

The Care Commission

# BULLETIN

**The physical health of children and young people in residential care. Are services meeting the standards?**

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HAPPY TO TRANSLATE



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# Introduction

This bulletin looks at how residential care homes, residential special schools and secure accommodation services are ensuring the physical health needs of children and young people looked after away from home are being met. It is based on information we gathered during our inspection, investigation and enforcement activities during 2008–09. It highlights what needs to be done to improve practices in these services in two ways.

- It provides information about what we have learnt from regulating and inspecting residential children’s and young people’s care homes, residential special schools and secure accommodation services between April 2008 and March 2009.
- It shares the main lessons on what needs to be done to improve practice in residential settings and to promote healthy lifestyles amongst children and young people placed there.

This latest bulletin complements our previous publications on mental health and wellbeing, and throughcare and aftercare. Our previous bulletin on mental health and wellbeing included emotional health.

## Who we are and what we do

The Care Commission was set up in 2002 to help improve care services in Scotland. We register and inspect around 15,000 services that care for more than 320,000 people all over Scotland. These services include childminders, fostering and adoption services, nurseries, daycare services, care homes and private hospitals.

As Scotland’s national care regulator, we register and inspect services, investigate complaints and, where necessary, take legal action to make sure a service is meeting the standard of care it should be. We publish our findings in inspection reports to encourage services to improve the quality of the care they provide.

We also publish reports that give a national picture of the availability and quality of care services.

## What this bulletin is about

This bulletin looks at the quality of service provided to children and young people who are looked after away from home in residential services, focusing on their physical health. It is based on our work with the following services:

- care homes
- residential special schools
- secure accommodation services.



## Why we have published this bulletin

Scottish Ministers have set a broad vision of expectations and aspirations for young people; namely that they are safe, nurtured, healthy, achieving, active, respected, responsible and included. However, when it comes to the health of children and young people who are looked after away from home, **Extraordinary Lives**, published by the Social Work Inspection Agency (SWIA) in 2006, stresses the need to recognise that this vulnerable group tend to have poorer health outcomes than their peers.

**The Health of Looked After and Accommodated Children and Young People in Scotland**, also published by SWIA in 2006, highlights that looked after children usually come from a background that increases their risk of poorer than average health and wellbeing, both presently and in the future. This makes it all the more important that they get access as soon as possible to good healthcare and support to make healthy lifestyle choices. The report further points to evidence that shows many looked after children do not receive the health assessments and treatments they need from conventional health services like GPs and dentists. Reasons include frequent moves disrupting communication and records; reluctance from young people to engage with health professionals; and low level awareness from professionals about the particular circumstances of children and young people who are looked after.

The Scottish Government's 2008 publication **These Are Our Bairns** focuses on the corporate parenting responsibility of local authorities, health services and other associated agencies "to promote health, to protect health, to assess and identify health-related risks and to treat health problems." It restates the requirements of the Children (Scotland) Act 1995 that a child is examined by a registered medical practitioner before being placed (where the placement is likely to last a year or more) and a written assessment of healthcare needs is provided. It also outlines that looked after children and young people must be registered with their local primary health services, including GP services, dentists and opticians.

The strategy **Looked After Children and Young People: We Can and Must Do Better**, launched in 2007 by the then Scottish Executive, identifies five key themes which impact on the lives of looked after children and young people. One of these themes is **Being Emotionally, Mentally and Physically Healthy**. The strategy includes the following actions:

**Action 15:** Each NHS Board assesses the physical, mental and emotional needs of all looked after children and young people they have responsibility for and puts in

**A social worker said:  
"She's looking better and has a better eating pattern. She's not self harming and has generally stabilised."**

A young person said:

**“We’ve got an activity planner so anything we want to do we put on the planner – it’s good.”**

place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to looked after and accommodated children and young people, and to those in the transition from care to independence.

**Action 16:** The Scottish Government agrees with the Care Commission that we will review the health of children and young people who are looked after away from home.

**Better Health, Better Care Action Plan** (Scottish Government, 2007) backs the implementation of Action 15, committing NHS Boards to provide the support that children and young people need, including access to primary care and dentistry. Importantly, as part of this commitment, the plan also outlines plans for NHS Education for Scotland to develop a competency framework to support the training and development of specialist nurses for looked after and accommodated children’s nurses.

Most recently, NHS Health Scotland, in partnership with the Scottish Government, the Scottish Institute of Residential Child Care and the Scottish Healthy Care Network, undertook a study of health improvement initiatives within local authority-run residential care homes for children and young people. **Profiling health improvement interventions within care homes (children and young people) in Scotland** (NHS Health Scotland, 2009) highlights the crucial role that care home staff and looked after children (LAC) nurses and looked after and accommodated children (LAAC) nurses have played in improving the health and wellbeing of these children. The study also suggests that the Care Commission and the National Care Standards act as “an incentive” for care homes to be involved in health improvement initiatives.



Our 2008 report **Protecting children and young people in residential care: are we doing enough?** identified the need for improvements in care planning and assessments to meet children and young people’s social, educational and health needs. The evidence we have since found, that care planning and assessment is now improving, is presented in this bulletin. It includes care reviews taking place and being recorded well, as well as care plans and risk assessments being kept up-to-date.

This bulletin completes the series of reviews we agreed with the Scottish Government to undertake into the health of children and young people who are looked after away from home (Action 16). Building on our previous publications on mental health and wellbeing, throughcare and aftercare, this bulletin reviews to what extent the recommendations and action plans set out in the strategies and plans above have meant residential care services meet the physical health needs of children and young people in their care.



## What the National Care Standards say

National Care Standards set out the quality of care that people can expect from any care services they use. There are two sets of National Care Standards for children and young people who are looked after away from home:

- care homes for children and young people
- school care accommodation services

These are published by Scottish Government and are available on [www.infoscotland.com](http://www.infoscotland.com)

According to the National Care Standards, children and young people who are looked after away from home can expect that their physical health and wellbeing is promoted as follows:

- National Care Standard 11 (care homes for children and young people)

“Keeping Well – lifestyle

Your health needs are met. Staff discuss your healthcare needs (physical, emotional and social) with you and your family, and others responsible for your care, and arrange for appropriate healthcare.”

- National Care Standard 12 (school care accommodation services)

“Keeping Well – lifestyle

The school or hostel promotes a healthy lifestyle. You are confident that the staff will know your healthcare needs and arrange to meet them in a way that is best for you.”

In addition, The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 4 (1) (a) states that “providers shall make proper provision for the health and welfare of service users”.



## How we carried out this study

This section considers:

- what information we looked at
- how many services are included in this review.

**A social worker said:**  
**“We’ve noticed she can look healthy and glowing in here.”**

**A young person said:  
“Staff help me quite a bit  
with my health and if I’m  
not well they phone the  
doctor.”**



## The information we looked at

During our inspections in 2008–09 our Care Commission officers (CCOs) asked residential services for children and young people how they met the physical health and wellbeing needs of children and young people. They then checked what they were told by:

- talking to children and young people who are looked after away from home
- talking to service managers and staff
- observing practice
- talking to other professionals (especially specialist nurses who look after children in residential services – LAAC nurses)
- talking to parents and carers.

After their inspection, each care service receives an inspection report. If we identify that a service needs to improve its care, our report includes recommendations or requirements we think should be acted on.

If we decide that a service should make improvements to achieve the standards set out in the National Care Standards then we make a **recommendation**. If a service is not complying with the regulations set out in the Regulation of Care (Scotland) Act 2001, then we make a **requirement**. We publish all our inspection reports on our website: [www.carecommission.com](http://www.carecommission.com)

We also have a legal power of **enforcement**, which means we can:

- vary or impose new conditions that services must meet to be registered with us
- serve a legal notice that requires services to make improvements within a set timescale
- cancel a service’s registration.

In addition to our inspections we consider all complaints about this area, and our enforcement activity in it.



## How many services are there

In the year ending 31 March 09, there were 256 residential services for children and young people who are looked after away from home. These services were:

- 209 care homes
- 40 residential special schools
- 7 secure accommodation services.

We did not include services which were registered or cancelled during the inspection year.



**A young person said:  
“I had a medical when I came  
in and staff always make  
sure you see the nurse or  
doctor if you need to.”**



We did not include fostering services in this review either. This is because the Care Commission regulates the fostering agency but does not review the care provided by individual foster carers.

## What did we find?

We asked a series of questions charting a young person’s progress through the service. We developed these questions following consultation with the Scottish Healthy Care Network, the Scottish Institute for Residential Child Care and our own staff. These were:

### **1. Do you carry out a healthcare assessment on admission for all young people?**

We found that this was the area where services still needed to make the greatest effort and it was the only inspection focus area where we needed to make any requirements. We issued requirements to a total of seven services about ensuring that healthcare assessments are carried out upon placement. However, the results from this question showed us that progress has been made since the introduction of LAAC nurses. Services told us that LAAC nurses often carried out these assessments, with many developing close links with staff.

Despite very few services facing a requirement, it remains extremely important that all services undertake this initial assessment when a young person is placed. To get the right personal plan and properly meet the health needs of these young people, particularly their mental health needs, residential care services must ensure a healthcare assessment is carried out as soon as the young person enters the service.

**In a service that we inspected, we found:**

**“The healthcare assessment, which is completed on admission to the unit, addresses all healthcare needs of the individual child including medication, continence, nutrition, allergies, medical conditions and physical disabilities.”**

**Outcome of this good practice:**

**The individual healthcare needs of the young person are identified from the very start and continue to be taken into consideration.**

**A healthcare professional said:  
“Staff work really hard  
to address complex  
health issues.”**



## **2. Does the healthcare assessment address all healthcare needs?**

Despite some services failing to carry out an initial healthcare assessment, we are encouraged that the vast majority of services that were carrying out these assessments have been addressing all healthcare needs. Only one service received a recommendation to ensure the healthcare assessment meets the legal requirements for health, dental and eye care.

## **3. Are all young people registered with a:**

- GP
- dentist
- any other local specialist service?

With many children previously not having access to routine services and their specific health needs left undetected, it is extremely important that children and young people who are looked after away from home are registered with their local primary healthcare services, such as GP services, dentists and opticians.

We are pleased to find that all services have registered children and young people with a GP, dentist or other local specialist service. Some services had well equipped medical rooms which could be used by visiting healthcare professionals for weekly GP clinics and monthly visits by a dentist. A number of services also helped the children and young people they cared for to maintain links with any continuing healthcare in their home area.

**In a service that we inspected, we found:**

**“All young people were registered with a GP and dentist. In one situation, staff had successfully negotiated with one young person and their family to go for dental check-ups when they had not done so for a number of years.”**

**Outcome of this good practice:**

**Children and young people have regular check-ups and access to a GP, dentist or any other specialist service needed.**





**A parent said:**  
**“Our child’s healthcare issues are always fully met, for example eye tests and medication review.”**

#### **4. Are appointments and follow up visits made?**

When we examined records and discussion with children and young people we found services were proactive in ensuring that children’s and young people’s dental, hospital and GP appointments were kept. We did not issue any requirements concerning this inspection focus area.

Some services had put in place a health link worker system, which involved a member of staff supporting individual looked after children and young people to go to health appointments. One inspection report even mentioned how staff had helped a young person overcome a fear of the dentist.

#### **In a service we inspected, we found:**

**“Some very structured work aimed at enabling one young person to overcome their anxiety about going to the dentist had resulted in a significant improvement in their oral health, and had established the foundations for a more confident approach for the future.”**

#### **Outcome of this good practice:**

**Young person given the support to overcome their fear of the dentist and as a result improve their oral health.**

#### **5. Are matters arising from the healthcare history and/or assessment incorporated into the personal plan and followed up?**

Once again we found that services were ensuring any matters arising from healthcare history or assessment were incorporated into personal plans and followed up. We made no requirements during inspection.

The personal plans we reviewed included detailed information on personal preferences and the care required to meet specific physical health needs, for example in relation to diabetes care, asthma, allergies. These personal plans were often developed in consultation with young people, parents, carers and social service staff, and were reviewed and updated on an ongoing basis.



In a service that we inspected, we found:

“The young person’s personal plan was seen to be detailed and individualised, covering all aspects of daily life. The care file had been developed to include use of pictorial and visual prompts to aid the young person’s understanding of the issues.”

Outcome of this good practice:

By using pictorial and visual prompts, the personal plan is clear for the young person to understand the information held about them.

**A young person said:  
“If staff see we are interested in something eg dancing classes, drama, they help us to learn more about it and maybe a class we can join, then they would give us money to pay in.”**

## 6. Can you demonstrate that you are promoting good health?

In six services we made recommendations that staff need to support health promotion within the service, particularly adopting a more proactive approach. Again, although this is a very small proportion of services, health promotion plays a key role in encouraging young people to adopt healthier lifestyles that will hopefully last into adulthood.

Health promotion should include information on substance misuse, smoking, healthy eating and physical exercise. The involvement of LAAC nurses in health promotion has been reported across services, giving important advice on health issues such as sexual health and giving up smoking.

The majority of services were found to be promoting healthy living and good nutrition, often consulting the children and young people in menu planning. This confirms the findings of our 2008 bulletin on **Food and Nutrition for children and young people in residential care** which noted that 98% of services took account of children and young people’s views when planning menus.

A range of sport and physical fitness activities were also promoted in most services, such as cycling, football, dancing, swimming and using the Nintendo Wii to keep active. Some of the children and young people that our Care Commission officers (CCOs) spoke with mentioned how the service had encouraged them to take up a new activity they had not previously tried.

## 7. Do you have staff available who have specialist skills and knowledge in health promotion?

Although a small minority of services were failing to support health promotion, we did not have to make requirements about the specialist skills and knowledge of staff when it came to health promotion. Staff had undertaken specialist training in a range of health issues like HIV, substance and alcohol abuse, and sexual health.

### In a service that we inspected we found:

“Staff took part in a range of relevant health-related training courses and were in a position to provide support for young people to live safe, healthy lifestyles, for example in relation to healthy eating, exercise, smoking cessation, sexual health, and substance misuse.”

### Outcome of this good practice:

Staff are able to offer children and young people advice and support on a variety of specialist areas.

## 8. Do you have access to a LAAC nurse?

The introduction of LAAC nurses has been widely acknowledged as a great success. We found that LAAC nurses were known by most of the children in the services they visited, and that they were visiting regularly and providing ongoing health support. Our inspections found in some services a LAAC nurse had provided workshops for young people on topics such oral health, smoking and healthy eating.

However, we found six services were failing to ensure that the children and young people in their care had access to a LAAC nurse. We recommended in these services that staff should have access to specialist advice about healthcare needs. Our CCOs also raised concerns during some inspections that arrangements were not in place for when LAAC nurses were unavailable, while it was felt that some LAAC nurses were not always available because they were covering too large a geographical area.

### A young person said:

**“The LAAC nurse says I should cut down on smoking and eat healthily. I love my fruit and veg, I don’t really eat junk.”**

**A young person said:**

**“The nurse has sorted out my appointments with the doctor. The staff keep an eye on me with my health because I’ve been in hospital.”**

**In a service we inspected, we found:**

**“Staff consulted during the inspection process were positive in their comments about the enhanced input the service had received recently from the LAAC nurse. It was felt that this had enabled better healthcare planning for individual young people and a more informed system of support for any young people who had health related issues.”**

**Outcome of this good practice:**

**Children and young people have regular contact and can build a relationship with a health professional who provides ongoing health support.**

## **9. Do you have access to specialist health services?**

All services offered children and young people in their care access to specialist health services. Residential care staff have an important role in helping establish and maintain links with a wide range of specialised resources, including psychological services, dieticians and addiction services. We also found that LAAC nurses are key in establishing external links with specialist health services and helping children access these.

**In a service we inspected, we found:**

**“The service’s nurse had established very effective professional networks to support health education and any specialist health needs, for example diabetic, mental health, sexual health and addiction services.”**

**Outcome of this good practice:**

**Children and young people have good access to specialist services that will help improve their health.**

In total, we made 13 recommendations and 7 requirements across the services inspected.



**A young person said:**  
**“When you need a doctor the staff here usually make an appointment fast.”**

## Conclusions and recommendations

Overall, residential care services are giving looked after children and young people access to good healthcare and support to make healthy lifestyle choices. This shows improvement in practice, particularly around assessment of health needs and work to follow up assessments. The general health of these children and young people is good and appears to improve as the placement becomes more stable. Around 96% of services were found to be performing well when it came to physical health.

None of the services faced all of the potential requirements or recommendations that we have the power to make. The majority of requirements and recommendations (17) were made in care homes, while two were made in school care accommodation and one in secure accommodation.

The involvement of LAAC nurses has made a significant contribution to ensuring effective healthcare assessments are undertaken as soon as a child or young person enters a service. They continue to offer support and advice during children and young people’s time in the service. Staff are also playing an important role in health promotion, and ensuring that children and young people access primary care services, such as GPs and dentists, and more specialist services like psychological or addiction services.

**A young person said:**  
**“I like going to play bowling, swimming, golf, trampoline....”**

With research suggesting that looked after children and young people tend to be at risk of poorer than average health and wellbeing, both now and in the future, the efforts of LAAC nurses and residential care staff are vital in ensuring the best possible health outcome for the children and young people in their care. The basic building blocks are in place for health improvement, but the challenge will be keeping these in place and building on them.

**A young person said:  
“I like watermelon.  
The fruit goes within  
2 minutes.”**

**A parent said:  
“We’re kept up to date  
regarding our child’s  
health.”**

## What should happen next

**All people and organisations providing residential care for children and young people should:**

- maintain and build on the good practice we found in the vast majority of services
- ensure that healthcare assessments are carried out upon admission and that these assessments meet legal requirements for healthcare, dental and eye care
- support health promotion within the service, including encouraging children and young people who leave care to keep paying attention to their health and wellbeing
- access specialist advice about healthcare, particularly access to a LAAC nurse.

**We should:**

- encourage services to maintain this predominantly good practice
- check that services meet all the requirements and recommendations we issue
- work with service providers and partnership organisations to continue to improve and promote the physical health of children and young people who are looked after away from home
- keep informing the Scottish Government about the extent of the good practice across Scotland.



**A parent said:  
“I am confident in the staff’s  
ability to work with my child  
in relation to their health  
and wellbeing.”**



**A young person said:  
“I love the Wii. I do  
boxing and it’s building  
up my muscles.”**



**A young person said:  
“My keyworker and me go  
to the gym to keep fit.”**

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