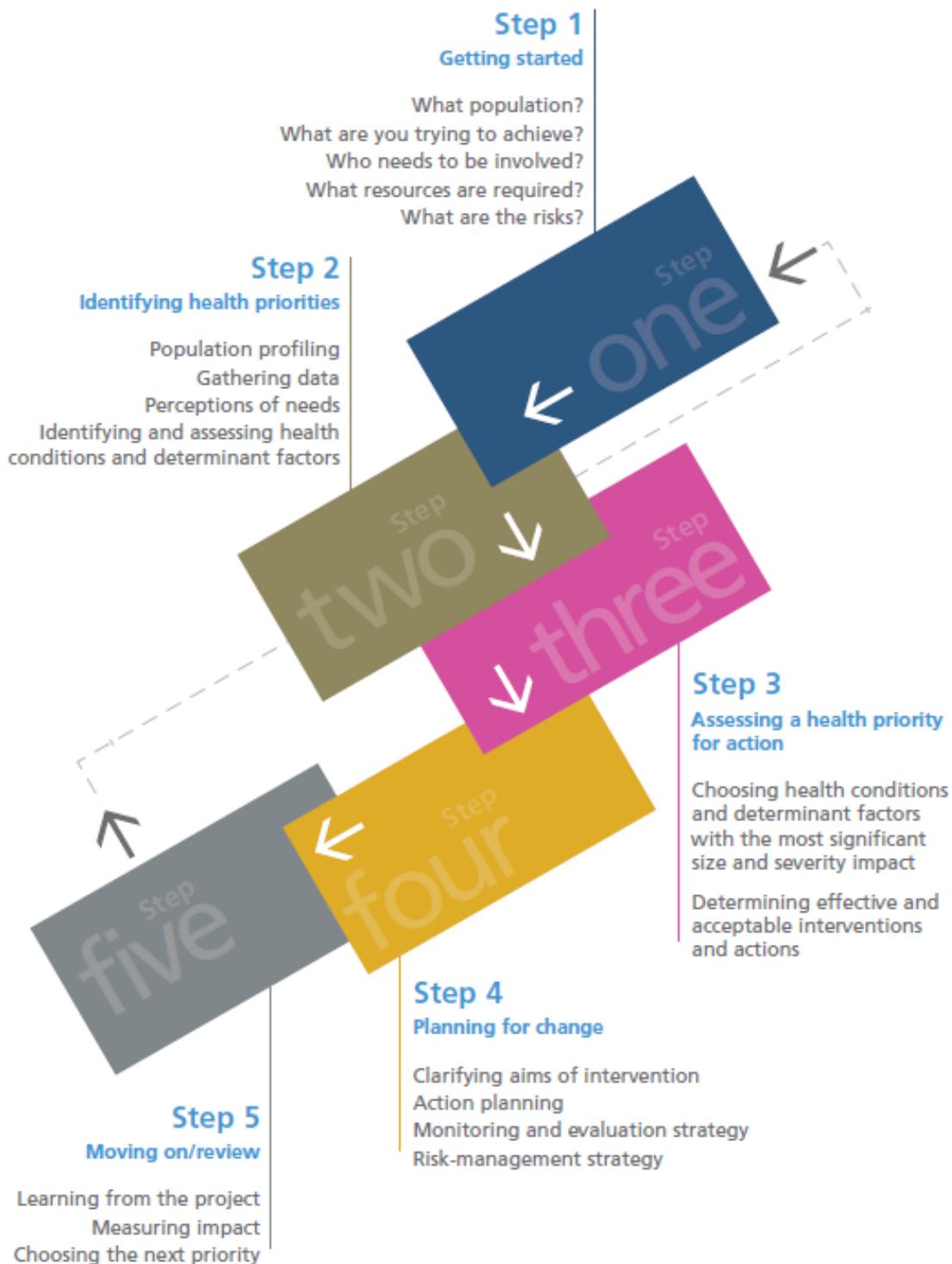
- Too many young people are leaving care at age 16, particularly from children's homes. Although many go home 26% move to independent living (nationally).
- The Government expects all local authorities to support and prepare young people for adulthood in a measured and flexible way so that young people move to independence when they are ready.
- When young people leave their final care placement the local authority must ensure that their new home is suitable for their needs and appropriate to their wider plans and aspirations, for example located near their education or work.
- Local authorities need to commission a range of semi-independent and independent living options with appropriate support, for example supported accommodation schemes, foyers, supported lodgings and access to independent tenancies in the social and private rented sectors with flexible support.
- "Setting up home allowances" (also known as 'leaving care grants') are crucial in helping young people establish their identity and independence. These should be offered at a level that makes sure care leavers have what they need to set up safe, secure and stable accommodation.

References

- ¹ Care Leavers in England Data Pack, Department for Education, October 2012

Model for Identifying Need

The five steps of health needs assessment



Stakeholder Engagement - Views of Professionals on the Health Needs of Looked After Children

Qualitative Data Analysis (using Braun & Clarke's six phases of thematic analysis, 2006)

Codes	Themes
<ul style="list-style-type: none"> • Emotional & mental health needs of LAC • Need for Emotional & MH training for professionals 	Emotional & Mental Health
<ul style="list-style-type: none"> • Appropriately resourced service specification • Specialist nurses (school/LAC nurses) • Admin support 	Resources
<ul style="list-style-type: none"> • Services need to be more joined up (e.g. sexual health to link into schools/school nurses) 	Joined up working/commissioning
<ul style="list-style-type: none"> • Longer term placements • Continuity of care out of area 	Placement stability
<ul style="list-style-type: none"> • Child/YP focussed health assessment • Assessment needs to be tailored to certain populations (e.g. asylum seeking children) 	Health assessment
<ul style="list-style-type: none"> • Same as any child • via GP • via review health assessments • via PSHE in school • LAC nurses • CAMHS • Catch 22 • sexual health clinics • counselling • red book 	Health information available to LAC
<ul style="list-style-type: none"> • Big gap for young people aged 18+. Over half considered there was a gap in care/healthcare for these young people. • Health Care/Leaving Care plan; red book • Leaving Care team/service 	Leaving Care support
<ul style="list-style-type: none"> • Most (7/12) work with Social Services. • Respondents also work with community & acute hospitals, health visitor/school nurse teams, specialist nurses, CAMHS specialists, LAC team, foster teams, residential & children's teams. 	Partnership working
<ul style="list-style-type: none"> • On substance misuse & LAC • On waiting times 	Reporting
<ul style="list-style-type: none"> • Services are good • Good communication with Catch22/3Cs • Small team who are very passionate and committed to supporting LAC • Commitment of health professionals is high 	Staff commitment
