NHS Ipswich and East Suffolk Clinical Commissioning Group

integrated working

NHS West Suffolk Clinical Commissioning Group

Looked After Children & Young People GP and Practice Staff Resource Pack

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Produced by the Safeguarding Children Team

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Background

What is a Looked After Child?

A child is looked after by a local authority if they are in the care of the local authority by reason of a Care Order (where the local authority shares parental responsibility with the parent) or if they are being provided with accommodation under the Section 20 of the 1989 Children Act (i.e. voluntary care, where the local authority does not have parental responsibility for the child). See "Categories of Looked after Children" for more details.

The most common reason for children and young people coming into local authority care is abuse or neglect while in the care of their own family. However, Looked After Children also include all children where the local authority has the authority to place the child for adoption, unaccompanied asylum seeking children, and some young people involved in the Youth Justice System. It does not include those children who have been adopted or subject to a Special Guardianship Order, nor does it include those children and young people who are in Private Fostering arrangements (see 'Children Who Do Not Have Looked After Status' for more detail).

There were 68,840 Looked After Children in England at 31 March 2014, an increase of 1% compared to 31 March 2013 and an increase of 7% compared to 31 March 2010. The numbers have increased steadily over the past 5 years.

The majority of these children and young people will be placed with foster carers (including family members who have been approved as 'kinship' or 'family and friends' foster carers), whilst others may be placed in residential or secure children's homes, other specialist residential care homes, independent, 'semi-independent' or supported accomodation for older young people, or remain living with their parents while subject to a Care Order.

Nearly a third of children are placed outside of their local authority boundary which can produce challenges to effective interagency communication.

At 31 March 2014 in Suffolk there were 725 Looked After Children and the numbers of Looked After Children have generally declined in the county over the last two years whilst nationally the numbers have increased.

Why is Statutory Guidance needed for the care of Looked After Children in General Practice?

Looked After Children share the same health risks and problems as their peers, but often to a greater degree, and in the context of greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults.

Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect.

The Office for National Statistics Survey (ONS) carried out in 2002 showed that nearly half (45%) of Looked After Children were assessed as having a **mental health disorder**, rising to nearly three quarters (72%) of those in residential care.

These included Conduct Disorders, Anxiety and Depression and Hyperactivity. This compares to around 10 per cent of children in the general population aged 5 to 15 (see Looked After Children's Emotional and Mental Health).

The same survey found that two thirds of all looked after children had at least one **physical health complaint**. The most frequently reported were eye and / or sight problems, speech or language problems, bed-wetting (including among older children), difficulty with coordination, and asthma. Apart from asthma and eczema, these were all more common among Looked After Children than among children in the general population.

Young people leaving care are a particularly vulnerable group (see 'Care Leavers'). Research has consistently found that their health and well-being is poorer than that of young people who have never been in care.

Both young women and young men in and leaving care are more likely than their peers to be teenage parents, with one study finding that almost half of young women leaving care became pregnant within 18 to 24 months, and another reporting that a quarter were pregnant or young parents within a year of leaving care**.** For some, this may be a positive choice.

Compared to measures taken within three months of leaving care, young people interviewed a year later were almost twice as likely to have problems with drugs or alcohol and to report mental health problems. There was also increased reporting of other health problems including asthma, weight loss, allergies, flu and illnesses related to drug or alcohol misuse and pregnancy.

A study in one Midlands local authority found that looked after children were more likely to be overweight and obese compared with their peers who were not looked after, and that the Body Mass Index (BMI) of a third of looked after children actually increased once they were in care.

The fact that longer-term outcomes for Looked After Children remain far worse than those of their peers, is evidence of an important health inequality.

Primary Care Services have an important role to play in the identification of the individual health care needs of children and young people who are looked after. They often have prior knowledge of the child or young person looked after, of the birth parents and of carers, helping them to take a holistic and child-centred approach to health care decisions and may also have continuing responsibility for the child or young person when they return home.

This guidance is based on the following key documents:

- Statutory Guidance: Promoting the Health and Welfare of Looked After Children 2015
- Intercollegiate Guidance: Looked After Children: Knowledge, Skills and Competences of Healthcare Staff 2012

Additional advice and practice guidance on promoting the health and wellbeing of Looked After Children can be found in Section 7 of the RCGP/NSPCC Safeguarding Children & Young People Toolkit for General Practice (2014) and the NICE Guidance on Looked After Children and Young People (PH28).

What are Primary Care Services Statutory Responsibilities to Looked After Children?

- To act as advocates for the health of each child or young person who is Looked After.

- To ensure timely, sensitive access to a General Practitioner or other appropriate Health Professional when a child or young person who is looked after requires a consultation.

- To make sure that referrals made to specialist services are timely, taking into account the needs and high mobility of many children and young people who are Looked After.

- To provide, when needed, summaries of the health history of a child or young person who is Looked After, including their family history where relevant and appropriate, and ensure that this information is passed promptly to health professionals undertaking health assessments, subject to appropriate consents.

- To maintain a record of the health assessment and contribute to any necessary action within the health plan.

- To make sure that the clinical records, *including referrals*, make the "Looked After" status of the child or young person clear, so that their particular needs can be acknowledged.

- To regularly review the clinical records of Looked After children and young people who are registered with them. In particular they should gather relevant information and make it available for each statutory review of the health plan.

- To make sure the general practitioner-held clinical record is maintained and updated. It is a unique health record and can integrate all known information about health and health events during the life of any child or young person. This enables GPs, dentists, nurses, health visitors and others in primary care to have an overview of health priorities, and to know whether health care decisions have been planned and implemented.

- To deliver the best possible medical care to the child or young person, General Practice needs to have the best possible access to the relevant medical records. Treating a patient as a temporary resident is not ideal as the medical record is not available to the treating practitioner. In these circumstances, the treating practitioner will normally wish to talk to the child or young person's registered practitioner to avoid treating the patient "blind". It should be remembered that temporary registration is for those who intend to be in an area for less than three months and where there is any doubt over the potential length of stay it would be advisable to opt for full registration.

Guidelines for the Care of Looked After Children in General Practice

At Registration

A child may be identified as Looked After through the Young Persons Registration form, information volunteered by a Carer or Social Worker, on receipt of Statutory Health Review report or following enquiry by the practice when a child (other than a new born baby) is registered within an existing household.

Once Looked After Status is confirmed the practice should:

- Accept the child / young person as a fully registered patient wherever practicable and if not possible eg. if a child is on holiday with foster carer then register as temporary patient but ensure that lead professional (see below) contacts the registered GP.

- Ensure that the following essential information is gathered and recorded in an easily retrievable manner:

    - Name of Carer/s

    - Name and contact details for their allocated Social Worker

    - Parental Responsibility (in order to clarify any consent issues)

    - Other agencies involved

    This information may need to be obtained from the Carer at this stage as previous records may not be available. Advice and information may also be available from the Designated Health Professional with repsonsibility for Looked After Children (see Key Contacts).

- Highlight the medical record in such a way as to ensure that all team members are aware of the child/young person's Looked After status and adding the Looked After Child read code to the summary screen

- Request previous records urgently and summarise them as a priority ensuring that all relevant health and social information is added to the summary screen.

- Identify a lead professional within the practice who will be responsible for reviewing the record on a quarterly basis to ensure all identified health needs are being addressed and for providing reports for statutory reviews when requested.

- Invite the child/young person to a new patient medical with an appropriate professional. For all children this will serve to open communication with them and their carer including ascertaining whether they have delegated authority to consent and is an opportunity to identify any unmet need while awaiting previous records. For older children it will also provide a valuable health promotion opportunity including contraceptive and sexual health advice as appropriate.

Accessing Healthcare

Continuity of care is particularly pertinent to this group of children and wherever possible they should be seen by the same GP/Practice Nurse and should not be seen by locum staff.

Record Keeping

The practice will maintain a contemporaneous and effective summary for the child/young person, collating information from consultations and correspondence, in order to build an accurate picture of their situation, ensure appropriate support is being provided and to identify any escalating concern (see below).

The lead health record for the looked after child or young person should be the GP-held record. A copy of the health assessment and multi-agency care plan should be part of this.

Information Sharing

The lead professional will ensure that the relevant information is provided in a timely manner when requested for statutory review of the health multi-agency care plan.

As central record holder it is imperative that all relevant information is passed on to facilitate holistic care and effective risk assessment and this should include information from secondary care, casualty departments etc as well as consultations at the practice.

Referrals

The practice will ensure that all referrals highlight the Looked After Status of the child/young person to allow any mechanisms in place in the receiving organisation to respond to this fact (some departments have the ability to prioritise these referrals to reflect the propensity for these children to fail to access care as a result of relocation).

Advocacy

The practice (most likely in the form of the lead professional) will at all times act as advocate for the child/young person and liaise with appropriate professionals to ensure all their needs are identified and addressed.

In addition to the important advocacy role that health practitioners play, Anglia Care Trust (ACT) provide specialist Independent Advocates for Suffolk Looked After Children and Young People. They can support the child or young person at important meetings and/or if they feel that they have a concern or need to make a complaint.

ACT also run the local Independent Visitor scheme which matches children to an assessed volunteer adult 'befriender'. Independent visitors meet regularly with a young person to do activities together, talk, be supportive and have fun. **See the link to Advice and Support for Children and Young People in Care under Key Contacts for more details**.

Consent and Parental Responsibility

Each and every healthcare intervention requires the health practitioner to discuss the risks and benefits of the prescribed treatment and seek the patients consent to that treatment.

Where a child is not considered able to give consent for a planned procedure or intervention, the practice must ensure that they have consent from an individual holding Parental Responsibility (PR) and should ensure that this is recorded clearly in the notes.

Definition of PR: "All the rights, powers and duties of parents in relation to a child and his property"

According to Section 3, Children Act 1989:

- PR is 'shared' between parents and the local authority if the child is cared for under an order imposed by the courts, i.e. Section 31 Full Care Order or Section 38 Interim Care Order, or a Section 44 Emergency Protection Order .

- Birth parents retain full PR if child is cared for under a Section 20 Voluntary Agreement.

Clarification of PR for the child should have been gathered at the time of registration (see pg.4), but where there is any doubt the procedure should be deferred and the child's allocated Social Worker contacted for clarification.

As described above, consent in relation to a child can only be given by the person who holds Parental Responsibility (PR) for the child as set out in the Adoption & Children Act 2002 except in a situation where:

- **The child's life is threatened and emergency treatment is needed - in an emergency situation health professionals are allowed to act in the child / young person's best interest.**

- **The health professional considers that the child has the cognition to understand the risks and benefits of the treatment and has the capacity to make the decision (see GMC 0-18: guidance for all doctors).**

In addition, prescribing health practitioners may decline to provide treatment if they consider that the person who holds PR, or the child if aged 16 or 17 years, does not have the capacity (Mental Capacity Act 2005). Under these circumstances, other routes to obtaining consent may be taken, such as seeking the decision of a court of law.

Delegated Authority

Carers (foster carers, residential children's home staff etc.) do not automatically have PR for a Looked After Child and therefore cannot be presumed to be able to provide consent.

However, in a bid to ensure that Looked After Children receive as 'normal' a childhood as possible, **delegated authority** is used by the local authority to give carers as much responsibility as possible for day to day decision making for children in their care. So, for

example, foster carers no longer have to request permission from the child's Social Worker for the child to be allowed to stay over at a friend's house, or to leave the child with a trusted babysitter, when they go out for the evening etc. When children are placed 'permanently' with a foster carer it is expected that the foster carer will take more responsibility for decision making. So, for example, they may be given the responsibility for deciding what school the child attends.

The birth family share parental responsibility with the local authority when the child is Looked After under any care order, therefore the extent of authority 'delegated' to a foster carer will need to be negotiated with the birth family and may differ for different children. There should be a clear agreement in place clarifying who is able to make decisions regarding the child's care.

In relation to the child's health, delegated authority for carers will usually cover routine developmental, dental, hearing and optician checks and the provision of simple over the counter medications where appropriate and safe for the individual child.

Carers are also able to give consent for emergency medical treatment if the child's life is threatened.

However, Delegated Authority does not cover routine medical treatment; consent for this should always have been obtained by completion of the local authority's medical consent form, which is signed by the birth family at the beginning of the child's placement.

In cases where need arises for planned treatment including surgical interventions or anaesthetic the child's Social Worker will seek consent from the birth family and/or social care service manager.

The child's allocated Social Worker will have details of the delegated authority agreement and consent for routine medical treatment. Where there is any doubt, the procedure should be deferred and the child's allocated Social Worker contacted for clarification.

Looked After Children's Health Reviews

Initial Health Assessments

An initial health assessment should be undertaken within 28 days of the child becoming looked after. It is undertaken by the Community Paediatric Team.

Annual Review Health Assessments and Care Leaver Health Assessments

Specialist Nurses from the Local Authority's Children and Young People's Health Service for Looked After Children undertake all subsequent Annual (or bi-Annual for 0-5's) Review Health Assessments for Looked After Children and Care Leavers unless it has been deemed necessary for a child to have their Assessment completed by a doctor or other health professional.

This should include a dental check, or an oral check for 0-5's.

Looked After Children's Emotional and Mental Health

Connect Service

Connect is a joint Norfolk & Suffolk NHS Foundation Trust and Local Authority funded multi-disciplinary team of clinicians who support both Looked After and Adopted children in Suffolk.

They work directly with the child / young person and help them understand, come to terms and find ways to cope with their feelings, behaviours or mental health difficulties. Connect aim to provide the best possible outcomes for these children and their needs are central to all services provided by the team.

An initial clinical assessment is undertaken to ascertain needs of the child or young person. Therapeutic interventions offered include art psychotherapy and cognitive behavioural therapy with the child or young person and/or carer when appropriate.

Connect also provides multi-agency consultation for carers and professionals working with Looked After and Adopted children/young people to facilitate formulation of the child/young person's needs and develop a multi-agency action plan.

Their website contains more detail of the services they provide plus a professionals referral pathway.

Categories of Looked After Children

A child or young person is 'Looked After' under the **Children Act, 1989** if he/she is accommodated by the local authority:

- Under a **Section 20 Voluntary Agreement** with parental consent or own consent if aged 16 or 17.
- Subject to a care order imposed by the courts (**Section 31 Full Care Order** or **Section 38 Interim Care Order**).
- Subject to a **Section 44 Emergency Protection Order** while a **Section 47 Child Protection Investigation** take place.
- Is remanded (awaiting criminal trial or sentencing) to a local authority placement (foster home, supported lodgings etc.) or youth detention accommodation (**Section 21**).
- Subject to a Secure Order (**Section 25**) and placed in secure accommodation. Home Office approval is required for children under 12 years of age.

Any young person who has been in care at any time during their childhood is considered to be vulnerable and at greater need until at least their 21st birthday (24 if in education or disabled).

Care Leavers

A Care Order can last until the child is aged 18. When Looked After Children reach the age of 16, they begin preparing to leave the care system as young adults.

Suffolk 16+ Leaving Care Service is provided by Catch 22. It is a statutory service that is commissioned by the Local Authority to provide support and guidance to improve the life chances of young people living in and leaving care aged 16 to 25. During this crucial period of transition from 'care' to independence, services aim to prevent or reduce the long-term negative impact of a traumatic transition, providing support with:

- finding a suitable place to live
- securing and sustaining constructive education, training or employment
- establishing and maintaining supportive relationships

Without support, care leavers are at increased risk of homelessness, mental health problems, substance misuse and entering the criminal justice system.

Children Who Do Not Have 'Looked After' Status

Children and young people are **not** Looked After if:

- They are living with their parents or a close family member (unless they are subject to a care order and/or it's a kinship or 'family and friends' placement under Section 20)

- They are subject to Team Around the Child Plan, Child Protection Plan or are receiving Section 17 Child in Need Services from the local authority. This includes if they are receiving **Respite Care** (a series of short-term breaks), unless the child receives substantial packages of short breaks, sometimes in more than one setting, and belongs to a family who may have difficulties providing support to their child while they are away from home or monitoring the quality of care received, in which case the child will be accommodated under Section 20 of the 1989 Children Act.

- They have been **adopted** (see 'Adoption'), or the person whom they live with has been granted one of the following Court Orders:

  A **Child Arrangement Order (CAO)** replaces Residence and Contact Orders (Children and Families Act 2014). It is a private law order that regulates arrangements relating to with whom a child is to live, spend time or otherwise have contact, usually following divorce or separation of the parents.

  A **Special Guardianship Order (SGO)** is a private law order appointing one or more individuals to be a child's 'Special Guardian', often a grandparent, aunt or uncle. It is made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure arrangement with another family member. An SGO enable a child to remain in his or her family as, unlike adoption, it does not end the legal relationship between the child and his or her birth parents. **Any child who was previously Looked After will cease to be looked after when a SGO is made**.

Adoption

According to the **Adoption and Children Act 2002**, children may be placed for permanent adoption with either:

- The consent of their birth parents. Placement by consent is the free unconditional agreement of the parent or guardian of a child to that child's adoption. The consent can be withdrawn at any time up and until an adoption order is made.

- The agreement of a court under a **Placement Order**.

Prospective adoptive parents initially gain shared Parental Responsibility with the local authority and the birth parents and the child remains Looked After until the **Adoption Order** is made final.

The **Adoption Order** severs all legal ties with the birth family and confers parental rights and responsibilities on the new adoptive family. The birth parents no longer have any legal rights over the child and they are not entitled to claim the child back.

When a child is adopted a new NHS number is created; this goes to Child Health and Practices are informed. The GP will not have access to the child's old notes but will have access to the Adoption Medical Report.

Private Fostering

Private fostering is when a child or young person under 16 years old (or under 18 if disabled) goes to live with someone for 28 days or more by private arrangement (without the involvement of a local authority) with someone who is **not** their parent, guardian or close relative (a close relative may be a brother, sister, half-sibling, aunt, uncle, grandparent or step parent).

Suffolk Private Fostering Team describe the following examples of typical Private Fostering arrangements:

- A child from overseas staying with a host family while attending a language school or overseas students at boarding school who stay with a host family during the holidays.
- A teenager living with a friend's family because they don't get on with their own family.
- Children living with a friend's family because their parents' study or work involves unsociable hours, which make it difficult to use ordinary day care or after-school care.
- Children staying with another family because their parents have separated or divorced.

If a family is caring for a child through private fostering, or has made private fostering arrangement for their own child, The Children Act 1989 sets out their duty to notify the local authority so that the arrangement can be assessed to ensure it provides a safe environment for the child and all care needs are met.

Families who have an established private fostering arrangement but were unaware of their duty to let the local authority know should not worry about any legal action if they have acted in good faith.

Families can call **Customer First on 0808 800 4005** to make a notification or ask for advice if they are unsure whether or not what they are doing is private fostering.

Key Contacts

West Suffolk and Ipswich and East Suffolk CCG Safeguarding Children Team
The Safeguarding Children Team holds responsibility for Looked After Children 01473 264357 / 01473 264906 (Administrator Contact - Office Hours Only)
Suffolk Multi Agency Safeguarding Hub (MASH) and Children's Social Care
Call Customer First on 0808 800 4005
Norfolk and Suffolk NHS Foundation Trust CAMHS Connect Service
01473 220354 or 01473 341100 www.smhp.nhs.uk/connect/AbouttheService.aspx
Advice and Support for Children and Young People in Care
Suffolk Children's Rights Team: 0800 917 1119 (number is free from a landline) www.suffolk.gov.uk/care-and-support/children-young-people-and-families/advice-and-support-for-children-in-care/

See the CCG Safeguarding Team's Safeguarding Children & Young People GP and Practice Staff Resource Pack information and guidance on safeguarding.

Full Web Links

Department of Education / Department of Health, Promoting the health and welfare of looked-after children: statutory guidance for local authorities, clinical commissioning groups and NHS England (2015). Accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378482/Promoting_the_health_of_looked-after_children_statutory_guidance_consult....pdf

DfE First Statistical Release: Children looked after in England (including adoption and care leavers) year ending 31 March 2014 (2014). Accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359277/SFR36_2014_Text.pdf

NICE Guidance: Looked After Children and Young People (2010). Accessed at: http://www.nice.org.uk/guidance/PH28

RCGP / NSPCC Safeguarding Children & Young People Toolkit for General Practice (2014). Accessed at http://www.rcgp.org.uk/clinical-and-research/clinical-resources/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx

RCPCH / RCN Looked After Children: Knowledge, Skills and Competencies of Healthcare Staff Intercollegiate Guidance (2012). Accessed at: http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_RCN_LAC_2012.pdf

Appendices

- *Quiz: Who can give Consent?*

Quiz: Who can give Consent?

Answer these 10 questions:

1. Joanne takes her son Peter, aged 8 weeks to her GP for his first immunisations. Joanne is aged 15 years is Looked After under S20, Children Act 1989. Joanne and Peter are accompanied by Joanne's foster carer.

   Answer:
   _____

2. Michael is aged 16 years; he lives in a residential school for young people who have severe learning difficulties. He has been Looked After under S20 since he was 12 years old. He requires dental extractions under anaesthetic.

   Answer:
   _____

3. Tracy has had several sore throats and ear aches and has been put on the waiting list for adeno-tonsillectomy and grommets. She is 7 years old and has been under a Care Order since she was 3 years old.

   Answer:
   _____

4. Philippa has brought Sian to the surgery for her pre-school immunisations. Philippa is planning to adopt Sian who is placed with her and her husband under a Placement Order.

   Answer:
   _____

5. Chantelle's grandmother takes her to the dentist as she is complaining of toothache. The dentist says Chantelle needs to have antibiotics and then a filling. Chantelle is cared for by her grandmother who has obtained a Special Guardianship Order.

   Answer:
   _____

6. Jack is brought to Accident and Emergency having been in a rough scrum during a rugby game at school where he lost consciousness briefly. X-rays indicate he has a broken arm and needs internal fixation. He is aged 14 years and is Looked After under an Interim Care Order.

   Answer:
   _____

7. Julia attends her local sexual health clinic for emergency contraception. She is aged 15 years and is Looked After under S20.

   Answer:

   _____

8. Matthew, foster carer, takes David to the opticians for an eye test. David is 5 years old and is subject to an Emergency Protection Order.

   Answer:

   _____

9. Tony, aged 10 years receives respite care as he has physical disabilities. He needs surgery to correct a spinal problem.

   Answer:

   _____

10. Denise is 17 years old and about to start an animal husbandry course at agricultural college. She missed out on her school leaver immunisations and now needs them before she can start the course. Denise has been in care most of her life under a Care Order.

    Answer:

    _____