

# Croydon joint strategic needs assessment

## 2010/11



## Looked after children

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## Key findings

Children enter care for a range of reasons including physical, sexual or mental abuse, neglect, or family breakdown. In 2010 the main reason that indigenous children were placed into care in Croydon was abuse or neglect (66%). Nearly all unaccompanied asylum seeking children were recorded as being placed in care due to absent parents.

At March 2010, Croydon Council was responsible for 1,008 looked after children. This is a rate of 126 looked after children per 10,000 population under 18. The rate is significantly higher than the rate for London (66 per 10,000) and England (58 per 10,000).

The number of unaccompanied asylum seeking children looked after by Croydon Council more than doubled between 2005 (n=325) and 2008 (n=696). The numbers subsequently fell to 685 in 2009 and 574 in 2010.

For indigenous looked after children, there is a broad spread of ages with the highest numbers falling in the 16 to 17 age groups. In comparison, the unaccompanied asylum seeking children population is almost wholly aged 12 and over, with the vast majority in the 16 and 17 age groups.

There are fewer girls than boys in care in Croydon and beyond the age of nine, boys outnumber girls by around three to one. These differences are even greater for unaccompanied asylum seeking children where the ratio is closer to eight to one.

In Croydon, the largest ethnic group amongst looked after children is White (34%) followed by Asian or Asian British (29%), then Black or Black British (24%). Amongst unaccompanied asylum seeking children in Croydon the largest ethnic group is Asian Other (43.7%) followed by White Other (27.5%).

Around 60% of the total number of children looked after by Croydon Council were placed within the borough and the remaining 40% were placed outside the borough. The majority of both indigenous looked after children and unaccompanied asylum seeking children are placed with foster carers. Around 500 looked after children who are the responsibility of other authorities are also placed in Croydon.

Educational attainment is around three times lower for looked after children in Croydon than for other children. This is similar to national rates. In 2010, nearly 20% (n=53) of young people who were looked after by the council (aged 16 to 19) were not in education, employment or training. This is double the rate amongst all 16 to 19 year olds.

The rates of immunisation of children looked after for at least 12 months (94%) and dental checks (91%) are above national and London averages. Of children looked after for at least 12 months, 85% had their annual health assessment during the year ending 30 September 2009. This is slightly below the London average but equal to the England average. 5% (n=33) of those looked after for more than 12 months by Croydon Council have a drug or alcohol problem, similar to the national percentage.

No data are available on the numbers of looked after children with a disability. There are also no reliable data on the numbers of looked after children with mental health problems or the nature of their mental health needs. The strengths and difficulties questionnaire which could provide data is often not completed or poorly completed. There is some evidence that the substance misuse screening tool is not being used effectively.

Recent statutory guidance requires the appointment of a lead NHS health professional to provide a point of contact to help navigate the healthcare system. In Croydon, it is proposed that lead health professionals are identified for two age groups of looked after children: all 0 to four year olds and five to 19 year olds where complex health or social care needs are identified.

Consultation has shown that looked after children value health services but they have also highlighted the need to improve communication. They explicitly asked for feedback on how their views have informed the development of local services.

Looked after children receive many of the same universal services as their peers such as education and healthcare. A number of services also provide additional support for looked after children in Croydon. There are currently no local or national estimates of public sector spending either on looked after children whilst they are in care or long term public sector spending in Croydon on people who have been in care.

## Recommendations

### General

- 1 Develop a fixed term multi agency working group that oversees the development and implementation of the JSNA recommendations and links in and reports on progress to the children's trust.
- 2 Review the implementation of statutory and best practice guidance at a local level and make recommendations for improvements to adherence by appropriate organisations and services.
- 3 Review local assessment and screening procedures and provision of support and services to looked after children and care leavers in order to ensure improved coordination and holistic packages of care.
- 4 Develop the Croydon pledge for looked after children

### Information, awareness and communication

- 5 Review the collection and analysis of local looked after children data and ensure that any inconsistencies between local authority and NHS looked after children health data are addressed and minimised.
- 6 Explore the potential for improvements in the development and monitoring of additional health outcomes data for looked after children.
- 7 Develop a web based resource providing a range of information and local services available to looked after children and care leavers.
- 8 Improve local practitioners' awareness of services available to looked after children and care leavers and ensure better communication between local partners and agencies.
- 9 Work with the children's trust workforce development steering group and the Social Care Academy to review the training needs of local practitioners working with looked after children and care leavers.
- 10 Consult and feed back to looked after children and care leavers about the planning and development of local services using the children in care council and other forums.
- 11 Mainstream services across the NHS and local authority should deliver appropriate needs led interventions to improve the self esteem and life skills of looked after children and care leavers.
12. Further work is required to assess the needs of looked after children and young people with a mental health problem and with learning or physical disabilities. This work should also consider specific needs relating to sexual orientation, religion and belief.
13. Further work is required to assess spending on looked after children including estimating long term spending on those who have been looked after. This could be taken forward through Croydon's community budget programme.

### Mental health service provision

14. Ensure that the mental health needs of local looked after children continue to remain a high priority for the children's trust and ensure adequate levels of provision are maintained to meet the current and future needs of looked after children, including looked after children placed in Croydon by other boroughs.
- 15 Improve local needs assessment and inform the commissioning of appropriate service provision by developing local mechanisms to identify and quantify the mental health needs of local looked after children.
- 16 Improve the use and uptake of the strengths and difficulties questionnaire for looked after children.
- 17 Commissioners should consider the need for a dedicated psychologist within the child and adolescent mental health services team for looked after children.

## Drug and alcohol services

- 18 Commissioners and providers should agree appropriate objectives and targets to increase the proportion of looked after children with a drug or alcohol problem who receive an appropriate service or intervention.

## Introduction

This chapter describes the health of looked after children in Croydon. It identifies and summarises relevant health policies, presents local data and provides information on specialised looked after children services available in Croydon. The recommendations will inform local service improvement and review and assist commissioners in planning and developing future provision.

There are a number of reasons why looked after children are more likely to be vulnerable. They are more likely to have experienced traumatic circumstances in their lives. They are also more likely to face further challenges in terms of their health and wellbeing and educational attainment. The difficulties faced by those in care cannot be overcome by any individual or part of the system acting alone and require a coordinated, multi agency approach across the whole of the children's trust and its partners.

The needs assessment involved a structured review of data and service information across health, education and social care. It included focus group and survey findings from consultation with looked after children and young people and their carers. There were preliminary presentations of the data to a stakeholder group in September 2010.

Looked after children are children and young people under 18 who are in the care of the local authority where the Children Act 1989 applies. The term 'looked after' was introduced by the Children Act 1989 and refers to children who are subject to care orders and those who are voluntarily accommodated. Looked after children who have their origins in the United Kingdom are referred to as indigenous looked after children in this chapter.

Unaccompanied asylum seeking children are automatically placed in the care of the local authority. The immigration rules define a child as a person who is under 18 or who, in the absence of documentary evidence, appears to be under 18. An unaccompanied asylum seeking child is one who is applying for asylum in their own right and who has separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so.<sup>1</sup>

The 2003 Hillingdon judgement and the Department for Education and Skills' circular *Looked After Children (13) 2003* mean that all unaccompanied asylum seeking children are routinely provided with a service under section 20 of the Children Act 1989 as looked after children. This means they also become entitled to a leaving care service until at least age 21 from council children's services departments, rather than being dispersed to other parts of the country under the national adult asylum seeker arrangements.

The Home Office UK Border Agency is based in Croydon. This is where the great majority of asylum seekers who are already in the country make their applications. Approximately 69% of new applications by unaccompanied minors in the UK are made in Croydon.<sup>2</sup> Any unaccompanied asylum seekers under the age of 16 without a sponsor are referred to the council for support by the immigration service. The council also administers the London rota to place 16 to 17 year old unaccompanied asylum seekers without a sponsor.

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1 Home Office UK Border Agency *Enforcement instructions and guidance*. London: Home Office. [www.ukba.homeoffice.gov.uk/policyandlaw/guidance/enforcement/](http://www.ukba.homeoffice.gov.uk/policyandlaw/guidance/enforcement/) Accessed 25 January 201.

2 Audit Commission. *Unaccompanied asylum-seeking children: Croydon London borough council 2006/07*. London: Audit Commission; 2007.

## Policy context

The Children Act 1989 was perhaps the most comprehensive and far reaching reform of child law in the United Kingdom. It integrated almost all the 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.

The green paper *Every child matters* was launched in 2003.<sup>3</sup> It was one of the most important policy initiatives and development programmes in relation to children and children's services of the last decade. It has been the title of two other government papers published following the Children Act 2004.<sup>4</sup> *Every child matters* covers children and young adults up to the age of 19 (or 24 for those with disabilities). Its main aims are for every child, whatever their background or circumstances, to have the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Each of these themes has a detailed framework attached whose outcomes require multi agency partnerships working together. The agencies in partnership may include children's centres, early years, schools, children's social work services, primary and secondary health services, play services and child and adolescent mental health services (CAMHS). In the past it has been argued that children and families have received poorer services because of the failure of professionals to understand each others' roles or to work together effectively in a multi disciplinary manner. *Every child matters* seeks to change this, stressing that it is important all professionals working with children are aware of the contribution which could be made by their own and each others' service and to plan and deliver their work with children and young people accordingly.

In June 2007, the government published the white paper *Care matters: time for change* which aimed to improve the experience of young people in care and bridge the gap between them and their peers.<sup>5</sup> It emphasised the place of joint strategic needs assessment in identifying the health and wellbeing needs of looked after children. It also made recommendations on support for teenage parents in care; the provision of appropriate sex and relationships education; the assessment of emotional and behavioural difficulties; and the provision of positive leisure activities. In November of the following year, parliament approved the Children and Young Person's Act 2008 which set out the shared responsibilities of local authorities and health in supporting children to achieve the five *Every child matters* outcomes.

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3 Great Britain: HM Treasury. *Every child matters*. Nottingham: The Stationery Office; 2003.4 Department for Education and Skills. *Every child matters: change for children in social care*. Nottingham: The Stationery Office; 2004.

4 Department for Education and Skills. *Every child matters: change for children*. Nottingham: The Stationery Office; 2004.

5 Department for Education and Skills. *Care matters: time for change*. London: The Stationery Office; 2007.

In 2009, the Department of Health and the Department for Children, Schools and Families published *Healthy lives, brighter futures: the strategy for children and young people's health*<sup>6</sup>. The strategy sets out the plans for universal, targeted and specialist support across three life stages: early years and pregnancy; school age children; and young people. It also sets out plans for the additional support for children and young people in need of acute or ongoing healthcare. *Securing better health for children and young people through world class commissioning* was published alongside the strategy and is a guide to support commissioners in delivering the vision set out in the strategy.<sup>7</sup>

Promoting the health of looked after children is not the job of any one person. Effective multi agency working between social workers, health professionals and carers is essential. There are requirements placed on a local authority to address the health needs of looked after children as part of the process of care planning.<sup>8</sup> In addition to the guidance on care planning, the Department for Education has also published statutory guidance on promoting the health and wellbeing of looked after children.<sup>9</sup> This applies to local authorities, primary care trusts and strategic health authorities (and from 2013 their successor bodies).

The National Children's Bureau's *healthy care* programme aims to achieve the five *Every child matters* outcomes for looked after children and young people in line with the 2009 statutory guidance. It supports children's trusts to develop and provide healthy care environments by using the national healthy care standard to audit current practice and plan effective and child focused services.<sup>10</sup>

The shared responsibility to promote the health and wellbeing of Croydon's looked after children applies whether children are placed in or out of the borough. Amendments to the responsible commissioner guidance effective from April 2007 states that where a primary care trust or local authority arrange for a child to be placed in accommodation in the area of another primary care trust, the originating primary care trust remains responsible. Given Croydon's large population of looked after children and its high proportion of unaccompanied asylum seeking children, the impact of this amendment in Croydon is significant.

The actions of local authorities and healthcare bodies in addressing the health of children in care should also be informed by the *National service framework for children, young people, and maternity services*.<sup>11</sup> 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.<sup>12</sup>

The London pledge for children and young people in care aims to ensure that children and young people in care across London have equal access to the same range of services and support wherever they live, go to school or access employment or training opportunities. The pledge is a commitment from all children's trusts to all children and young people in care and leaving care. This pledge has been developed with young people, lead councillors for children's services and the community and voluntary sector. Croydon children's trust has established a children in care council and has committed to developing a Croydon pledge for children and young people in care. A review is currently being undertaken to assess how Croydon complies with the National Children's Bureau healthy care standard and the London pledge.

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6 Department of Health, Department for Children Schools and Families. *Healthy lives, brighter futures: the strategy for children and young people's health*. London: Department of Health; 2009.

7 Department of Health, Families DfCSa. *Securing better health for children and young people through world class commissioning*. London: Department of Health; 2009.

8 Great Britain: UK Parliament. Care planning, placement and case review (England) regulations, SI 2010/959. London: HMSO; 2010. Great Britain: HM Government. The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review. Nottingham: DCF Publications; 2010.

9 Department for Children Schools and Families, Department of Health. *Statutory guidance on promoting the health and well-being of looked after children*. Nottingham: DCSF Publications; 2009.

10 [www.ncb.org.uk/healthycare/about\\_us/healthy\\_care\\_standard.aspx](http://www.ncb.org.uk/healthycare/about_us/healthy_care_standard.aspx)

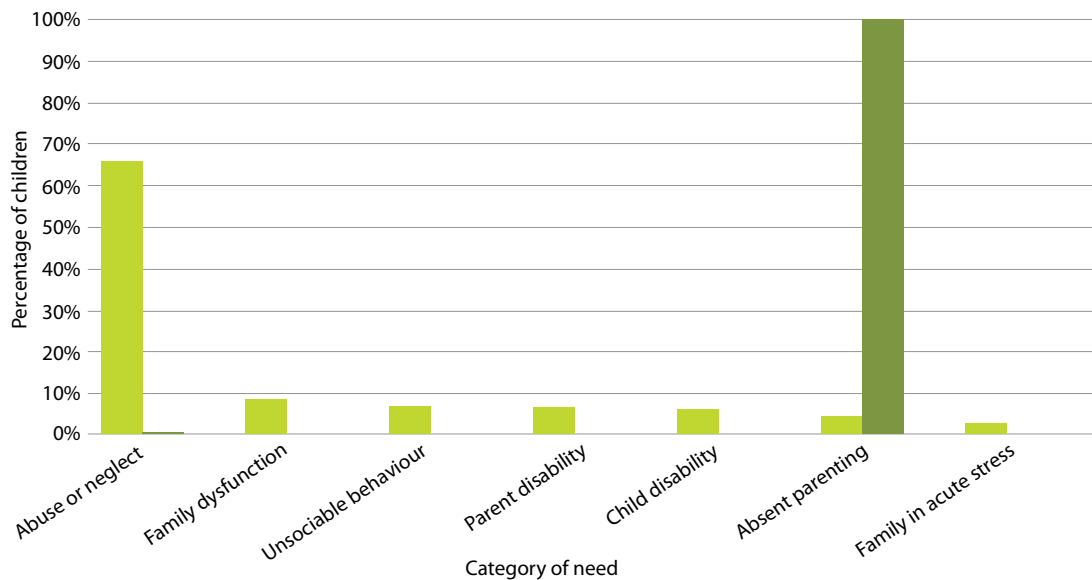
11 Department for Education and Skills, Department of Health. *National service framework for children, young people and maternity services: core standards*. London: DH Publications; 2004.

12 National Institute for Health and Clinical Excellence, Social Care Institute for Excellence. *Promoting the quality of life of looked after children and young people*. 2010; Available from: [www.nice.org.uk/Guidance/PHG/Published](http://www.nice.org.uk/Guidance/PHG/Published).

## Looked after children in Croydon

Children enter care for a range of reasons including physical, sexual or mental abuse, neglect or family dysfunction. Figure 1 shows that in 2010 the primary reason that indigenous children were placed into care in Croydon was abuse or neglect (66%). Virtually all unaccompanied asylum seeking children are recorded as being placed in care primarily due to absent parents. However, they may also have experienced a range of additional problems including neglect or abuse.

**Figure 1 | reason for young people being placed in care, Croydon 2010**

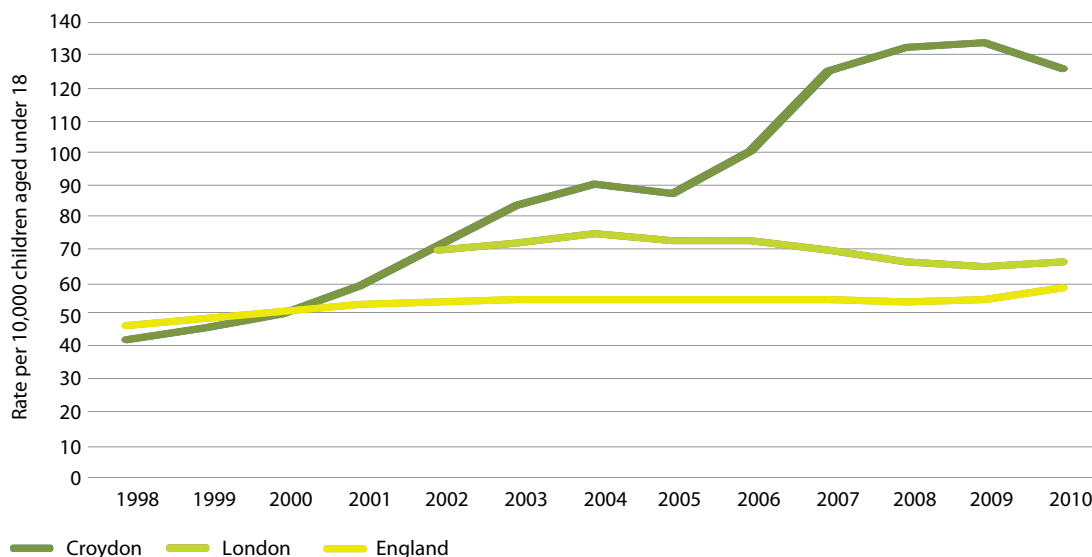


Source: Croydon Council, department for children, young people and learners

### Number of looked after children in Croydon

At March 2010, Croydon Council was responsible for 1,008 looked after children. This is a rate of 126 looked after children per 10,000 population under 18. The rate is significantly higher than the rate for London (66 per 10,000) and England (58 per 10,000). Figure 2 shows that the number of looked after children in Croydon has risen significantly from 397 in 2000 when the rate was 50 looked after children per 10,000, just below the England average of 51 per 10,000. This rise is mainly explained by the increasing numbers of unaccompanied asylum seeking children and young people who have been placed in the borough.

**Figure 2 | looked after children per 10,000 children aged under 18, Croydon, 1998-2010**



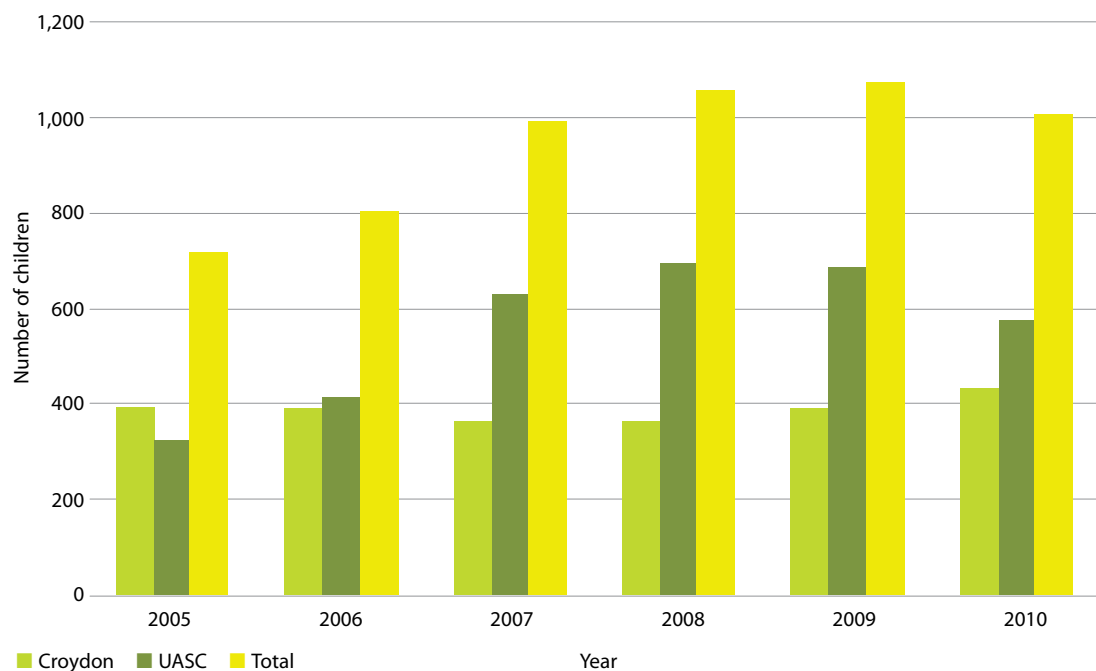
Source: Department for Education



Figure 3 shows that the number of unaccompanied asylum seeking children looked after by Croydon Council more than doubled between 2005 (n=325) and 2008 (n=696). The numbers subsequently fell to 685 in 2009 and 574 in 2010. For the period April to August 2008 there were around 30 new arrivals a month. In the last year there has been a decline in the number of unaccompanied asylum seeking children arriving: decreasing by 17.5% since the peak in 2008 and now averaging around four new entrant children a month.

Figure 3 also shows that there was a fall in the number of indigenous looked after children from 2005 (n=392) to 2008 (n=363). However, numbers increased in 2009 (n=388) and in 2010 (n=434). This is partly due to the increase in the number of children under five who are entering the care system locally. Numbers have increased from 60 children aged under five in 2008 to 96 in 2010 and accounts for an increasing proportion of the total number of indigenous looked after children (16.5% in 2008 to 22% in 2010).

**Figure 3 | numbers of looked after children, Croydon, 2005 to 2010**

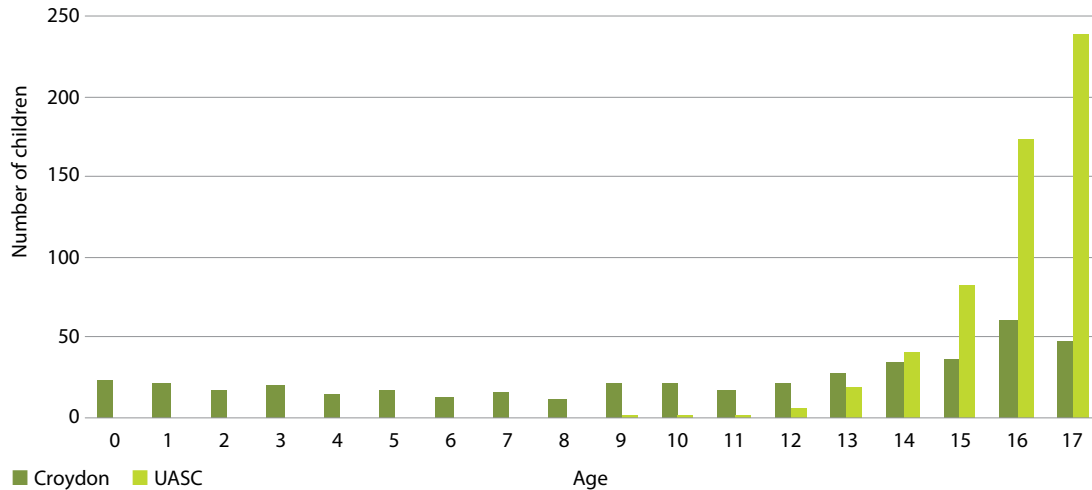


Source: Croydon Council, department for children, young people and learners

### Age, sex and ethnicity of looked after children

Figure 4 shows that for indigenous looked after children there is a broad spread of ages with the greatest numbers in the 16 or 17 year age bands. In comparison the unaccompanied asylum seeking children population is predominantly aged 12 and over with the greatest numbers again in the 16 or 17 year age bands. Between 2009 and 2010 the numbers of looked after children aged under five increased by 2.2%.

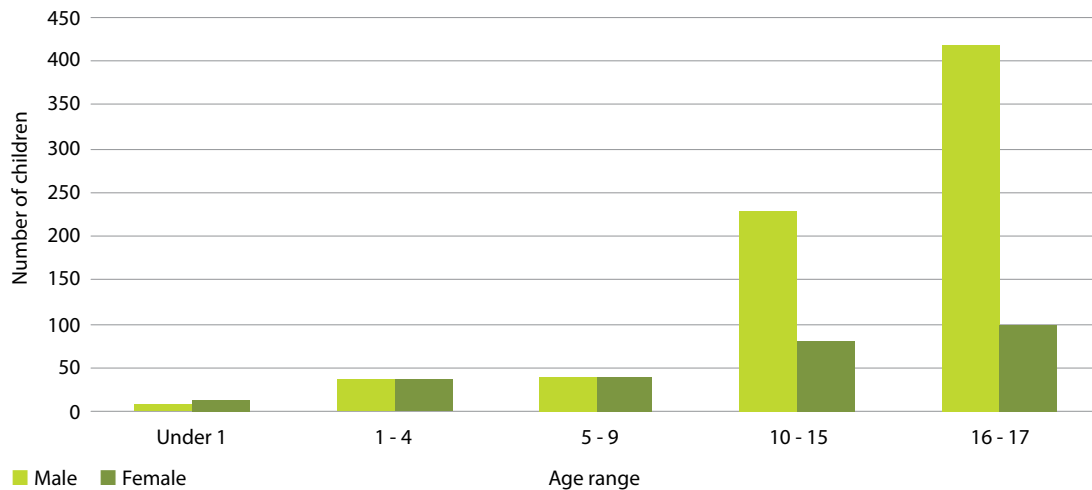
**Figure 4 | age distribution of looked after children, Croydon 2009/10**



Source: Croydon Council, department for children, young people and learners

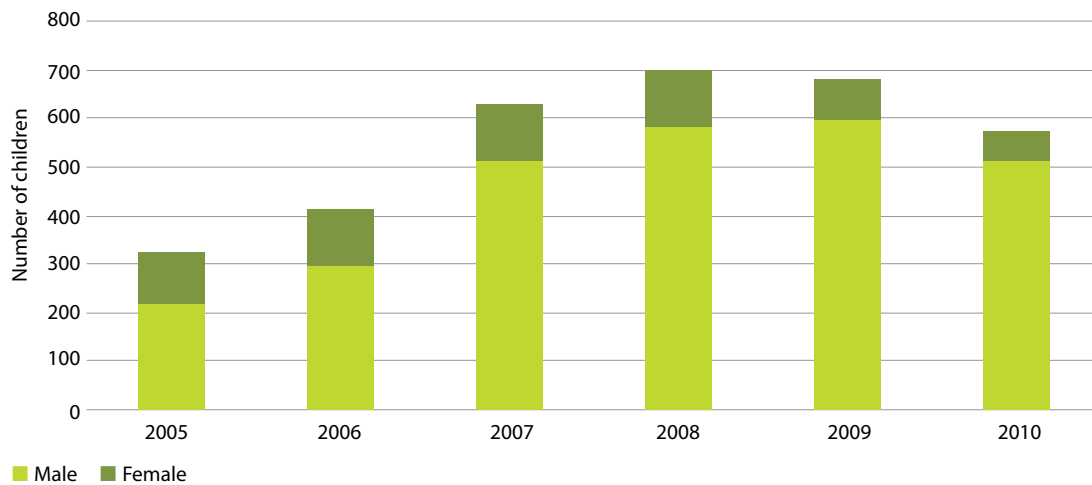
There are fewer girls than boys in care in Croydon. Figure 5 illustrates that beyond the age of nine, boys outnumber girls by around three to one. These differences are even greater for unaccompanied asylum seeking children where the ratio is closer to eight to one (figure 6).

**Figure 5 | looked after children by age and sex, Croydon 2010**



Source: Croydon Council, department for children, young people and learners

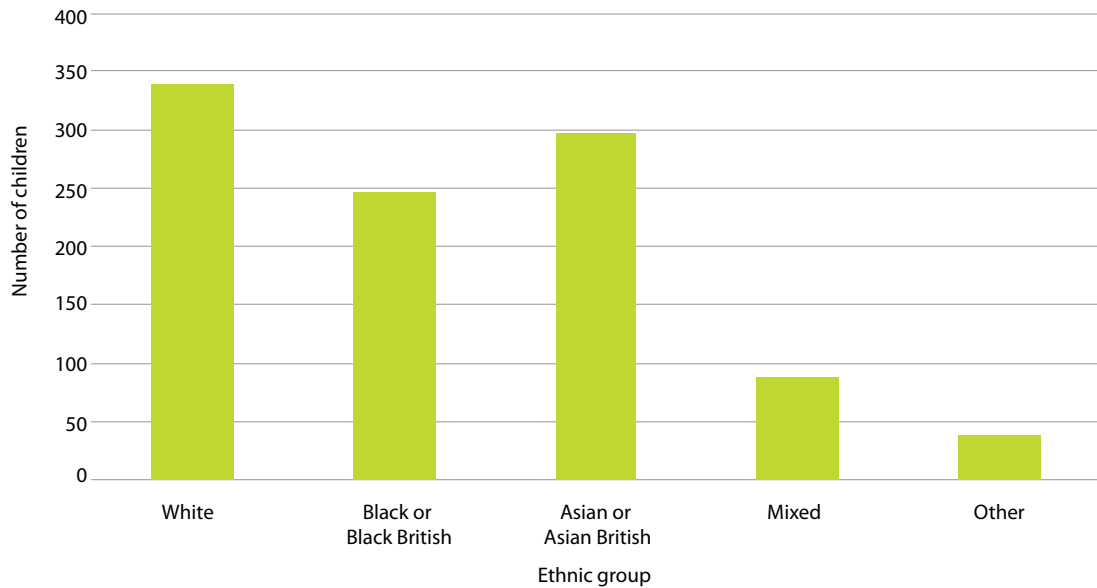
**Figure 6 | annual numbers of unaccompanied asylum seeking children by gender, Croydon 2005-10**



Source: Croydon Council, department for children, young people and learners

Figure 7 shows of the 1,008 looked after children in Croydon in 2010, 340 (34%) were White; 297 (29%) were Asian or Asian British; 245 (24%) were Black or Black British; 88 (9%) were of Mixed ethnicity; and 38 (4%) were from other ethnic groups.

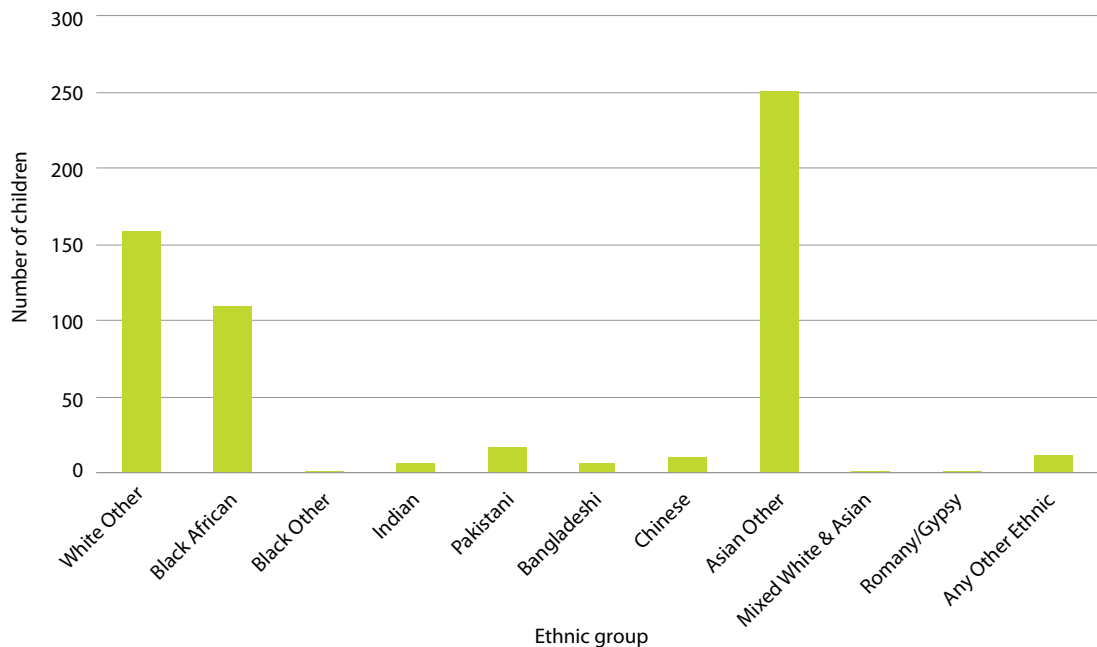
**Figure 7 | ethnic origin of looked after children, Croydon 2010**



Source: Croydon Council, department for children, young people and learners

Figure 8 illustrates that for unaccompanied asylum seeking children in Croydon, the largest ethnic group is Asian Other (43.7%) followed by White Other (27.5%).

**Figure 8 | ethnic breakdown of unaccompanied asylum seeking children, Croydon 2010**



Source: Croydon Council, department for children, young people and learners

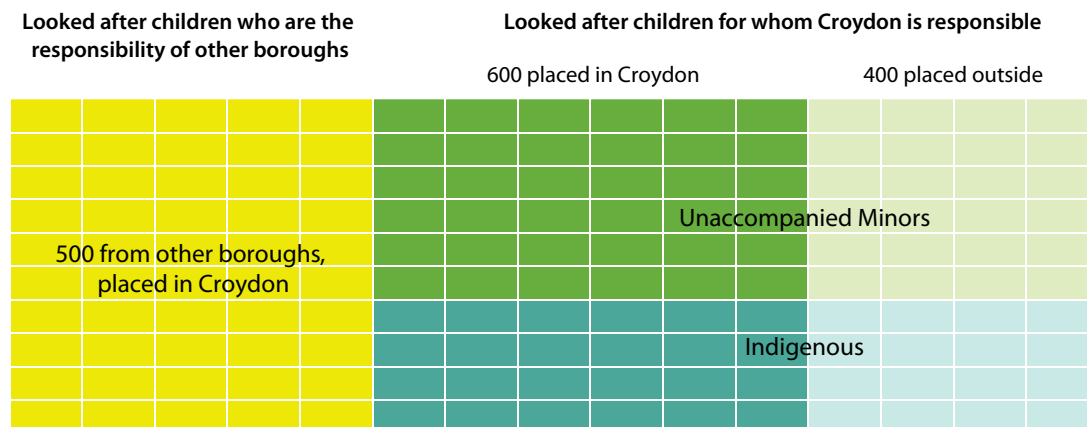
At March 2010, 58.1% of the unaccompanied asylum seeking children supported by the Croydon unaccompanied minors team were from Afghanistan, followed by 7.3% from Eritrea, 4.5% from Iran, 3.8% from Pakistan and 3.8% from Albania. Recent guidance has led to unaccompanied asylum seeking children of Afghan descent now being recorded as Asian Other whereas previously they were recorded as White Other.

## Origin and placement of looked after children

Figure 9 illustrates the residency and placing of Croydon's looked after children as of March 2010. Each unit in the grid represents ten children. The left side of the figure shows that 500 looked after children who are the responsibility of other authorities were placed in Croydon. Although these children are able to access local health services through their Croydon GP, their looked after children's health assessment and social care needs are the responsibility of the borough which placed them in Croydon. This causes considerable challenges in meeting their needs and in the appropriate design of local services.

The right side of figure 9 represents those looked after children for whom Croydon has responsibility (rounded to 1,000 children). Around 60% of these are unaccompanied asylum seeking children (shown in green) and the rest (shown in blue) are indigenous looked after children.

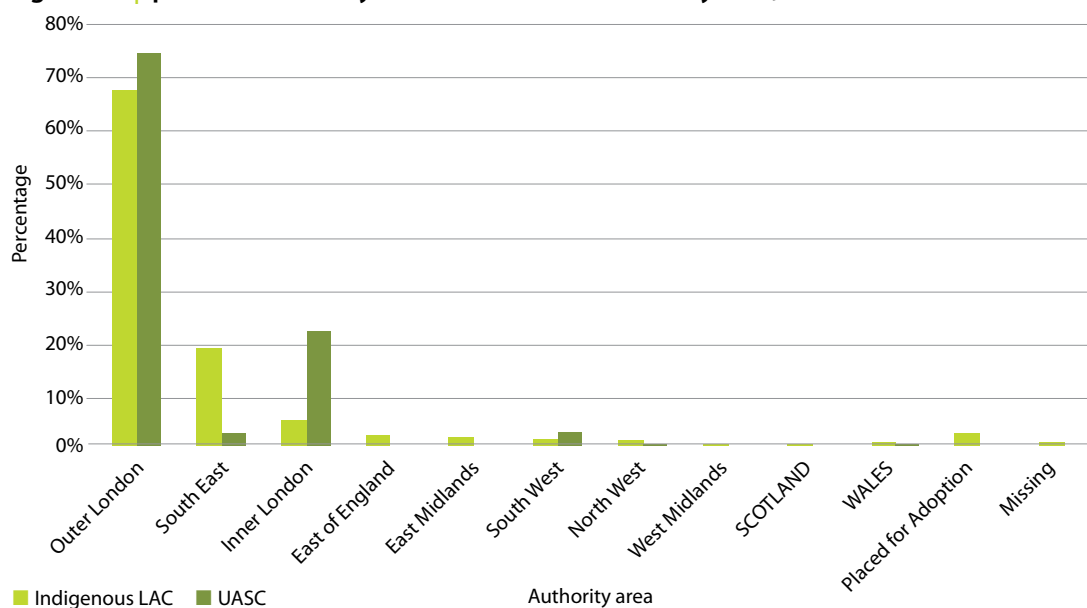
**Figure 9: | residency and placing of looked after children, Croydon 2010**



Source: Croydon Council, department for children, young people and learners Note: numbers are rounded to the nearest hundred

Around 60% of the total number of children looked after by Croydon were placed in the borough and the remaining 40% were placed outside the borough. Figure 10 shows that of those placed outside Croydon, the majority were placed in outer London. Of these, most were placed in the neighbouring boroughs of Merton, Bromley and Sutton. A significant number of indigenous looked after children were placed in the south east (mainly Surrey or East Sussex) and high numbers of unaccompanied asylum seeking children were placed in inner London (generally in Lambeth, Lewisham, Southwark and Wandsworth).

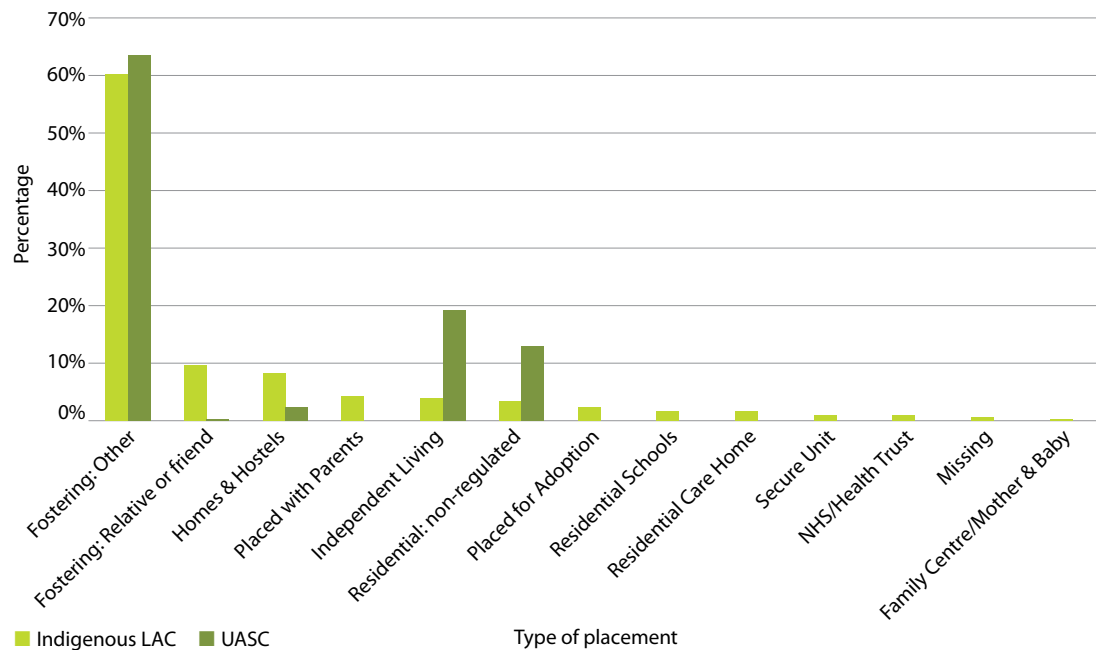
**Figure 10 | placement of Croydon looked after children by area, 2010**



Source: Croydon Council, department for children, young people and learners

Figure 11 illustrates that the majority of indigenous looked after children and unaccompanied asylum seeking children are placed with foster carers. 20% of unaccompanied asylum seeking children are in independent living arrangements and another 13% are living in non regulated residential homes. Around 10% of indigenous looked after children are fostered by relatives or friends and slightly less than 10% in homes and hostels.

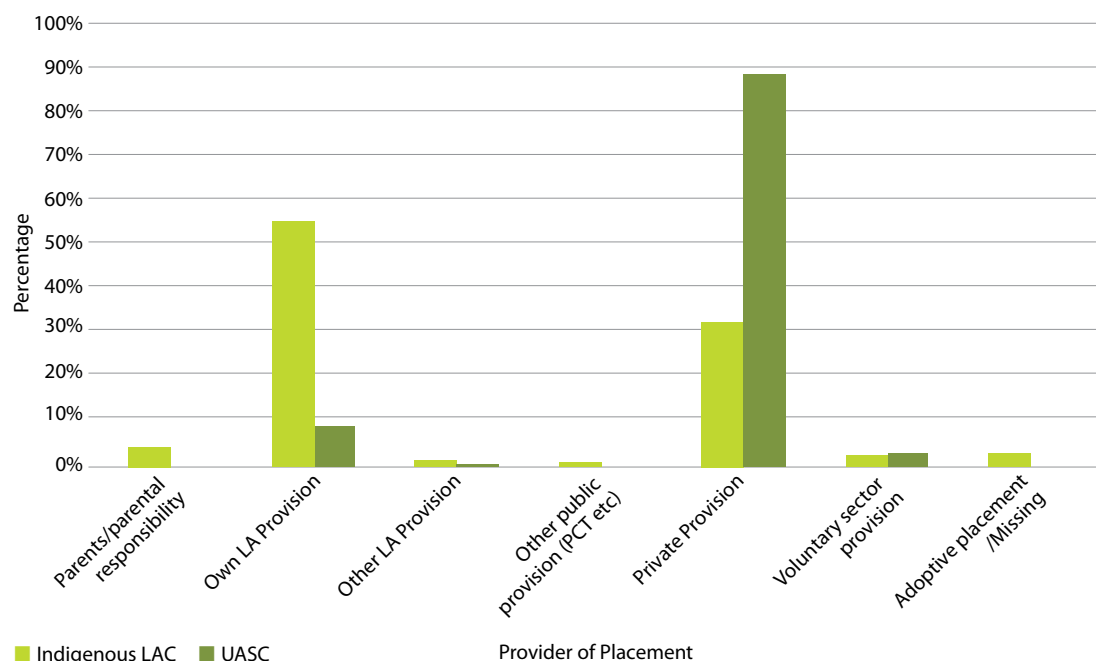
**Figure 11 | placement type for looked after children, Croydon 2010**



Source: Croydon Council, department for children, young people and learners

Figure 12 shows the providers of the placements used in Croydon for looked after children. The overwhelming majority (approximately 88%) of unaccompanied asylum seeking children are placed in private provision and only a small number in the local authority's own provision. Indigenous looked after children are more likely to be placed in local authority provision with 55% being placed in this form of accommodation and a further 32% in private provision.

**Figure 12 | placement providers for looked after children, Croydon 2010**

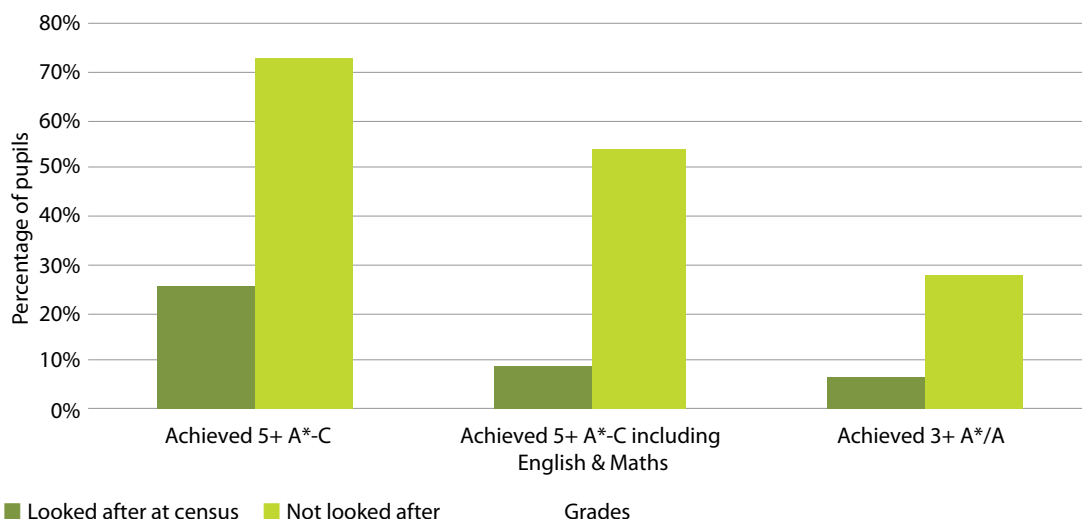


Source: Croydon Council, department for children, young people and learners

## Education

Good educational attainment is associated with increased health and wellbeing in later life. National data shows that looked after children underachieve in terms of their formal education.<sup>13</sup> This is also the case in Croydon. Figure 12 shows that educational attainment is around three times lower for looked after children than for children who are not looked after by the local authority. National findings indicate that around 73% of school age children looked after continuously for 12 months have some form of special educational need.<sup>14</sup>

**Figure 13 | educational attainment of looked after children in comparison with those not looked after at key stage 4, Croydon 2009**



Source: Croydon Council, department for children, young people and learners

Looked after children are more likely not to be in education, employment or training than their peers. In 2010, nearly 20% (n=53) of young people who were looked by the council (aged 16-19) were not in education, employment or training. This is double the rate amongst all 16-19 year olds.

## The health of looked after children

Children and young people often enter the care system with a worse level of health than their peers. This is due, in part, to the impact of family breakdown, abuse or neglect that led to their being placed in care.<sup>15</sup> They are more likely to have been exposed to traumatic events such as bereavement, violence or sexual abuse. They often face discord within their own families, frequent change of home or school and lack of access to the support and advice of trusted adults.<sup>16</sup>

This can lead to poor emotional wellbeing or mental health problems as well as physical ill health. About 60% of looked after children in England have been reported to have emotional and mental health problems.<sup>17</sup> Looked after children are more likely to be teenage parents and to have problems with drugs or alcohol.<sup>18</sup>

Many looked after children underachieve in formal education. Lower levels of educational attainment have an impact on their future life chances including their health.<sup>19</sup> This is why it is important to address educational attainment as well as the physical and mental health needs of looked after children.

13 Department for Education. Outcomes for children looked after by local authorities in England, as at 31 March 2010. 2010 [Accessed 6 February 2011]; Available from: [www.education.gov.uk/rsgateway/](http://www.education.gov.uk/rsgateway/)

14 *ibid.*

15 Department for Children Schools and Families, Department of Health. *Statutory guidance on promoting the health and well-being of looked after children*. Nottingham: DCSF Publications; 2009.

16 Department for Education and Skills. *Care matters: time for change*. London: The Stationary Office; 2007.

17 Meltzer H, Gatward R, Corbin T, Goodman R, Ford T. *The mental health of young people looked after by local authorities in England*. London: The Stationary Office; 2003.

18 Knight A, Chase E, Aggleton P. 'Someone of your own to love': experiences of being looked after as influences on teenage pregnancy. *Children & Society*. 2006;20(5):391-403. Meltzer H. et.al. op.cit.

19 National Institute for Health and Clinical Excellence, Social Care Institute for Excellence. *Promoting the quality of life of looked after children and young people*. London: NICE; 2010.

Unaccompanied asylum seeking children and young people who have arrived in Croydon from other countries may speak little or no English and will often have witnessed or suffered events outside the day to day experience of many social workers, doctors and teachers in this country. They often have additional health needs which may include coping with trauma and bereavement as well as adjusting to a new country, dealing with immigration and language issues, and possible racism and discrimination. Unaccompanied asylum seeking children are also unlikely to have medical records from their country of origin and their immunisation status may be unknown.

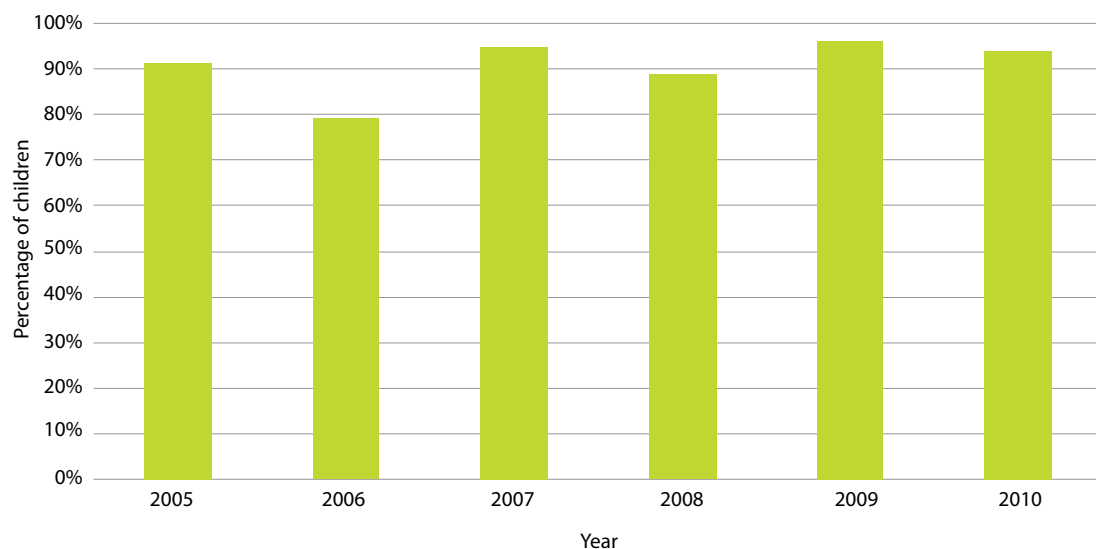
Despite the wide ranging health needs of looked after children, there is a statutory requirement for the local authority to collect data on only a small number of health outcomes: immunisation, dental checks, drug or alcohol misuse, emotional and behavioural wellbeing and whether the child has had an annual health assessment. (Data is made available on whether health assessments have taken place but not on the health outcomes of these assessments.)

There are some limitations to the data available. Statutory data are collected for all looked after children but only reported for children who have been in stable placements for at least twelve months. This may result in under estimation of health need, especially for the most vulnerable children. The data on emotional and behavioural wellbeing is collected by the child's social worker and may be incomplete or not collected at all. Local comparisons between health data held by the council and the NHS have shown inconsistencies. This indicates that further work is needed to improve data collection and increase its reliability. Work is also in progress to develop a more comprehensive set of local health indicators for looked after children.

### Immunisations

Croydon has achieved consistently high immunisation rates for looked after children (see figure 13). The 2009/10 data show that 94% of children looked after for at least 12 months had received their immunisations and were up to date. This is above the London (84%) and England (84%) averages.

**Figure 14 | percentage of children looked after for at least 12 months whose immunisations were up to date, Croydon 2005-2010**



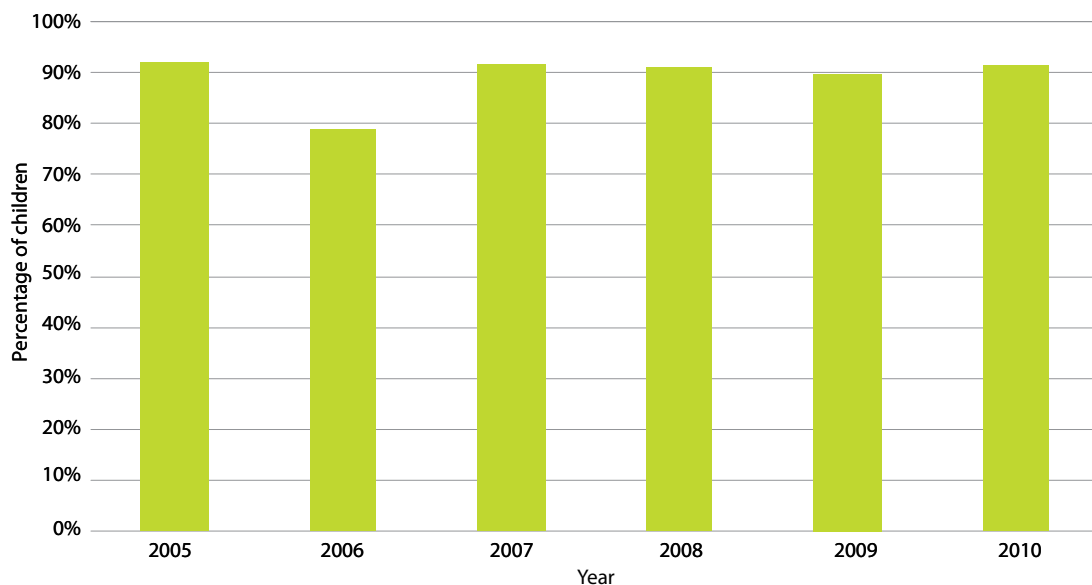
Source: Croydon Council, department for children, young people and learners

There was some variation between indigenous looked after children and unaccompanied asylum seeking children. Of children looked after for at least 12 months, 97% (n=403) of unaccompanied asylum seeking children had their immunisations up to date compared with 88% (n=207) of indigenous looked after children. It is important to recognise that these figures relate only to those looked after for at least 12 months and does not accurately reflect the immunisation status of the most vulnerable refugee children, who usually enter the country with no immunisation record and require a catch up immunisation programme.

### Dental checks

With the exception of 2006, the rate of dental checks has also been consistently high at around 90% since 2005 (see figure 15). Data for 2009/10 show that 91% of all children looked after for at least 12 months had their teeth checked by a dentist. This is above the average for both London (90%) and England (86%).

**Figure 15 | percentage of children looked after for at least 12 months who had a dental check, Croydon 2005-2010**



Source: Croydon Council, department for children, young people and learners

Again, there was variation between indigenous and unaccompanied asylum seeking children. Of those children who were looked after for at least 12 months, 96% (n=398) of unaccompanied asylum seeking children had a dental check compared with 83% (n=195) of indigenous looked after children.

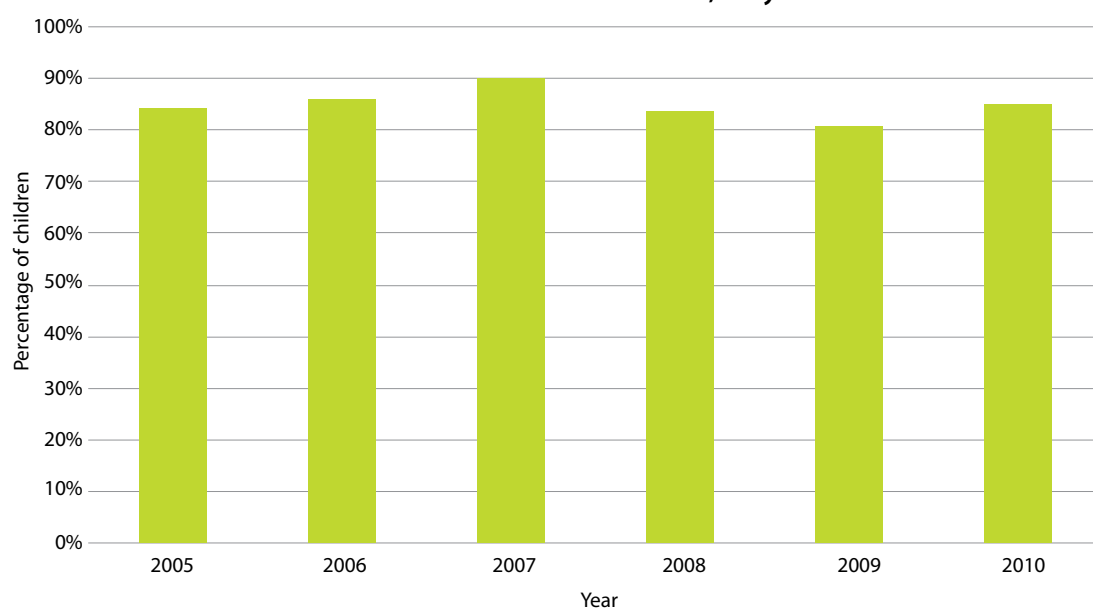
### Statutory health checks

Regular health assessments for looked after children are a statutory requirement. Six monthly assessments are required for those aged under five years of age and yearly for those aged five and over.

Figure 16 illustrates that 85% of all children looked after for at least 12 months had their annual health assessment during 2009/10. Although this rate is the same as was achieved nationally, it is slightly below the 90% that was achieved for looked after children in London. Rates in Croydon have varied between 80% and 90% over the last five years.



**Figure 16 | percentage of children looked after for at least 12 months who had their annual health check within the last 12 months, Croydon 2005-2010**



Source: Croydon Council, department for children, young people and learners

Again, data shows that rates were higher in unaccompanied asylum seeking children, with 88% (n=365) who were looked after for at least 12 months having had an annual health check within the last 12 months compared with 80% (n=187) of indigenous looked after children. Dedicated GP sessions to undertake all initial health assessments and support from the homeless health team appear to have helped deliver a high proportion of annual health checks for unaccompanied asylum seeking children.

### Sexual health and teenage pregnancy

There is research evidence that children and young people with a history of being looked after by local authorities are more likely to become pregnant as teenagers.<sup>20</sup> Studies by Biehal and others found that 25% of female care leavers had had a child by the age of 16 and that 50% were mothers within 18 to 24 months of leaving care.<sup>21</sup> Almost a third (31%) of the 11-17 looked after children surveyed (n=1,039) in one national study reported that they had had sexual intercourse.<sup>22</sup> Of these, 55% reported that they had not used any contraception when they last had sex. A further quarter, 23%, had used a condom and 15% had used a condom and a contraceptive. Of the 1,039 children surveyed nearly a quarter (23%) had experienced sexual abuse or rape.

In Croydon in 2009, the looked after children health team were notified of 29 pregnancies in looked after children. Sixteen were to looked after children for whom Croydon Council had responsibility. Thirteen were looked after children placed in Croydon by other boroughs.

There is ongoing work to improve data collection to record the number of conceptions amongst looked after children in Croydon. This will help us monitor local trends more accurately and ensure appropriate and targeted support is given to this group of young parents. A teenage pregnancy protocol has been developed to ensure improved coordination of health and social care services for teenage parents. The protocol includes a specific element to ensure identification of teenage parents who are looked after children. The specialist looked after children's nurses work with the teenage pregnancy team to provide sex and relationship education to looked after children.

20 Knight A, Chase E, Aggleton P. 'Someone of your own to love': experiences of being looked after as influences on teenage pregnancy. *Children & Society*. 2006;20(5):391-403.

Social Care Institute for Excellence. Preventing teenage pregnancy in looked after children. London: Social Care Institute for Excellence; 2004.

21 Biehal N, Clayden J, Stein M. *Prepared for living? A survey of young people leaving the care of three local authorities*. Leeds: University of Leeds Leaving Care Research Project; 1992.

Biehal N. *Moving on: young people and leaving care schemes*. London: HMSO; 1995.

22 Meltzer H, Gatward R, Corbin T, Goodman R, Ford T. *The mental health of young people looked after by local authorities in England*. London: The Stationery Office; 2003.

## Smoking, drugs and alcohol

About a quarter, 27%, of the young people aged 11 to 17 surveyed by Melzer and colleagues (2003) were current smokers.<sup>23</sup> 69% of 11 to 17 year olds in residential care placements were current smokers. The study also found that children in the older age group (16 to 17) were much more likely to drink than the 11 to 15 year olds; for example, 34% of older children drank at least once or twice a week compared with only 7% of the 11 to 15 year olds. The most popular drug used by children looked after by local authorities was cannabis: 20% of all 11 to 17 year olds had used it at some point in their lives. Of these children, half, 11%, had used it in the past month. The next most popular drugs after cannabis were ecstasy and glue, gas or solvents.

In Croydon at September 2009, 5% (n=40) of the 730 children looked after for at least 12 months were identified as having a drug or alcohol (substance misuse) problem. This is the same as the average for England and slightly better than the average for London (6%). Twenty children were reported as receiving an intervention for their problem, with the remaining 20 reported as having refused an intervention. The proportion of looked after children identified as having a drug or alcohol problem has been increasing steadily from around 1% in 2006.

## Disability

Croydon's JSNA 2009/10 identified that a significant number of looked after children with a disability are placed outside the borough in residential or foster placements. It identified a need for appropriate provision within the borough. Further work is needed to identify the needs of looked after children with a disability.

## Mental health

Foster carers frequently report that the most common difficulty experienced by the children and young people they care for is their emotional wellbeing and mental health.<sup>24</sup> Looked after children have disproportionately high rates of depression, conduct disorder, anxiety disorder and attention deficit hyperactivity disorder. Significant numbers of unaccompanied asylum seeking children may also have additional or complex needs resulting from past experiences in their country of origin.

A national survey of looked after children and young people aged five to 17 years reported that 45% had a mental disorder; 37% had clinically significant conduct disorders; 12% were assessed as having emotional disorders (anxiety and depression) and 7% were rated as hyperactive.<sup>25</sup> The survey found that looked after children aged five to 10 were around five times more likely to have a mental disorder than those living in private households (with rates of 42% and 8% respectively). Looked after children aged 11 to 15 were four to five times more likely to have a mental disorder than those living in private households (49% compared with 11%).

There are no data on the number of looked after children in Croydon with a mental health problem or the nature of their mental health needs. There is an expectation that social workers complete a strengths and difficulties questionnaire at the first looked after child review but this is often not done or the information is incomplete. The strengths and difficulties questionnaire can be used to identify mental health needs. The low level of use of this questionnaire in Croydon has been acknowledged. A training programme for social workers on the use of the questionnaire has been arranged by the children and adolescent mental health services' looked after children's team.

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<sup>23</sup> *ibid.*

<sup>24</sup> *ibid.*

<sup>25</sup> *ibid.*

## Services for looked after children

### Health services

Croydon's looked after children health service was set up in 2002. It is commissioned by NHS Croydon and managed by Croydon Healthcare NHS Trust's community health services. The staff team comprises one designated looked after children's nurse, two specialised looked after children's nurses, a designated medical consultant and an administrator. The service specification is currently being reviewed by NHS Croydon to ensure compliance with government and NICE guidance.<sup>26</sup>

Recent statutory guidance requires the appointment of a lead NHS health professional.<sup>27</sup> Their role is to work with social workers, foster carers and others to provide a point of contact to help navigate the healthcare system. In Croydon, it is proposed that lead health professionals are identified for all looked after children 0-four years and five-18 years where complex health or social care needs are identified. This would apply to Croydon looked after children and looked after children placed in Croydon by other local authorities. Health visitors would lead for under fives and school nurses and staff nurses for older children

Guidance on the lead health professional role has been developed by Croydon Healthcare NHS Trust. An interagency policy has also been developed to allocate a health professional to all looked after children having this need. This policy is awaiting approval by the relevant organisations. The children's lead commissioner will need to work with Croydon Healthcare NHS Trust in the 2011/12 financial year to review the financial impact of delivering the role of the lead health professional, to assess if additional capacity is required within the service.

The designated looked after children's nurse ensures that the health plan for each child has clear recommendations and actions and that the appropriate professionals are made aware of these wherever the child is placed. The specialised looked after children's nurses target those looked after children and young people who are placed in children's homes, not in school, education or employment and 16 and 17 year old looked after young people considered hard to reach by universal health services. The designated consultant provides medical advice and strategic leadership. They assure the quality of all looked after children's health assessments and ensure that health plans are completed. They also train other professionals and raise awareness of the health needs of looked after children.

A designated GP service for unaccompanied asylum seeking children was established in 2007, funded by the local authority. The service runs one clinic a week for health assessments by the GP and one clinic a week for reviews by the homeless health team. The looked after children's nurses have also run a clinic within the service since January 2010.

### Mental health services

*Care matters: time for change* required the director of children's services to ensure that joint commissioning arrangements secure adequate child and adolescent mental health services.<sup>28</sup> These services should provide targeted and dedicated provision that appropriately prioritises children in care.

The Croydon child and adolescent mental health services' looked after children's team was established in 2005. It is commissioned to provide an accessible, high quality mental health service for looked after children and young people who are the responsibility of Croydon Council. It is managed by South London and Maudsley NHS Foundation Trust. The team provides a fast track service with referrals allocated immediately for assessment. All children are seen within four weeks. The team supports the management of a wide range of mental health problems in children up to the age of 18 years. They also provide an emergency response service.

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<sup>26</sup> Department for Children Schools and Families, Department of Health. *Statutory guidance on promoting the health and well-being of looked after children*. Nottingham: DCSF Publications; 2009.  
National Institute for Health and Clinical Excellence, Social Care Institute for Excellence. *Promoting the quality of life of looked after children and young people*. London: NICE; 2010.

<sup>27</sup> Department for Children Schools and Families, Department of Health. *Statutory guidance on promoting the health and well-being of looked after children*. Nottingham: DCSF Publications; 2009.

<sup>28</sup> Department for Education and Skills. *Care matters: time for change*. London: The Stationery Office; 2007.

The team comprises a family therapist and team manager, a consultant psychiatrist, a child and adolescent mental health service practitioner and a social worker. The team does not have a dedicated psychologist. The appointment of a psychologist to the team was recommended in the operational policy in 2005. Psychologists from the children's and adolescents' teams provide support to the looked after children team as required.

Looked after children under the care of other local authorities but placed within Croydon have an equally high rate of mental health problems but are currently referred to the generic child and adolescent mental health service and may experience longer waits to receive support. Concern has also been raised by members of the service in relation to the significant number of unaccompanied asylum seeking children placed in Croydon. This affects the team's ability to meet the mental health needs of looked after children overall.

### **Drug and alcohol services**

A drug and alcohol service for looked after children is delivered by the vulnerable young people's coordinator. The post is based within the looked after children team. A key element of the role is to support looked after children with drug or alcohol problems and to promote early intervention with children and young people at risk. They should also ensure that social workers are screening young people for drug or alcohol problems and provide training and support to all child care teams including the unaccompanied and minors team and leaving care team.

A 2009 review of the young people's drugs and alcohol treatment system in Croydon found that the substance misuse screening tool was only used in a minority of cases.<sup>29</sup> The review also questioned the effectiveness of the role of the specialist substance misuse worker for looked after children. A needs assessment of young people's specialist drug and alcohol services commissioned by the drug and alcohol action team found that no looked after children had been referred for treatment during 2008/2009.<sup>30</sup> The substance misuse screening tool was not being used by social workers despite training and agreed protocols.

A new provider will deliver drugs and alcohol services for Croydon from 2011. The service specification includes the vulnerable young people's substance misuse coordinator. New procedures and independent reviewing officers will help to ensure improved use of the substance misuse screening tool and the recording of data.

### **Social care services**

A specialist looked after children's service was established in 2010 as part of new delivery structures in children's social care. The service consists of four specialist teams targeting specific age groups and needs: 0 to 10 years; 10 to 18 years; unaccompanied asylum seeking children and an 18+ after care team. Other parts of the council's children, young people and learners department deliver additional services for looked after children.

### **Education services**

The white paper *Care matters: time for change* set out an expectation that a virtual school for looked after children should be established in every local authority to improve educational attainment.<sup>31</sup> A virtual school oversees the education of looked after children as if they were pupils of a single school. A virtual school is a system for monitoring and tracking the education of looked after children wherever they are taught. It keeps an attendance register and monitors attainment. Children continue to attend the school where they are enrolled.

Work is underway to establish a virtual school in Croydon. The virtual school will initially focus on collating and analysing data on the educational achievement of looked after children. It will track progress, support priority and target setting and develop interventions where needed. It will raise the profile and awareness of the educational needs of looked after children including those who are enrolled in out of borough schools.

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<sup>29</sup> Webster, R. *Review of the young people's substance misuse treatment system in Croydon: final report*. 2009. Available on request from daat.admin@croydon.gov.uk.

<sup>30</sup> Croydon DAAT. *Assessment of local need for young people's specialist substance misuse treatment services*. 2009. Available on request from daat.admin@croydon.gov.uk.

<sup>31</sup> Department for Education and Skills. *Care matters: time for change*. London: The Stationery Office; 2007.

### **Expenditure on looked after children's services**

This needs assessment has not been able to identify all elements of the spending on looked after children. Looked after children receive many of the same universal services as their peers such as education and healthcare. A number of services provide additional support for looked after children in Croydon. This may not give the full picture, as some of this additional support is provided by specialist teams but not necessarily teams solely dedicated to the care of looked after children. There are currently no local or national estimates of public sector spending on looked after children whilst they are in care or long term public sector spending on people who have been in care. Further work is needed to identify short and long term spending on looked after children in Croydon. This could be taken forward through Croydon's community budget pilot programme.

### **Looked after children's health team**

The annual cost of the service in 2010/11 was £206,900.

### **Designated GP service for unaccompanied asylum seeking children**

The annual cost of the service in 2010/11 was £28,340 and was funded by the local authority.

### **Child and adolescent mental health services looked after children's team**

The annual cost of the service in 2010/11 was £222,435

### **Vulnerable young people's drug or alcohol service**

The annual cost of the service in 2009/10 was £63,000, of which 75% was funded through a central government grant and 25% by the council.

## **Engaging with children, young people and professionals**

### **Children in care council**

The white paper *Care matters: time for change* made explicit the expectation that every local authority establish a children in care council to ensure that every child has the opportunity to air their views.<sup>32</sup> In making these arrangements, the local authority should consider in particular the needs of disabled children and very young children and of those children who are not members of the children in care council themselves. Croydon's children in care council was established in August 2010 and has the potential to transform the engagement of looked after children. The children in care council reports its work to the corporate parenting panel. It will on occasion invite the corporate parenting panel members, including the children's service director and lead member, to its meeting to address key issues for looked after children.

### **Consultation on health services for looked after children**

In recent years there has been a comprehensive programme of consultation with users and carers on health services for looked after children. This has included events organised by the looked after children advocacy service, questionnaires and telephone interviews with looked after children and their carers, questionnaires in residential homes, and focus groups commissioned for this needs assessment.

Looked after children in Croydon share a lot of the same concerns as their peers. They also have things to say about their experience of being in care. Overall, many of the looked after children who took part in consultation reported that they valued health services, felt listened to by health professionals and felt that their health concerns were understood. They welcomed the advice and support offered to them. However, they also highlighted the need for professionals and others to 'do what they say they are going to do' and feed back on what has changed. Some children said that they were not told about follow up actions needed. Many reported that they were not told why health assessments were needed.

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<sup>32</sup> Department for Education and Skills. *Care matters: time for change*. London: The Stationery Office; 2007.

## Needs assessment workshop to present findings

Early findings from this needs assessment were presented to service managers, health and care professionals, foster carers and looked after children at a workshop in September 2010. Issues raised at the workshop included the importance of placement stability and the monitoring of placement breakdown. This included reducing the number of late notifications of placement moves. There was also a need identified to improve the matching of children and young people with foster carers.

Another priority arising from the discussion of findings was the need to prevent the care cycle from becoming intergenerational. This could be addressed, at least in part, by raising the aspirations of children and young people and raising our expectation of achievement. It could also be practically promoted by the virtual school. Some young people in care needed better access to computers and other educational resources. Care leavers will need our support through higher education.

Workshop participants said that better representation of the views of looked after children at a strategic level was a priority. Feedback to young people and 'doing what we said we'd do' was also something that needed improving. This includes feedback on the findings and recommendations from the needs assessment and any actions arising from it.

From the discussion it was concluded that better integration between health and social care would help improve communication between different parts of the system. Whilst transferable health records might help, workshop participants also identified a need to consult with young people on their introduction. Positive outreach work, including health assessments, TB screening; and sex and relationship education could all be improved. Participants said that the children's mental health care pathway should be reviewed, including agreeing triggers for intervention.

## NICE guidance

The National Institute for Health and Clinical Excellence (NICE) provides a range of guidance relevant to looked after children. Guidelines are based on the best available evidence and give advice and make recommendations, for example, on effective interventions.

NICE PH28, *looked after children*. 2010

The focus of this guidance is on how organisations, professionals and carers can work together to help looked after children and young people reach their full potential and enjoy the same opportunities in life as their peers. The recommendations cover local strategy and commissioning, multi agency working, care planning and placements and timely access to appropriate health and mental health services.

NICE PH21, *reducing differences in the uptake of immunisations (including targeted vaccines) among children and young people aged under 19 years*. 2009

The guidance focuses on increasing immunisation uptake among children and young people aged under 19 years in groups and settings where immunisation coverage is low.

NICE PH04, *community based interventions to reduce substance misuse among vulnerable young people*. 2007

This guidance is for people involved in reducing substance misuse among vulnerable and disadvantaged children and young people under the age of 25. The guidance focuses on community based activities taking place in, for example, schools and youth settings.

NICE PH03, *one to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups*. 2007

This guidance is for professionals who are responsible for, or who work in, sexual health services. This includes general practitioners and professionals working in contraceptive services, genitourinary medicine and school clinics .

NICE CG110, *pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors*. 2010

Pregnant women with complex social factors may need additional support to use antenatal care services. This guideline describes how access to care can be improved, how contact with antenatal carers can be maintained, the additional support and consultations that are required and the additional information that should be offered to pregnant women with complex social factors.

NICE PH17, *promoting physical activity, active play and sport for pre school and school age children and young people in family, pre school, school and community settings*. 2009

This guidance is for all those who are involved in promoting physical activity among children and young people, including parents and carers.

NICE PH29, PH30, PH31, *strategies to prevent unintentional injuries among under 15s*. 2010

This guidance comprises three pieces of NICE guidance on how to prevent unintentional injuries among under 15s. It is for commissioners and providers of health services, local authority children's services, local authorities and their strategic partnerships, local highway authorities, local safeguarding children boards, police, fire and rescue services, policy makers, professional bodies, providers of play and leisure facilities and schools. It is also for other services which have a direct or indirect role in preventing unintentional injuries among under 15s.

