

Ref No:

# Health and Wellbeing Guidance for General Practice for Looked After Children and Care Leavers

## SECTION 1 PROCEDURAL INFORMATION

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## **1. INTRODUCTION**

Looked after children/ young people and care leavers share many of the same health risks and problems as their peers but often to a greater degree. Children/young people enter the care system with a worse level of health than their peers due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer-term outcomes for looked after children/ young people and care leavers remain worse than their peers. They are less likely to engage with universal health services such as GP's, dentists and sexual health advisors and are likely to have missed health promotion and prevention opportunities.

There is a statutory duty to safeguard and promote the welfare of looked after children and young people and the evidence supports improved health outcomes for those who have access to specialist health practitioners, including GP's (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2009, The Children's Act 2004).

## **2. PURPOSE**

The purpose of this guidance is to inform/support General Practices with their roles and responsibilities regarding looked after children, young people and care leavers.

## **3. SCOPE**

Its scope is to provide background information of looked after children and care leavers and the roles and responsibilities of the agencies involved within that child/young person's care.

## **4. GUIDANCE**

### **4.1 Why do children become looked after?**

The number of children and young people becoming looked after has increased year on year over the last two decades. There are many reasons why children become looked after:

- Some have experienced neglect
- Some have experienced mental, physical or emotional abuse

- Some parents are unable to look after their children because of illness or disability
- Some young people need a bit of time away from their birth family or community while a package of support is put in place to try to rebuild relationships or their ability to function
- Some have complex disabilities and need to be placed in specialist residential schools
- Some have become involved in the youth justice system

When children and young people become looked after, it is essential that there is robust and flexible planning for their future from the outset. Stability is crucial to children's development and happiness and the system should support stability through minimising moves and seeking permanent solutions wherever possible.

## **4.2 The roles and responsibilities of Local Authorities**

Local authorities have a duty to safeguard and to promote the welfare of the children/young people they look after and care leavers. They should have arrangements in place, in accordance with relevant regulations, to ensure that every child/young person it looks after, regardless of where the child is placed, has

- His/her health needs fully assessed
- A health plan which clearly sets out how health needs identified in the assessment will be addressed. This includes intended outcomes, measurable objectives to achieve outcomes, actions needed, who will take them and by when
- His/her health plan reviewed

Local authorities should make plans at a strategic level to ensure local delivery of these arrangements. At an operational level, they should act as a parent and advocate for each child looked after by them. They should also make sure that the voices of looked after children/young people are heard as part of the process of informing the commissioning, planning, delivery and evaluation of services.

The child/young person's social worker is responsible for making sure:

- He/she has a health plan which is drawn up in partnership with the child, his or her carer and (where appropriate) parents, and other agencies and

- That (while many actions in the plan may be the responsibility of other agencies) the plan is implemented and reviewed in accordance with regulations.

The Independent Reviewing Officer (IRO) should ensure that the child's health plan is reviewed at least six months in accordance with the regulations.

Social workers should ensure that foster carers are given a written health record for each child in their care. This record should include the child's state of health and identified health needs and it should be regularly updated and moved with the child.

### **4.3 The roles and responsibilities of the NHS**

The NHS has the major role in ensuring the timely and effective delivery of health services to looked after children and young people. Under the Children Act 1989, local NHS services have a duty to comply with requests from the local authority to help them to provide support and services to children in need.

The NHS contribution to the health of looked after children is made in 3 ways:

- Commissioning effective services
- Delivery through provider organisations
- Individual practitioners providing co-ordinated care for each child/young person and carer

As commissioners of health services for looked after children/young people and care leavers, CCG's should ensure that appropriate arrangements are in place to meet the health needs of children and young people who are looked after.

They should commission services from providers which meet the following requirements:

- Provision of clinical expertise and advice to commissioners as agreed locally
- All looked after children/young people have their health assessments undertaken and resulting health plans implemented
- Health professionals performing health assessments and contributing to health care planning have the appropriate skills and competencies by receiving appropriate training

- Clinical governance and audit arrangements are in place to assure the quality of services for looked after children, including health assessments and health care planning
- Provider policies and procedures are in place
- An annual report to inform the commissioners
- The collection and analysis of data to inform the profile of looked after children/young people in the area
- The looked after children's health team in conjunction with health visitors and school nurses provide co-ordinated care for each child or young person.

Primary care teams (health visitors, school nurses, GP's, dentists etc) have an important role to play in the identification of the individual health care needs of children and young people who are looked after and care leavers. They often have prior knowledge of the child/young person looked after or care leaver, of the birth parents and of the carers, helping them to take a holistic and child-centred approach to health care decisions. They may also have continuing responsibility for the child/young person when they return home.

The lead health professional (health visitor/school nurse) will:

- Ensure the health assessments are undertaken
- Work with the child's social worker to co-ordinate the health plan and ensure actions are tracked
- Act as a key conduit and contact point between the child/young person and their carer, where they have difficulties accessing health services
- Act as a key health contact for the child's social worker
- Work with the designated health professionals for looked after children and care leavers

The role of the designated doctor and named nurse for looked after children is to assist CCG's in fulfilling their responsibilities as commissioner of services to improve the health of looked after children/young people and care leavers.

#### **4.4 The roles and responsibilities of GP practices**

GP practices have a vital role in the identification of the health needs of children and young people who are looked after or leaving care. The GP practice will:

- Act as advocates for the health of each looked after child or young person and care leaver
- Make sure there is timely, sensitive access to a general practitioner or other appropriate health professional when a looked after child/young person or care leaver requires a consultation
- Make sure referrals made to specialist services are timely, taking into account the needs and high mobility of many looked after children/young people and care leavers
- Provide, when needed, summaries of the health history of a looked after child/young person or care leaver, including their family history where relevant and appropriate, and ensure this information is passed promptly to health professionals.
- Maintain a record of the health assessment and contribute to any necessary action within the health plan
- Make sure that the clinical records make the 'looked after' or 'care leaver' status of the child/young person clear so that their particular needs can be acknowledged
- Make sure the general practitioner-held clinical record is maintained and updated. This is a unique health record and can integrate all known information about health and health events during the life of any child/young person, enabling GP's, dentists, nurses and others in primary care to have an overview of health priorities and to know whether health care decisions have been planned and implemented
- Accept the child/ young person as a registered patient of the practice and seek the urgent transfer of the medical records from the previous practice
- Contact the child/young person's allocated social worker or allocated health practitioner when a concern arises

#### **4.5 Maintaining confidentiality, information sharing and consent for a looked after child/young person**

These are three key issues which arise in the provision of effective health care to looked after children/young people.

Disclosure is allowed where:

- The child/young person has given you their consent to share the information (or a person with parental responsibility has given consent if the information is about a child/young person who does not have the capacity to consent); or
- The information is required by statute or court order; or
- It is justified in the public interest – for example, if the benefits to a child/young person that will arise from sharing the information outweigh both the public and the individual’s interest in keeping the information confidential

The Children Act 1989 (and its amendments) sets out who has parental responsibility including:

- The child/young person’s parents if married to each other at the time of conception or birth
- The child/young person’s parents if they were not so married but the father is named on the birth certificate
- The child/young person’s mother, but not the father if the father is not named on the birth certificate unless the father has acquired parental responsibility via a court order or a parental responsibility agreement or the couple subsequently marry
- A step-parent who has acquired parental responsibility via a parental responsibility agreement
- The child/young person’s legally appointed guardian – appointed either by a court or by a parent with parental responsibility in the event of their own death
- A person in whose favour a court has made a Residence Order, Child Arrangement Order or Special Guardianship Order concerning the child/young person
- A local authority designated in a care order in respect of the child/young person (but not where the child is being looked after under section 20 of the Children Act, also known as being ‘accommodated’ or in ‘voluntary care’)
- A local authority or other authorised person who holds an emergency protection order in respect of the child

Foster carers and residential social workers who provide day to day cares for looked after children and young people are unlikely to hold



parental responsibility. It is possible for those with parental responsibility – the birth parent(s) or the local authority – to give authority to someone who cares for the child/young person on a regular basis to give consent under defined circumstances such as emergency treatment or routine treatments such as coughs and colds. Looked after children say that problems obtaining parents' and local authorities' consent to everyday activities make them feel different from their peers and cause them embarrassment and upset. Foster carers are given Delegation of Authority for children/young people in their care; this gives them the authority to make day to day decisions for children/young people in their care. The looked after child/young person's placement plan will record who has the authority to make particular decisions about the child/young person and will also record the reasons as to why the Delegation of Authority has not been given to a carer. A young person over the age of 16 years, if deemed Fraser Competent, is able to consent for themselves.

#### **4.6 Adoptions**

For some children/young people, their permanence plan is for adoption. When a child/young person is placed in a pre-adoptive placement, they remain a looked after child until the legal adoption has been granted. Until this time the child/young person **MUST** continue to be registered as their birth name and **MAY NOT** be known by a new surname. When the legal adoption order has been granted, the child/young person will be given a new NHS number and a new health record will be commenced. Information containing the old identity, demographics and birth family information is not included within the new record. There would be no link between the two records other than a reference in the new records that a previous record exists.

### **5. DEFINITIONS AND ABBREVIATIONS**

#### **Definitions**

##### **'Looked After Child/Young Person**

The Children's Act 1989 definition of a looked after is a child/young person who is looked after by the local authority and who has been provided with accommodation for a continuous period of more than 24 hours. A young person can remain looked after until 18 years of age.

##### **Care Leavers**

A young person is identified as a Care Leaver if they have been in the care of the local authority for a period of 13 weeks or more spanning their 16<sup>th</sup> birthday. It is the duty of the local authority to ensure that all care leavers have a personal advisor and a pathway plan to support their transition into independence. A young person may remain a care

leaver beyond the age of 21 years if they are in fulltime education.  
(Children (Leaving Care) Act 2000).

## **6. RELATED DOCUMENTS**

Children (Leaving Care) Act 2000

The Children's Act 2004

Statutory Guidance on Promoting the Health and Well-being of Looked After Children 2009

Practice Guidance for Undertaking Statutory Health Assessments for Looked After Children (local policy) 2013

## 7. APPENDICES

### Appendix 1

#### **Top Tips for Looked After Children**

1. Act as advocates for the health of each looked after child/ young person and care leaver.
2. Accept the child/ young person as a registered patient of the practice and seek the urgent transfer of the medical records from the previous practice.
3. Make sure there is timely, sensitive access to a general practitioner or other appropriate health professional when a looked after child/young person or care leaver requires a consultation.
4. Make sure referrals made to specialist services are timely, taking into account the needs and high mobility of many looked after children/young people and care leavers.
5. Make sure that the clinical records mark the 'looked after' or 'care leaver' status of the child/young person clear so that their particular needs can be acknowledged.
6. Include looked after children documentation ( health assessments, notifications etc) within the GP held record and contribute to any necessary action within the health plan
7. **DO NOT** change the name of a looked after child until the legal adoption order has been granted
8. Contact the child/young person's allocated social worker or allocated health practitioner when a concern arises

#### **Contact Details.**

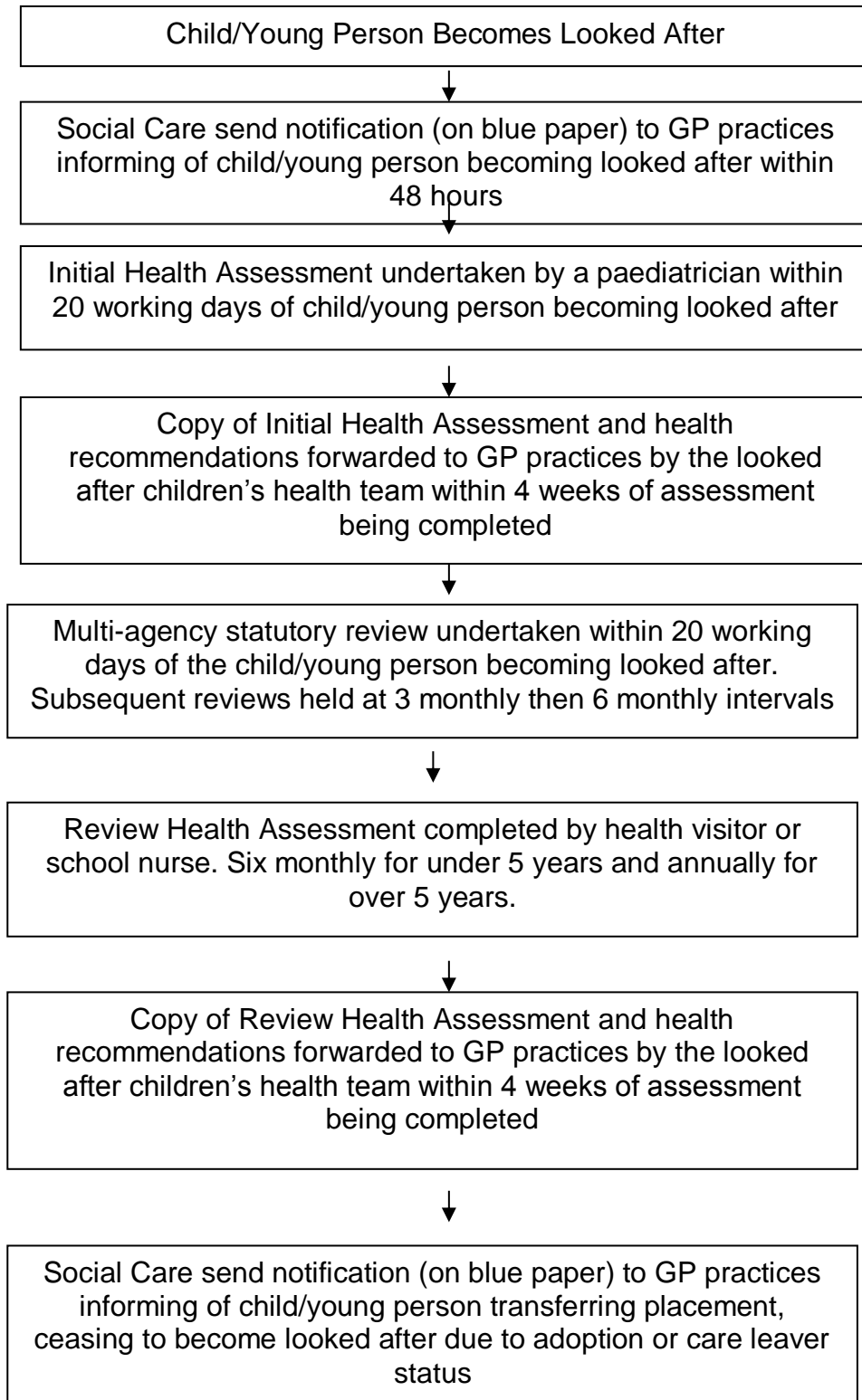
Karen Holgate – Named Nurse Looked After Children and Young People  
Sandra Guest – Nurse Practitioner Leaving Care  
Annette Sharpe – Clerical Officer, Looked After Children

**Telephone: 01709 423244**

**Email: [lookedafterchildren.team@nhs.net](mailto:lookedafterchildren.team@nhs.net)**

Appendix 2

**A Looked After Child's Journey**



# **Health and Wellbeing Guidance for General Practice for Looked After Children and Care Leavers**

## **SECTION 2 DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING**

### **8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS**

This document was developed in consultation with: General Practices within Rotherham.

### **9. APPROVAL OF THE DOCUMENT**

This document was approved by:

C &YPS Quality Governance Committee

### **RATIFICATION OF THE DOCUMENT**

**10.** This document was ratified by C &YPS Quality Governance Committee

### **11. EQUALITY IMPACT ASSESSMENT STATEMENT**

An Equality Impact Assessment has been carried out in relation to this document using the approved initial screening tool; the EIA statement is detailed at Appendix 1 to this section of the document.

The manner in which this policy impacts upon equality and diversity will be monitored throughout the life of the policy and re-assessed as appropriate when the policy is reviewed.

## 12. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years unless such changes occur as to require an earlier review.

Named Nurse for Looked After Children and Care Leaver's is responsible for the review of this document.

## 13. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Quality Governance Team via policies email	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform Quality Governance Team if a revision and which document it replaces and where it should be located on the intranet. Ensure all documents templates are uploaded as word documents.
All General Practices in Rotherham	Author	Email	Within 2 weeks of ratification	Ensure evidence of dissemination to General Practices is maintained.

## Section 2

## EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

	Health and Wellbeing Guidance for general Practice for Looked after Children and care Leavers	Date/Period of Document: May 2015
Document Name:	Karen Hoglate	Document: Karen
Lead Officer:	Directorate: Family Health	Reviewing Officers: Holgate

<input type="checkbox"/> Function	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Joint Document, with whom?
Describe the main aim, objectives and intended outcomes of the above: to advise general practice on their roles and responsibilities for looked after children and care leavers				

You must assess **each** of the 9 areas separately and consider how your policy may affect people's human rights.

1. Assessment of possible adverse impact against any minority group				
How could the policy have a <b>significant</b> negative impact on equality in relation to each area?		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	<b>Age?</b>		√	
2	<b>Sex</b> (Male and Female?)		√	
3	<b>Disability</b> (Learning Difficulties/Physical or Sensory Disability)?		√	
4	<b>Race</b> or Ethnicity?		√	
5	<b>Religion and Belief?</b>		√	
6	<b>Sexual Orientation</b> (gay, lesbian or heterosexual)?		√	
7	<b>Pregnancy and Maternity?</b>		√	
8	<b>Gender Reassignment</b> (The process of transitioning from one gender to another)?		√	
9	<b>Marriage and Civil Partnership?</b>		√	

**You need to ask yourself:**

- Will the policy create any **problems** or **barriers** to any community of group? **Yes/No**
- Will any group be **excluded** because of the policy? **Yes/No**
- Will the policy have a negative impact on **community relations**? **Yes/No**

**If the answer to any of these questions is yes, you must complete a full Equality Impact Assessment**

2. Positive impact:				
Could the policy have a <b>significant</b> positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Promote <b>equal opportunities</b>		√	
2	Get rid of <b>discrimination</b>		√	
3	Get rid of <b>harassment</b>		√	
4	Promote <b>good community relations</b>		√	
5	Promote <b>positive attitudes</b> towards disabled people		√	

6	Encourage <b>participation</b> by disabled people		√	
7	Consider <b>more favourable treatment</b> of disabled people		√	
8	Promote and protect <b>human rights</b>		√	

<b>3. Summary</b>						
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?						
<b>Positive</b>	<i>Please rate, by circling, the level of impact</i>					<b>Negative</b>
<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>	<b>NIL</b>	<b>LOW</b>	<b>MEDIUM</b>	<b>HIGH</b>
Date assessment completed:	Is a full equality impact assessment required?		<input type="checkbox"/> Yes (documentation on the intranet)		<input type="checkbox"/> No	