



Care In Mind Paper 2

Health Assessments for Looked-after Children

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Believe in
children
 Barnardo's
Scotland

The Care In Mind series

As part of our ten year strategy, Barnardo's Scotland has identified priority areas for policy influencing. Two of these are mental health and wellbeing, and looked-after children and care leavers.

Our extensive work with children, young people, families and carers throughout Scotland has shown us that there is a huge overlap in these areas of work and that a spotlight on the mental health and wellbeing of looked-after children and care leavers is necessary.

To address this, we are working on a series of reports and resources that aim to draw attention to the particular mental health needs of this population, and look for practical policy solutions. We will be using the experiences of our frontline services and the participation of children and young people themselves to inform all aspects of this work, and will take a 'whole sector' approach by looking at what roles agencies, practitioners and policy-makers can play in implementing positive change.

We come from the perspective that everyone has psychological needs that must be met in order for them to thrive. Looked-after children and young people are more likely to have a particular set of needs that require a particular set of responses from the sector. Care-experienced young people are not a homogeneous group and the link between care-experience and mental health needs is not deterministic, but the reality is that children in care and care leavers are more likely to have experienced early adversity including neglect, abuse and

loss, and a trauma-informed response is therefore necessary. Research shows that this group are more likely to have a diagnosable mental health problem¹ and are more likely to attempt suicide in adulthood,² emphasising the need for adequate clinical responses.

Population level planning to respond to these needs should not be stigmatising, but instead seen as part of delivering care journeys that allow space for recovery and increase the prospect of positive outcomes as young people transition to adulthood.

As the Centre for Excellence for Children's Care and Protection (CELCIS) attested in 2016:

"The poorer mental health outcomes for looked after children mean that they require action of a scale and intensity that is proportionate to the level of disadvantage".³

Identifying how this can be achieved is the core objective of this Care in Mind series. We hope it is a useful resource and look forward to further public debate and progress on the issues that will be highlighted.

- 1 Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) "Achieving Emotional Wellbeing for Looked-after Children: A Whole System Approach". NSPCC. Available at: <https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach> p5.
- 2 Smith, N. (2017) "Neglected Minds: A report on mental health support for young people leaving care". Barnardo's. Available at: <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>
- 3 Morton, L. (2016) "Response to Consultation on 'Mental Health in Scotland – A 10 Year Vision'". CELCIS. Available at: <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision> p.5.



Chapter 1: Introduction

Introduction

This paper investigates the provision of Health Assessments for looked-after children. Specifically, the way in which local Health Boards are carrying them out and the data that is collected nationally.

We are interested in Health Assessments because their use is two-fold: They are vital to improving the experience and outcomes of individual looked-after children and young people, and also play an important role in our understanding of the health of care-experienced young people at a national level.

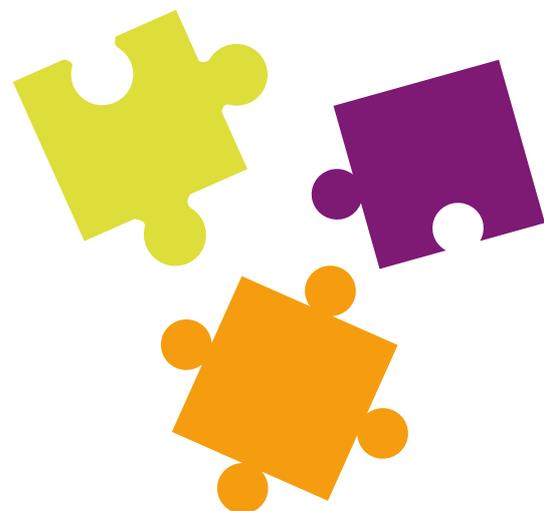
The Care in Mind series takes a whole sector approach by recognising that policies and practices across many different agencies will need to change to improve the mental health and wellbeing of looked-after children and care leavers. While this paper focusses on the activities of Health Boards, it is because of their power to inform policy and practice across different professions that Health Assessments are our focus. We believe we cannot make improvements if we do not know where we starting from.

Additionally, as explored later in this chapter, policy initiatives have been aiming to achieve high quality and consistent Health Assessments for over a decade. It is vitally important that stakeholders interested in improving the mental health and wellbeing of looked-after children and care leavers reflect on progress and the implementation of previous initiatives. It is only by doing so that we can find new ways forward.

It should be noted that we do not believe that Health Assessments are the ‘silver bullet’ to improving looked-after children’s mental health and wellbeing. We recognise and support the outcomes of the Independent Care Review’s report

*The Promise*⁴ which states that nurturing relationships should be at the centre of caring for children and young people, and that as with any other child, it is these relationships with adults which must alert us to any potential health concerns. Nevertheless, when a child first becomes ‘looked after’, these relationships might not yet have been established and we may not know the full story of a young person’s experience. It is important in such circumstances that a trauma-informed and rights-based Health Assessment is used to ensure that children get access to the services they need. This is an intrinsic part of Health Boards’ corporate parenting responsibilities.

Following a short exploration of the policy background to Health Assessments, this paper reports the findings from a set of Freedom of Information requests sent to all 14 Health Boards in Scotland. These findings are followed by a discussion chapter which reflects further on the current delivery of Health Assessments, and a conclusion which offers several recommendations.



⁴ The Independent Care Review (2020) *The Promise*. Available at: <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

Background

This section gives an overview of the development of Health Assessments for looked-after children and examines the intentions and objectives of Health Assessment policy and the ways in which different documents support their delivery.

2007

In 2007, the report *Looked-after Children and Young People – We Can and Must Do Better*⁵ recognised that:

“Looked-after children and young people generally experience poor physical and mental health and that this may impact (often negatively) on their education experiences... [M] any looked-after children and young people will have had experience of separation, loss and/or trauma and that many lack self-esteem, confidence, resilience and self-worth.”

The report recommended that:

“Each NHS Board will assess the physical, mental and emotional health needs of all looked-after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments.”

There are two important parts of this recommendation. Firstly, that emotional and mental health is placed alongside physical health, and that evidence related

to trauma, separation and loss was used to support it. This shows that it was always the original intention of Health Assessment to look at health and wellbeing in a broad sense, including mental health.

Secondly, the recommendation gives an early indication that these Health Assessments must result in some kind of action. They are recommended in order that further measures are taken to increase the health and wellbeing of looked-after children.

2009

Following the 2007 report, Caroline Selkirk, the Tayside Child Health Commissioner, chaired the Being Emotionally, Mentally and Physically Healthy Working Group – one of eight groups convened to take forward the recommendations of *We Can and Must Do Better*. This resulted in a letter from the NHS Chief Executive in April 2009 which instructed Health Boards on the provision of Health Assessments for looked-after children.⁶ The letter (hereafter, ‘CEL16’) explained that:

- Each Health Board should have a nominated Board Director to take corporate responsibility for looked-after children and care leavers;
- Every looked-after child should be offered a Health Assessment by April 2010. From March 2010 this should be done within 4 weeks of notification to the Health Board;
- By 2015 the Director will ensure that the Board offers a mental Health Assessment to every looked-after child. The Director will also ensure that for every looked-after child who has general and mental health needs identified as part of their Health Assessment, the person undertaking that Health Assessment takes responsibility for ensuring their care plan is delivered/coordinated as appropriate; and,

5 Scottish Executive (2007) *Looked-after Children and Young People – We can and must do better*. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2007/01/looked-children-young-people-better/documents/0044282-pdf/0044282-pdf/govscot%3Adocument/0044282.pdf>

6 Scottish Government (2009) *Chief Executive Letter 16/circular*. “Implementation of action 15...”. Available at: https://www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf

- The Director will ensure, using existing systems, that the performance of the Board in carrying out general and mental Health Assessments for Looked-after children and young people, and the health outcomes of those assessments, is reported annually to the Scottish Government.

This letter sets out two important principles for the provision of Health Assessments. Firstly, that a Board Director must be appointed to take responsibility for their proper delivery, and that they would be used on both a local level to inform support for individual children, and at a national level into which Health Boards must report.

Later in 2009, the *Looked After Children (Scotland) Regulations* significantly refreshed the 1996 legislation following extensive consultation by Scottish Government.⁷ The regulations introduced new requirements on Local Authorities. All looked-after children must be assessed and a Child's Plan must be created setting out the child's immediate and long term needs and how they will be met. The formation of a case record and the requirement to regularly review the child's case will also apply uniformly to all looked-after children.

Specifically, Regulation 3.3.b. states that Local Authorities must:

“obtain a written assessment of the child's health and their need for health care by a registered medical practitioner or a registered nurse.”

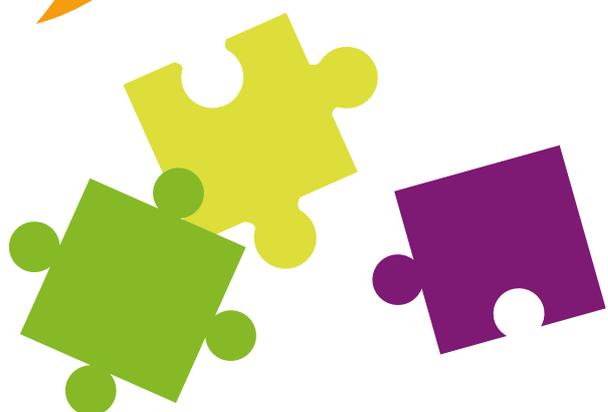
2014

In May 2014, the Scottish Government released Guidance on the provision of Health Assessments to looked-after children.⁸ This publication includes two equal objectives:

- To ensure that the Health Assessment provided to looked-after children and young people is delivered consistently across Scotland, in respect to both content and approach.
- To suggest items for a comprehensive data set on looked-after children's health, to be collected at local level.

This shows, as noted previously, that Health Assessments are for each child, and as a source of data. In terms of local and national data collection, the Guidance says:

“...ensuring that a core subset of this detailed information is captured (according to agreed definitions and standards) will enable local monitoring and governance of looked-after children's Health Assessments and the health needs of this group. Such a subset would provide the essential first step towards developing a national data return that would allow comparative reporting and benchmarking between areas.”



⁷ Looked After Children (Scotland) Regulations (2009) Available at: <http://www.legislation.gov.uk/ssi/2009/210/contents/made>

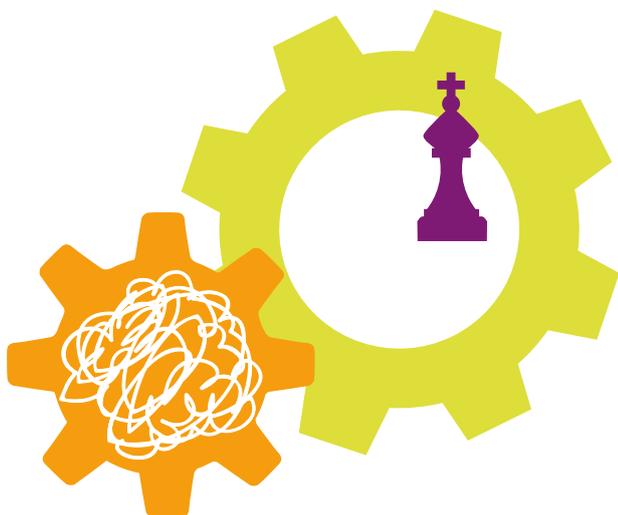
⁸ Scottish Government (2014) *Guidance on Health Assessments for looked-after children in Scotland*. Available at: <https://www.gov.scot/publications/guidance-health-assessments-looked-children-scotland/pages/3/>

Methods

This report explores various aspects of the policy framework that support the delivery of Health Assessments as set out in the documents outlined above. This includes:

- The inclusion of mental and emotional health alongside physical health;
- Recognition of the impact of trauma on many looked-after children;
- The responsibility of a Health Board Director to oversee the delivery of Health Assessments;
- Outcomes of a Health Assessment influencing the Child's Plan and future service provision;
- Collection of data at a local level for quality and monitoring purposes;
- The reporting of this local data to Scottish Government; and,
- An objective of achieving consistency across Scotland.

This report draws on information obtained from Health Boards through Freedom of Information requests and Parliamentary Questions, as outlined in the next section. This report offers a variety of insights into the current delivery and reporting of Health Assessments for looked-after children and concludes that the 2014 Guidance needs updating in order to achieve its objectives and incorporate recent developments in best practice.



This report draws on evidence from a range of sources and builds on work conducted in 2017, when Barnardo's Scotland, in collaboration with the office of Monica Lennon MSP, submitted Freedom of Information requests to all Health Boards asking:

- 1 Please provide details of the number of children and young people referred by a Local Authority for becoming Looked-after in each of the last five years and the year to date (February 2017).
- 2 Please provide details of the number of mental health assessments which have been undertaken for Looked-after children/young people in each of the last five years and the year to date (February 2017).
- 3 Please provide details of how many mental health assessments were undertaken for Looked-after children/young people within four weeks between November 2015 and February 2017.
- 4 Please provide details of what form the required 'mental health assessment' for Looked-after children/young people takes, and who carries out the assessments.

The responses to these FOIs were patchy, with some Health Boards stating that they did not hold the information. However, the responses we did receive seemed to indicate that Health Assessments were being offered and taken up by most looked-after children, and that they were being completed within reasonable timeframes and by an appropriate health professional.

In 2019, during the development of the Care in Mind series, Barnardo's Scotland worked with the office of Monica Lennon MSP to ask questions of the Scottish Government. This took the form of three Parliamentary Questions which were answered by Jeane Freeman MSP, Cabinet Secretary for Health and Sport, and Maree Todd MSP, Minister for Children and Young People. The full text of these questions and answers is available in Annex A.

The replies indicated that there was no mechanism for the collection of data on the mental health and wellbeing of looked-after children at a national level, despite the CEL16 document stating that Health Boards should report this.

In order to explore the implementation of policy around Health Assessment further we submitted further Freedom of Information requests sent to all Health Boards in Spring 2019. These asked the following questions:

- 1 As per the 2014 Guidance on Health Assessments for looked-after children, what data are you capturing on the mental health needs of looked-after children following a Health Assessment?
- 2 As per the 2014 Guidance, what additional questions do you ask/tools do you use to capture information in the Health Assessment for looked-after children about the possible impact of trauma on a child/young person's mental wellbeing?
- 3 What steps do you take through recruitment and training to ensure that staff carrying out mental health assessments for looked-after children understand the possible impact of trauma on children and young people?
- 4 Do you ever carry out Health Assessments for looked-after children over the phone? What percentage of Health Assessment for looked-after children take place
 - a) face to face with the child/young person
 - b) over the phone with the child/young person
 - c) over the phone with a carer who knows the child/young person well
 - d) some other means?
- 5 Following a Health Assessment, what percentage of looked-after children and young people
 - a) are referred to CAMHS
 - b) have support for a diagnosable mental health problem as part of their Child's Plan
 - c) have support for their mental health and wellbeing as part of their Child's Plan?
- 6 In your role as a corporate parent, how have you taken into account and responded to the mental health needs of looked-after children since 2014?

This report looks at each of these questions in turn and explores to what extent the objectives of the 2014 Guidance are being achieved and how further progress could be made.



Chapter 2: Findings

1

As per the 2014 Guidance on Health Assessments for looked-after children, what data are you capturing on the mental health needs of looked-after children following a Health Assessment?



Findings:

-  **Most responses refer to data being held in a child’s social work files, health records or Child’s Plan.**
-  **One Health Board stated explicitly that they do not record data on the mental health of looked-after children, other than that held by CAMHS.**
-  **One Health Board stated that data was passed to the Local Authority for population monitoring.**
-  **One Health Board claimed that data on the mental health and wellbeing of looked-after children was collected from other survey tools for population level monitoring and that this was separate from the child’s individual Health Assessment records.**
-  **One Health Board gave details of the data it captured in order to monitor the delivery of Health Assessments to looked-after children (e.g. how many notifications are received, how many are completed with 12 weeks) but made no reference to mental health data.**
-  **None of the Health Boards are clear on any centralised local system for collecting data from Health Assessments to monitor the mental health and wellbeing of looked-after children at a population level.**

Despite the 2014 Guidance listing mental health information in its comprehensive dataset, it is unclear from the responses to what extent Health Boards are collecting data for monitoring purposes. References to information being held in individual children’s records implies that in the majority of cases there is no system for aggregating health data for looked-after children, including mental health data. As such, it appears that the comprehensive dataset guidance is not being adhered to.

This lack of data on health, including mental health, would suggest that monitoring of the health of looked-after children is limited. Questions must be asked as to how the Board Director with responsibility for looked-after children can monitor progress without access to this information.

At present, the requirement to report data from Health Assessments is contained within the CEL16 document, while the comprehensive dataset is contained within the 2014 Guidance – neither makes reference to one another in this regard. We would recommend that guidance is strengthened to encourage the aggregated localised collection of the dataset and its reporting to a national level system for monitoring.



2

As per the 2014 Guidance, what additional questions do you ask/tools do you use to capture information in the Health Assessment for looked-after children about the possible impact of trauma on a child/young person's mental wellbeing?



Findings:



Nearly all Health Boards reference the strengths and difficulties questionnaire (SDQ).



A few Health Boards reference holistic assessments which seek to understand sleeping, eating, behaviour and mood patterns and manifestations of distress such as self-harm and substance use.



Other tools referenced include Coram BAAF, GiRFEC practice model, Ages and Stages questionnaire, and SHANARRI indicators.



Very few responses reference a process of gathering chronologies to understand the potential trauma history of looked-after children.



Many Health Boards referred to an 'individualised approach' to Health Assessments, emphasising being child-centred over consistency.

The 2014 Guidance offered perspective on the types of mental health assessments that might be appropriate for looked-after children, stating that:

“While it is important to pick up any formal ‘mental disorder’ amongst these children, arguably a more important task is to respond appropriately to the emotional distress that they experience. Understanding that distress in the context of attachment processes is quite a challenge, but one that health professionals should try to respond to. The SDQ is weighted towards externalising difficulties like ADHD and behavioural problems and tends to be less useful for picking up internalising problems such as anxiety, depression or attachment difficulties. To address this, additional questions should be added to capture more information about internalising difficulties.”



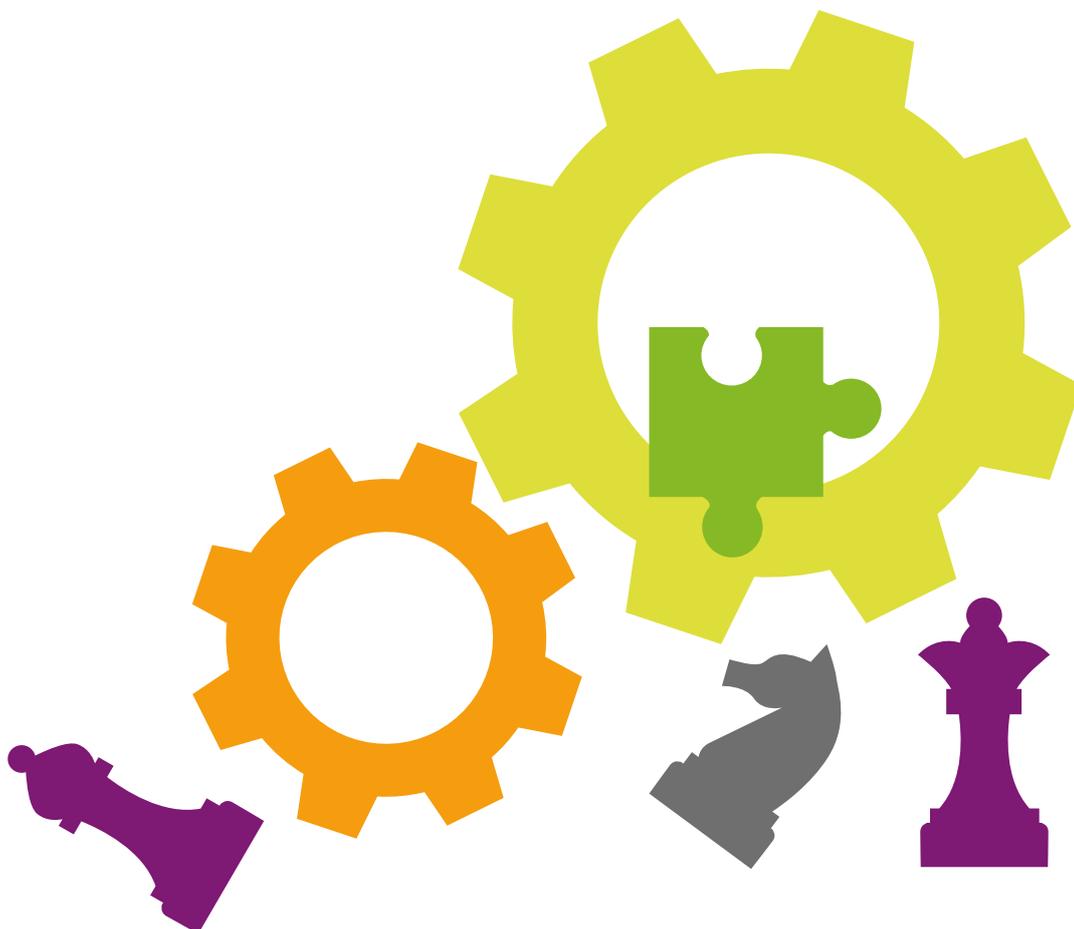
It is therefore concerning that the vast majority of Health Boards appear solely reliant on the SDQ to fulfil the mental health aspect of the Health Assessment for looked-after children.

Nevertheless, the Guidance does not offer further direction on what additional questions or tools might be used to assess mental health and the impact of trauma. Additionally, the comprehensive dataset section of the Guidance retains a reference to SDQ scores under the mental health heading.

Trauma-informed approaches stress the importance of understanding the child's history and circumstances as well as the manifestations of distress. This means that the relatively few Health Boards who referenced the gathering of additional information beyond a quantitative tool is of concern. The Guidance mentions additional questions that should be asked but much more detail is necessary to make this effective.

While we recognise Health Boards' attempt to be child-centred and responsive to the needs of individual young people, we would suggest that consistency within and between local areas remains important. In other words, all looked-after children should have *access* to the same provision delivered to a high standard, and it becomes a *choice* whether to pursue different aspects in different ways.

We would therefore recommend that further advice is given to Health Boards through updated guidance which reflects recent developments in best, trauma-informed practice, and gives concrete suggestions on which alternative tools may be appropriate.



3

What steps do you take through recruitment and training to ensure that staff carrying out mental health assessments for looked-after children understand the possible impact of trauma on children and young people?



Findings:



Health Boards referenced a variety of trainings covering topics including trauma, abuse, neglect, ACEs, attachment, child protection, sexual exploitation and so on.



Health Boards offered little detail as to which providers are used, how this is quality assured, how regularly this is offered and whether it is mandatory.



Other Health Boards made reference to clinical supervision and consultancy from CAMHS, though it is not explicit how this supports understanding of trauma.

Generally, it appears that Health Boards have recognised the importance of trauma in their mental health work with young people, including looked-after children. However, it is possible that improvements may be seen in this area as work progresses to develop adversity and trauma-informed services that minimise distress, overcome barriers and build trust, as committed to by the Scottish Government in their Programme for Government in 2018/19. This work is being taken forward through a National Trauma Training Programme which seeks to give frontline workers a better understanding of the needs of children and adults who have been impacted by trauma. NHS Education Scotland is leading on this work and has produced a useful document, titled *Transforming Psychological Trauma Framework*, for frontline workers.⁹ Some

of this work is outlined in the answer to Parliamentary Question 2 (available in Annex A) but relatively little detail is given on specific trauma training for job roles with responsibility for looked-after children including LAC Nurses and School Nurses.

In addition to this evidence from Health Boards, it is important to recognise recent changes in child mental health roles and responsibilities. Since April 2018¹⁰, the refocused School Nurse role incorporates Health Assessments of all looked-after children at home or in kinship care, while looked-after and accommodated children's nurses focus on vulnerable children and young people in residential care, and provide supervision to core services. While this change is intended to facilitate greater access to appropriate health services, it must be borne in mind that these roles require different levels of training and specialism. Different types of support should not be provided to young people based on their type of placement alone but should instead be based on their type and level of need. If consistency is a core objective of the 2014 Guidance on Health Assessments, it is vital that all looked-after children have access to the same service delivered to the same standard, by professionals with the same level of training.

We would recommend that greater support is offered to Health Boards to deliver training on trauma to existing workforce, and that regulation and guidance around child mental health roles and responsibilities is aligned with the 2014 Guidance on Health Assessments to ensure all looked-after children are offered the same standard of trauma-informed care.

⁹ NHS Education Scotland (2017) *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce*. Available at: <https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf>

¹⁰ Scottish Government (2018) *Transforming nursing, midwifery and health professions roles: the school nursing role in integrated community nursing teams*. Available at: <https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams/>

4

Do you ever carry out Health Assessments for looked-after children over the phone? What percentage of Health Assessments for looked-after children take place

- face to face with the child/young person
- over the phone with the child/young person
- over the phone with a carer who knows the child/young person well
- some other means?



Findings:



Almost all Health Boards reported that all Health Assessments for looked-after children take place face-to-face with the child or young person.



Others recorded high proportions (>90%) of Health Assessments taking place face-to-face with the child or young person.



Some Health Boards noted that phone calls with young people or carers can supplement mental health assessments.

We are pleased that Health Boards recognise the importance of Health Assessments taking place in person with the child or young person concerned. This is particularly true of mental health assessments where a human-to-human connection and trusting relationship helps to explore difficult issues.

However, it is interesting to note how readily available these figures were for most Health Boards compared to information in answer to other questions in this submission. In addition, the evidence provided does not tally with Barnardo's Scotland services' experience of Health Assessments for looked-after children with whom we work.



An experienced Children's Service Manager who works with looked-after children across Local Authority and Health Board areas said:

“In our experience, there is a mixture of both telephone and face-to-face Health Assessments being completed. There are some larger Health Boards who are routinely completing their Health Assessments via the telephone, while some young people have not received any type of Health Assessment since entering their placement.

“It should be remembered that Health Assessments can be an unwelcome intrusion for young people, reminding them they are a looked-after child and potentially triggering difficult emotions and memories. This means that Health Assessments conducted by telephone can feel especially impersonal, as well as prevent health professionals from picking up on non-verbal communication.

“It is clear to me that when a young person is not spoken to directly, the whole process becomes flawed, especially if carers do not pass on relevant information. This can happen when carers do not understand that the information is relevant, when carers are experiencing transference or have had their own attachment style triggered, or when abuse is occurring within the placement and so information is distorted, omitted, magnified or minimised. In addition, not all information is shared with carers so they cannot always account for previous trauma or reflect all of the child's needs.”

At present, the 2014 Guidance does not offer direction on the way in which Health Assessments are conducted. We believe that wherever possible a face-to-face conversation is preferable to a phone call or questioning relevant adults (though this may supplement a holistic assessment of mental health). We recommend that the Guidance be made more explicit in this regard and that Health Boards be encouraged to collect data on this, as well as other targets around the delivery of Health Assessments, such as the timeframes in which they are completed.



5

Following a Health Assessment, what percentage of looked-after children and young people
a) are referred to CAMHS
b) have support for a diagnosable mental health problem as part of their Child's Plan
c) have support for their mental health and wellbeing as part of their Child's Plan?



Findings:



There was very mixed availability of data from Health Boards, often because data is not being captured centrally so answering the question requires examining individuals' records.



Data around the number of looked-after children accessing CAMHS following a Health Assessment is difficult to extrapolate as some young people were in contact with CAMHS prior to being looked-after and other areas have specialist mental health services for looked-after children which fall outside of CAMHS.



Some Health Boards state that diagnosable mental health conditions are not recorded in the Child's Plan.



One Health Board said "No LAC have been referred to CAMHS or received support for diagnosable MH problem as part of the Child's Plan initiative."

The 2014 Guidance does not suggest how best Health Boards should be capturing information on the impact Health Assessments have on the Child's Plan, though it is clearly stipulated in the Looked After Children (Scotland) 2009 regulations that this should be the case. It is important that some monitoring takes place, overseen by the Board Director with responsibility for looked-after children.

It is deeply concerning that a handful of Health Boards explicitly state that they do not capture information about diagnosable mental health conditions in the Child's Plan, or have not utilised Child's Plans to offer therapeutic intervention and recovery. This is key to the 2009 regulations and must be recognised as a core element of their statutory duties towards looked-after children.

We recommend that the 2014 Guidance be amended so that data on the delivery of Health Assessments for looked-after children is collected (such as figures around the number completed, in what timeframe, by what method, and by what type of professional) alongside information about what impact this has had on the Child's Plan and what, if any, further action is taken, such as a CAMHS referral or other referral.



6

In your role as a corporate parent, how have you taken into account and responded to the mental health needs of looked-after children since 2014?



Findings:

Some Health Boards referenced strategy and planning, such as:

-  **CAMHS contributing to Local Authorities' Children's Services Plans;**
-  **Mental health being included in both NHS Corporate Parenting Plans and in Local Authority Corporate Parenting Plans; and,**
-  **Health being represented at Local Authority Corporate Parenting Boards.**

Several Health Boards referenced improvements specific to the mental health of looked-after children, such as:

-  **Specialised mental health services for looked-after children offering a range of therapeutic interventions and focussing on trauma;**
-  **Fast-tracked assessment and priority appointments with CAMHS for looked-after children;**
-  **Joint working and shared learning between CAMHS, Child Protection and Looked-after teams; and,**
-  **Clinical supervision and consultancy for LAC Nurses from trauma-trained CAMHS workers.**

Other Health Boards referenced universal improvements around mental health which were not specifically aimed at looked-after children, such as:

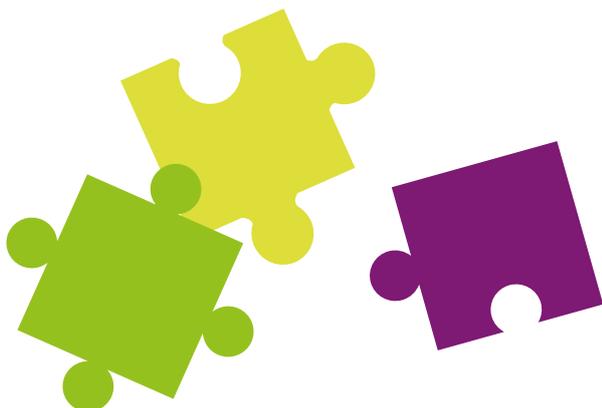
-  **See Me training for senior students in secondary schools delivered by the Health Improvement team;**
-  **LIAM (Let's Introduce Anxiety Management) training for School Nurses;**
-  **Support and consultation for the universal workforce from the CAMHS Link Nurse; and,**
-  **Expansion of CAMHS provision through recruitment of a range of roles.**

Other Health Boards did not reference any changes to policy and practice, instead stating that their Corporate Parenting responsibilities required an individualised response to each looked-after child. Responses included:

“Do not centrally record this information due to each individual case being taken into consideration on an individual basis”;

“Each LAC case is taken into consideration individually with appropriate supports and services provided”; and,

“There are no specific strategies or projects related to LAC; all individual cases are assessed independently based on the needs and required of the child/young person”.



Other Health Boards acknowledged that their priority was to work towards implementing a baseline provision for looked-after children as per various Scottish Government guidance. Responses included:

“Currently looking at ways to implement Health Assessment Guidance”;

“ Team Around The Child”; and,

“Child’s Care Plan meetings”.

It is evident that all Health Boards recognise the relevance of mental health to their corporate parenting responsibilities. Several have established, or are in the process of developing, services targeted at meeting the mental health needs of looked-after children and care leavers. This is positive and links to recommendations made in the first of our Care in Mind series, where we looked at access to CAMHS and recommended alternative models of provision including art and music therapy and life story work.

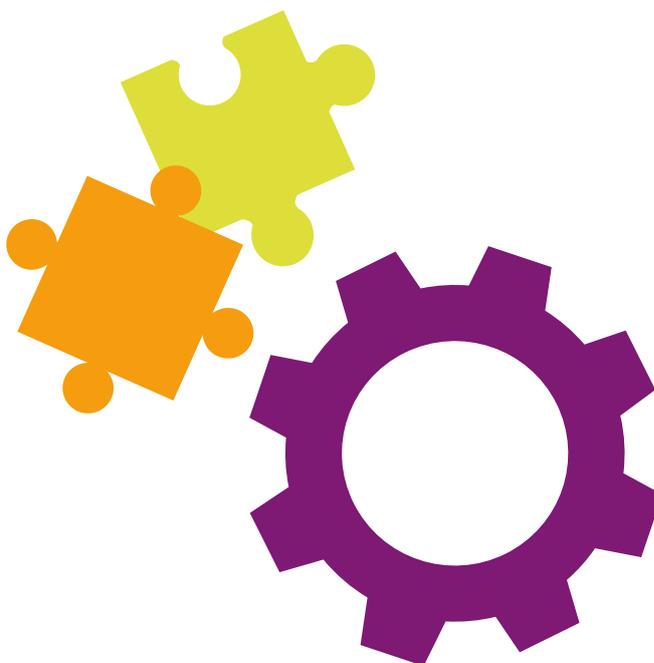
Nevertheless, it is disappointing that some Health Boards are struggling to implement forms of best practice that have been part of the policy landscape in Scotland for some time. It is important that Health Boards and their Local Authority partners are adequately supported and resourced in order to meet a reasonable baseline of provision for looked-after children.

One Health Board noted that they offer “[h]olistic follow up assessment yearly after initial assessment” which goes beyond the 2014 Guidance which stipulates an initial Health Assessment when a child becomes looked-after. We welcome the offer of more frequent ‘check-ins’ on looked-after young people’s health, though acknowledge the outcomes of the Independent Care Review’s report *The Promise*¹¹ which stated that

annual health assessment is stigmatising and should be unnecessary where nurturing relationships with adults enable the early detection of health concerns.

Again, it should be recognised that delivery of an individualised, child-centred approach to provision, accessed by each looked-after child, does not circumvent the need for consistency within Health Boards. Corporate parenting responsibilities should be evident in the child-centred response to an individual, as well as the population-level response to the community.

In general, we would welcome stronger guidance on the development of corporate parenting strategies regarding the mental health of looked-after children. We believe that better data collection could inform this progress and that a link between the needs of local care-experienced children, and the direction of localised plans, should be evident.



11 The Independent Care Review (2020) *The Promise*. Available at: <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>

Chapter 3:

Discussion & Conclusions

This report examines the current landscape with regard to Health Assessments for looked-after children in light of six objectives outlined in the 2014 Guidance on Health Assessments, the 2009 CEL16 letter to Health Boards, and the Looked After Children (Scotland) 2009 regulations. These are:

-  **The inclusion of mental and emotional health alongside physical health;**
-  **Recognition of the impact of trauma on many looked-after children;**
-  **Outcomes of Health Assessments influencing the Child's Plan and future service provision;**
-  **Collection of data at a local level for quality and monitoring purposes;**
-  **The responsibility of a Health Board Director to oversee the delivery of Health Assessments;**
-  **The reporting of this local data to Scottish Government; and,**
-  **An objective of achieving consistency across Scotland.**

These will be discussed in turn with reference to the evidence provided in previous sections and a set of recommendations will be summarised in Summary of Recommendations.

Mental and emotional health and wellbeing

We are encouraged by the responses to our 2017 and 2019 Freedom of Information requests, which demonstrate that mental and emotional health and wellbeing appears to be given weight alongside

physical health in Health Assessments for looked after children. While improvements can certainly be made in the nature of assessment and the response offered, we are pleased that the mental health needs of looked-after children are, to a greater or lesser extent, being understood as part of the corporate parenting responsibilities of Health Boards.

Recognising the impact of trauma

The original 2007 report which recommended Health Assessments for looked-after children cited trauma-informed evidence among its reasoning. Since then, our understanding of early childhood adversity including bereavement, neglect and abuse, has grown and has an even greater influence over policy and practice. It is important that Health Assessments for looked-after children keep pace with these developments and continue to offer young people the best, trauma-informed practice.

The 2014 Guidance could be improved in several ways with regard to embedding trauma-informed practice. This includes, but is not limited to, direction on the tools for mental health assessment which move away from the SDQ towards more holistic models. This should be combined with greater emphasis being placed on an understanding of a child's history and experiences which may impact on their mental and emotional wellbeing. There should also be stronger stipulations regarding Health Assessments being conducted, wherever possible, face-to-face with the young person, with telephone calls and conversations with carers and other adults supplementing the core assessment.

Influence on Child's Plans and further provision

The 2009 regulations make it very clear that Health Assessments, including mental health and emotional wellbeing, should feed into a Child's Plan. This should include information about the young person's health as well as measures to be taken to address any difficulties or support recovery.

However, evidence in this report suggests that there is currently no mechanism for monitoring the extent to which this happens. As little aggregate data is collected at a local or national level, identifying where a Health Assessment has and has not influenced a Child's Plan requires case sampling of individuals' records. It is important however that this monitoring takes place as we have seen in this report that some Health Boards have not recognised or embraced these duties.

As was noted in the comment from a Barnardo's Scotland Children's Services Manager, Health Assessments can be difficult or even distressing for young people, and we do them a disservice if the information captured is not then used for their benefit.

Collection of data at a local level

The theme of collecting data at a local level has recurred throughout this paper and it seems that there are two ways in which amendments to the 2014 Guidance could drive improvements. Firstly, more data needs to be collected on the delivery of Health Assessments, and secondly, more aggregated data must be captured from Health Assessments to allow for population monitoring.

On the first point, there are various targets outlined in policy regarding Health Assessments which appear to not be monitored. These include the number of looked-after children who are offered a Health Assessment, the number of looked-after children who take up that offer, the timeframe in which the Health Assessment occurs, how the Health Assessment is conducted (e.g. face-to-face or by telephone, with the young person or with a relevant

adult), which type of professional carried out the assessment, and whether the outcomes of the assessment are included in the Child's Plan. This information is important for monitoring the success of the Health Board in discharging its duties to looked-after children.

On the second point, we believe that the comprehensive dataset outlined in the 2014 Guidance could be expanded and strengthened so that more is understood about looked-after children's mental health across Scotland. It is essential that Health Boards are supported and resourced to develop systems and process for the centralised capture of this information.

Responsibility of a Health Board Director

This theme links closely to that of data collection at a local level. For a Health Board Director to take responsibility for looked-after children it is vital they have access to information about the delivery of Health Assessments and about the health needs of this population. Only by monitoring progress on meeting targets for Health Assessment delivery and looking at trends in the health needs of looked-after children can improvements be made, better services be developed, and corporate parenting responsibilities be met.

It is also recommended that Health Boards, alongside data discussed below, submit reports to the Scottish Government reflecting on their planning and progress as corporate parents. As well as responsibilities regarding Health Assessments, the 2014 Guidance also contains other responsibilities of the Board Director to looked-after children which should also be closely monitored. This includes, for example, improving the Health Board's capacity to receive notifications from relevant placing authorities. In general, we would welcome greater guidance regarding the development of corporate parenting strategies regarding the mental health of looked-after children. This is important given evidence from Health Boards that some are struggling to implement basic processes.

Reporting of data to Scottish Government

At present, the requirement to report data from Health Assessments is contained within the CEL16 document, while the comprehensive dataset is contained within the 2014 Guidance. It is important that the responsibilities of Health Boards, as for all corporate parents, are clear and consistent. To achieve this, local systems and practices must be improved (as noted above), but so must national systems.

The 2014 Guidance makes reference to this within the outline of how Health Assessments should be carried out. It states: “Health Board to provide a standard proforma based on national minimum data set” and that “A national system should be developed to collate the agreed dataset”. However, given the response to the first of the recent Parliamentary Questions was that Scottish Government does not collect data on the mental health of looked after children, it would seem that these aspirations have not been pursued.

We would therefore recommend that work be undertaken to develop a proforma and a minimum dataset for Health Boards to use, and a national system for monitoring the health and wellbeing of looked-after children as well as the success of Health Boards in meeting their needs, can be measured.



Consistency across Scotland

Consistency of practice is noted a core objective within the 2014 Guidance, but evidence reported in this paper shows that there are many ways in which practice within and between Health Boards can vary. This has included: the amount of trauma training health professionals working with looked-after children are asked to engage with, the extent to which corporate parenting responses reflect information from Health Assessments, the types of tools used to assess mental health, the method of delivering Health Assessments, and so on.

We wholeheartedly acknowledge the need to be child-centred and to respond to the individual circumstances of each child accessing a Health Assessment. However, there must be a clear baseline across Scotland as to the standard of practice a young person can expect, and while a young person may not choose to participate in the same way as others, they must have access to the same options. Consistency and individualisation are not mutually exclusive and all corporate parents must understand the need to embed both into their practice and policy.

As well as avoiding different standards of practice across Health Board areas, we are also concerned at differentiation being made on the basis of placement. This is particularly relevant to the regulation regarding School Nurses and LAC Nurses and is generally observable in evidence related to children who are ‘looked after at home’. All young people need access to the same standard of care regardless of the type of family they are living with or building they are staying in. That regulation and guidance around child mental health roles and responsibilities is aligned with the 2014 Guidance Health Assessments to ensure all looked-after children are offered the same standard of trauma-informed care.

Conclusion

This report has reflected on various aspects of Health Assessments for looked-after children and used Freedom of Information requests to explore how their delivery meets objectives set out in multiple policy documents.

As a starting point, we must reflect on the complex policy landscape for this (relatively small) part of the ‘care system’ – with guidance and objectives for Health Assessment contained within different documents issued by different parts of the public sector. We are suggesting a streamlining and strengthening of guidance in this area, in line with the Independent Care Review’s report *The Rules*¹² which shows how policy in the ‘care system’ must be made more consistent and comprehensive.

We have found a significant degree of inconsistency in the delivery of Health Assessments across Scotland. There is a variety of practice among Health Boards on a number of issues, including the tools used for mental health assessments, the amount of data collected at a local level and progress towards a trauma-informed workforce. It is important that looked-after children have access to the same standard of practice regardless of the place they happen to stay.

We have also seen that the link between Health Assessments and a Child’s Plan and local Corporate Parenting responsibilities can be strengthened. As has been noted, Health Assessments are difficult experience for some looked-after children and it is essential that they serve a purpose in improving their futures.

The collection of data at local and national level has also been a theme throughout this paper. As the Independent Care Review report *Follow the Money*¹³ found recently, there is a widespread problem around the collection of data on looked-after children’s

experiences and the response of statutory agencies. It is important that this is resolved so that policy and practice can be improved in the best interests of looked-after children.

It is also important to remember that while Health Boards hold responsibility for the delivery of Health Assessments for looked-after children, the collective responsibility among statutory agencies and the voluntary sector must be strengthened. While the focus of this paper has been the policy and practice of Health Boards, the Care in Mind series as a whole takes a whole-sector approach, and we have chosen to focus on Health Assessments as a means of providing information that can improve policy and practice across different actors.

Finally, as noted elsewhere, it is necessary to remember that Health Assessments are only one part of a system that must do better to support the mental health and wellbeing of looked-after children and care leavers. Health Assessments can act a means to ensuring looked-after children have the space to recover and the support to thrive – they are not and end in themselves.

A summary of recommendations in available in Summary of Recommendations and we would encourage policy-makers to engage in wide consultation and meaningful co-production in their implementation.

12 The Independent Care Review (2020) *The Rules*. Available at: https://www.carereview.scot/wp-content/uploads/2020/02/The-Rules_pages.pdf

13 The Independent Care Review (2020) *Follow The Money*. Available at: <https://www.carereview.scot/wp-content/uploads/2020/02/Follow-the-money.pdf>

Summary of Recommendations

- 1 The policy framework around the delivery of Health Assessments for looked-after children must be 'tidied up' so that NHS and Scottish Government guidance reference and complement one another, and other policy initiatives such as corporate parenting.
- 2 The new policy framework must be updated to incorporate best, trauma-informed practice, including greater detail on appropriate models of mental health assessment including the use of chronologies.
- 3 Guidance must support the collection of health data about looked-after children at a local level through a minimum dataset which can be used to inform corporate parenting strategies by Health Boards and Local Authorities.
- 4 Guidance must support Health Boards to monitor the delivery of Health Assessment against relevant performance indicators such as number and proportion offered and completed, by which type of professional, within what time scale and so on. Further consultation is necessary to determine appropriate performance indicators.
- 5 Guidance must be explicit that Health Assessments should take place face-to-face with the young person wherever possible and that phone conversations and conversations with carers must be seen as a last resort or complementary to the main assessment.
- 6 A method of recording how a Health Assessment has affected a Child's Plan should be created as part of the minimum dataset so that Health Boards can monitor and reflect on the impact they have.
- 7 Guidance must support Health Boards to file an annual report to Scottish Government containing the minimum dataset on looked-after children's health, the delivery monitoring figures, and a statement from the Health Board Director regarding what steps are being implemented to meet Corporate Parenting responsibilities.
- 8 Scottish Government must introduce a system to collect Scotland-wide data from Health Boards in order to evaluate the national picture on looked-after children's health and Health Boards' activity.



Annex A: Parliamentary Questions

Q1¹⁴: “To ask the Scottish Government, in light of its *Guidance on Health Assessments for looked-after children*, published in May 2014, whether data on looked-after children’s health is being collected and collated and, if so, who is undertaking this, and what analysis has been undertaken of the data at a national level in relation to looked-after children’s mental health and wellbeing.”

Maree Todd MSP, Minister for Children and Young People: “The Scottish Government does not collect data at a national level specifically in relation to looked-after children’s mental health and wellbeing. The *Guidance on Health Assessments for Looked-after Children and Young People in Scotland*, published in May 2014, was developed to assist those involved in carrying out Health Assessments of our looked-after children and young people by setting out the minimum standardised elements of a health care pathway which Health Boards are expected to implement in collaboration with local authorities and other organisations. Information gathered from Health Assessments of looked-after children and young people is therefore kept at a local level by regional health boards.”

Q2¹⁵: “To ask the Scottish Government what information is collected in *Health Assessments for looked-after children on the needs of children and young people in relation to mental health and wellbeing*.”

Maree Todd MSP, Minister for Children and Young People: “The *Guidance on Health Assessments for Looked-after Children and Young People in Scotland*, published in May 2014, details the minimum standardised elements which regional NHS Boards should record as part of the healthcare pathway for a looked-after child. It provides a template for the Health Assessment itself, including details of the specific core data in relation areas such as mental health, which should be recorded. The template is available to view on the Scottish Government website (*Guidance on Health Assessments for Looked-after Children in Scotland*, Annex A, p35): <https://www.gov.scot/publications/Guidance-health-assessments-looked-children-scotland/>.”



14 Question S5W-22648: Monica Lennon, Central Scotland, Scottish Labour, Date Lodged: 15/04/2019 Available at: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Simple&Keyword=health%20assessments&ExactPhrase=True&DateChoice=0&MSPIId=5580&SortBy=DateSubmitted&ResultsPerPage=10>

15 Question S5W-22650: Monica Lennon, Central Scotland, Scottish Labour, Date Lodged: 15/04/2019 Available at: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Simple&Keyword=health%20assessments&ExactPhrase=True&DateChoice=0&MSPIId=5580&SortBy=DateSubmitted&ResultsPerPage=10>

Q2¹⁶: “To ask the Scottish Government what training (a) looked-after children’s nurses, (b) school nurses, (c) paediatricians and (d) health visitors receive on the impact of trauma on children and young people.”

Jeane Freeman MSP, Cabinet Secretary for Health and Sport: “The Scottish Government is committed to developing an adversity and trauma-informed workforce across Scotland. To support this, we are investing £1.35 million over three years to create a national training programme, to support over 5,000 frontline workers across all sectors of the Scottish workforce who are responding to psychological trauma.

The programme of work will be led by NHS Education for Scotland (NES) and informed by people with lived experience, to create and deliver quality training resources. The impact of trauma on children and young people is integral within Health Visiting and School Nursing education; including both theory and practice-based learning. With regard to Looked-after Children’s (LAC) Nurses, some LAC nurses undertake relevant standalone modules on, for example, Childhood Development, Child Protection and Safeguarding, and Vulnerability. As part of their eight year training programme, paediatricians learn to diagnose, treat and safeguard children and young people, including the potential impact of abuse and neglect. In addition, trainee paediatricians should complete regular safeguard training courses. The NES Psychology Trauma Team has also recently provided a workshop and presentation to paediatricians on trauma-informed working.”



¹⁶ Question S5W-22649: Monica Lennon, Central Scotland, Scottish Labour, Date Lodged: 15/04/2019 Available at: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Simple&Keyword=health%20-assessments&ExactPhrase=True&DateChoice=0&MSPIId=5580&SortBy=DateSubmitted&ResultsPerPage=10>

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