

4. Health and Wellbeing of those in Foster Care

Looked after children and young people share many of the same health risks and problems as their peers, but they frequently enter care with a worse level of health due to the impact of poverty, abuse and neglect. Evidence suggests that looked after children are nearly five times more likely to have a mental health disorder than all children. Local authorities, primary care trusts (PCT) and strategic health authorities (SHA) must have regard to statutory guidance issued in November 2009 on promoting the health and well-being of Cared for Children, which requires children in care to have a personal health plan.

In reviewing the evidence in relation to health and Cared for Children, it became immediately apparent that there are a number of inherent systemic failings. Local authorities, PCTs and SHAs have a role to play in promoting the health and well-being of Cared for Children. Precisely what this role looks like for each authority is unclear and will continue to be so until the new structural changes to the NHS are consolidated. With this in mind, the Group feels that it would be germane to commission a Task and Finish Review to further consider the observations in this review when there is both more detail and clarity.

As is a recurrent theme throughout this review, issues around Cared for Children become increasingly complicated and difficult to handle when either a Cheshire East child is placed out of Borough or an out of Borough child is placed with a Cheshire East family/carer. Both the Designated Nurses for Cared for Children expressed a concern over how health information about a child often emerges in an ad hoc fashion and sometimes emerges with large gaps in their medical history. This is often a symptom of professionals being unclear as to whose responsibility it is to maintain records and then subsequently who is responsible for filing or passing them to the appropriate person when necessary. As Cared for Children often have both acute and chronic health problems this is a serious issue which could have potentially damaging consequences. It was suggested that in any new arrangement a system needs to be put in place that everyone involved in health and Cared for Children understands and complies with. As the administrative burdens are only going to increase on professionals as back office staff are reduced, it will become even more important to maintain efficiencies in work flow.

One of the key front line roles in terms of health and cared for children is that of the Designated Nurse. There are currently two Designated Nurses for Cared for Children in Cheshire East with one based in Nantwich and one based in Macclesfield. They have two administrative support staff (1FTE). Their primary role is to make sure that every cared for child has their health and development needs assessed and that their subsequent health plan is actioned. The Group were informed that both Designated Nurses are only contracted to work part-time but that to meet their work demands they often have to work up to and beyond full time hours. It was explained to the Group that there is a particular concern over the 16+ age group in terms of the relevant authorities not meeting their health needs due to under capacity. This has a number of knock on effects – particularly around teenage pregnancy. It was suggested that there is a strong need for a Designated Nurse or a youth worker for young people and care leavers. In order to improve work flow, communication and efficiencies, the Group would suggest that incorporating the Designated Nurses into the offices and if possible the management structures of the Fostering and Adoption teams would have beneficial consequences. It would be particularly useful if further liaison between the Designated Nurses and the Cared for Children Support team could be facilitated.

As a further improvement, the Designated Nurses highlighted that they would appreciate systems put in place that would enable them to self-audit and benchmark.

Whilst much of the evidence around health and Cared for Children centred on big strategic improvements which Cheshire East may or may not have the ability to implement following the public health restructures, there are also smaller but important changes that Cheshire East can make to improve the well being of Cared for Children right away.

Furthermore, in terms of their access to leisure facilities, it was noted that whilst Cheshire East provides very well in terms of discounts and passes, what is available for Cared for Children is perhaps not communicated as clearly as it could be.

As a final point, the Group would very much like to draw attention to the importance of the advocacy service that Barnardos offers to Cared for Children. They offer an excellent external point of contact and outlet for those who may wish to talk about the service they receive without talking to the person who provides it.