

PROTOCOL FOR PROMOTING THE HEALTH OF LOOKED AFTER CHILDREN

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1. Introduction

Looked after children (LAC) and young people are among the most socially excluded groups in England. They share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse and neglect. Longer term outcomes for looked after children remain worse than their peers.

Salford has relatively high numbers of looked after children and at the end of March 2012 there were 554 children and young people in the care of the local authority. This reflects the high level of deprivation which is present in some wards in Salford as evidenced by high numbers of teenage pregnancies, one parent families, and high incidences of offending and substance misuse.

In recent years the government has been working to improve outcomes for specific vulnerable groups such as LAC. The Children Act 2004 and 'Every Child Matters: Change for Children' (DOH 2004) have identified five important outcomes for all children, these are:

- being healthy,
- staying safe,
- enjoying and achieving,
- making a positive contribution
- achieving economic well-being.

Salford Royal Foundation Trust (SRFT) and Salford Local Authority Children's Services Directorate have formed a strong working partnership and are committed to deliver accessible and effective services, looking to ensure these 5 outcomes are met for Salford's Looked after Children.

Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF 2009) is concerned with the delivery of services from health services and local authorities to promote the health of looked after children and young people. It illustrates a holistic model of health which takes into account the wider determinants of health and well being. Its purpose is to give guidance to promote co-operation to improve the well-being of children and young people.

Local Situation

Salford's looked after children and young people are placed either in Childrens Homes or with foster carers, living independently or with their own parents or family members. Approximately one third of Salford's LAC are placed out of the Salford area, although over 90% of these children and young people are living in the North West.

Whilst Salford Childrens Services and Salford Royal Foundation Trust have lead roles in ensuring that children looked after by the local authority have their health needs identified and met, it is important to acknowledge the valuable service provided by other National Health Service (NHS) Trusts; other local authority services, particularly the Education & Leisure Directorate,

and voluntary agencies that often provide services in a more flexible and user friendly way.

Aims of the protocol

- To ensure that all children and young people looked after by Salford Childrens Services have their health needs identified and addressed. This requires agencies to work together.
- Sharing information on an individual's health between Salford Royal Foundation Trust and Salford Childrens Services is vital to the provision of co-ordinated and seamless care.

2. Role of Salford Royal Foundation Trust (SRFT)

Under the Children Act 1989 and amended legislation, Primary Care Trusts and Strategic Health Authorities have a duty to comply with requests from Councils with Social Services Responsibilities to help them provide support and services to children in need.

Salford Royal Foundation Trust employs a designated doctor and nurse with city wide responsibility for LAC as recommended within the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF 2009). The Health Needs Team is based across two locations. Two paediatricians with dedicated sessions to undertake the work within a locality based workload and clerical support are based at Sentinel House, Albert Street, Eccles, M30 0JN. The Looked After Children Health Needs Co-ordinator and Social Inclusion Nurse at Sandringham House, Windsor Street, Salford, M5 4DG. The specialist nurses also agile work within Salford Local Authority Integrated Looked After Childrens Services at the Civic Centre, Chorley Rd, Swinton, M27 5DA.

Looked after children have access to all mainstream services in Salford in addition there is a dedicated service for looked after children.

SRFT through its dedicated looked after children service will ensure that the health and well-being of looked after children and young people is an identified local priority by:

- Ensure that structures are in place to plan, manage and monitor the delivery of health care for all looked after children.
- Ensure that clinical governance and audit arrangements are in place to assure the quality of health assessments and health care planning.
- Identify a designated doctor and nurse to provide strategic leadership and advice in relation to the health needs of looked after children.
- Where a child is placed "out of authority", ensure systems are in place to provide continuity of the health assessment and planning process.

- Ensure systems are in place through the commissioning process to make sure that looked after children are not disadvantaged when they move from one PCT to another, i.e. NHS waiting lists.
- Ensure that arrangements are in place for the transition from child to adult health services.
- Ensure that an appropriate data set is collected and reviewed annually.

The Looked After Children Specialist Nurses will

- Work in collaboration with the SRFT Looked After Children's Administrator to co-ordinate and ensure that each young person is offered a health assessment by an appropriately trained health professional.
- Identify and engage 'hard to reach' young people, ensuring a health assessment is conducted, health care plan completed to ensure that health needs are identified and timely referrals made.
- Monitor any outstanding immunisations and make plans to address these as required.
- Advise looked after young people and their carers that each looked after child should be registered with a local GP and dentist.
- Act as a specialist health advisor for looked after young people, focusing particularly on sexual health and relationships, mental health and substance use.
- Provide a vital source of professional advice as required, to Looked After young people 11- 18 years, health staff, carers, social workers and partner agencies, on the health needs of looked after young people.
- Participate in the training of carers and professionals in relation to meeting the health needs of young people looked after.
- Work collaboratively with key partners including YOT, SMART, and The Missing From Home teams in identifying and addressing the health needs of looked after young people 11- 18 years.
- Work in a multi-agency and multi-disciplinary environment.
- Attend statutory reviews of looked after young people as appropriate.
- Ensure that all relevant staff are appropriately trained in undertaking health assessments for looked after children.
- Monitor the quality of the health assessments ensuring that sensitive health promotion is offered to all.

- Contribute to the production of health data on looked after children ensuring an effective system of audit is in place.
- Contribute to an annual report, evaluating the delivery of health services for looked after children and young people.
- Report biannually to the Safeguarding Committee.

The designated doctor will

- Develop and ensure awareness of relevant policies, procedures and roles in relation to looked after children and young people.
- Maintain regular contact with local health staff undertaking health assessments. They will also liaise with social services departments and other PCTs over health assessments and health plans for out of authority placements.
- When a child moves from Salford to another area, the responsibility for meeting the child's health needs is retained by Salford therefore, it will be the responsibility of the Designated Doctor to liaise with the accommodating PCT to ensure plans are in place to meet the child's health needs in the local area.
- Ensure that all relevant staff are appropriately trained in undertaking health assessments for looked after children.
- Monitor the quality of the health assessments ensuring that sensitive health promotion is offered to all.
- Contribute to the production of health data on looked after children ensuring an effective system of audit is in place.
- Produce an annual report, evaluating the delivery of health services for looked after children and young people.

Health Assessments:

- An Initial Health Assessment (IHA) will be offered within 4 weeks of a child / young person becoming looked after in a dedicated IHA clinic run by a paediatrician.
- Review Health Assessments (RHA) will be offered annually or biannually depending on the age of the child according to statutory requirements. These can be carried out at home, within school or a venue agreed with the child/young person and their carers.

- Every attempt is made to incorporate these reviews with any other health assessments that a child or young person may be having (for example medical review for special educational needs).
- At the end of any health assessment the child/young person will have an individual health care plan that identifies the health needs and indicates how these are to be met. This plan will be updated each time the child is reviewed so there is always a current health care plan available for each looked after child. The plan will be shared with the child's carer and social worker, and if appropriate the young person.

3. ROLES AND RESPONSIBILITIES OF SALFORD CHILDREN'S SERVICES

The responsibilities of Local Authorities are set out in The Children Act, 1989, which provides the legal framework underpinning the standards of service for children and young people in public care. Section 20 allows the Local Authority to provide 'accommodation' for children, with the agreement of those with Parental Responsibility. Section 31 provides for courts to grant care orders to Local Authorities which enables the Local Authority to share Parental Responsibility with the child's parent(s). There are also a number of Sections in the Act which grant limited powers to the Local Authority, namely Emergency Protection and Interim Care Orders. These orders enable the Local Authority to assume temporary parental responsibility.

Statutory Guidance for Promoting the Health and Well-being of Looked After Children identifies that Local Authorities must

- Before placement of a child, or as soon is reasonably practical thereafter inform in writing the PCT and the child's GP of the arrangements it intends to make (*Arrangements for Placement of Children 1991, Reg. 5*).
- Before or as soon as possible after placement, ensure that arrangements are made for the child to be examined by a doctor, and their health needs assessed, (unless the child had such an assessment, in the three months prior to becoming looked after.) The assessment will need to provide a comprehensive health profile of the child, to identify those issues that have been overlooked in the past and that may need to be addressed in order to improve his/her physical and mental health and well-being and to provide a basis for monitoring his/her development while s/he is being Looked After
- Ensure that the child has a written health plan, which clearly sets out how health needs identified in the assessment will be addressed, including intended outcomes for the child and measurable objectives to achieve the outcome, actions needed to meet the outcome, the person(s) responsible for each action and the timescales for achieving this.

- The child's health plan will form part of the child's care plan and subject to review at the prescribed intervals. At the child's review it will be important to ensure that all aspects of the child's health needs are considered: the state of the child's health, the child's health history, and as far as is practicable, the child's family's health history, and the effect these have on their development,; existing arrangements for the child's medical and dental care, treatment and surveillance including the need for vaccination, immunisation and vision and hearing screening. .
- Throughout the period of the child being looked after, the Local Authority will maintain confidential records of the key aspects of the child's health history and details of any medical examinations and medical or dental health needs of the child. (*Children's Homes Regulations 2001, Reg 15, and Sch.2, para. 15-22*).
- The Authority will also ensure that steps are employed to store securely and regulate administration of medicinal products unless the product can be securely stored and safely administered by the child (*Children's Homes Regulations 2001, Reg 19*).

The Social Worker will

- Ensure SRFT LAC Administrator is promptly requested to arrange an Initial Health Assessment on a child/young person who has become 'looked after'. This is essential to ensure that an Initial Health assessment of a child is completed within 4 weeks of becoming 'looked after', and/or information gathering to complete an Initial Assessment if a child has been examined by a doctor within the previous 3 months
- Complete all of the necessary sections relating to health needs in the Looking After Children documentation, including details of immunisations, forthcoming appointments, treatment, medication and family history of illness. As prescribed by Looking after Children guidance, this should be completed prior to the first LAC medical; if this is not done, then the social worker must attend the initial medical and provide background information to the medical examiner.
- Actively engage the looked after child in discussions about health and health promotion issues and, where appropriate, provide information to assist the looked after child.
- Ensure their relevant administrative office informs all appropriate health professionals when a child becomes looked after.
- Attend LAC reviews and provide written updated health care information, attaching the health care plan to LAC information.
- Proactively ensure that the looked after child is enabled to attend all necessary health and dental appointments.

- Act as the co-ordinator to ensure that the health needs of the looked after child are appropriately addressed (consulting with the appropriate health professional where necessary).
- Ensure that health professionals involved have all the necessary information relating to the background and circumstances of the looked after child.
- Request the 'red book' (personal child health record) from the parent and provide this to the Carer.
- Inform the Carer of any health issues, either initial or ongoing, for the looked after child or their family, eg via the health care plan.
- Keep parents fully informed of any health issues and, wherever possible, involve parents in appointments or treatment for the looked after child.
- Obtain the appropriate consent for any medical treatment from the birth parent, wherever this is possible (cross reference to consent).
- Inform all appropriate health professionals when a looked after child moves placement or ceases to be looked after.
- Keep self up-to-date on relevant issues important to the needs of looked after children.

Standard 12 of the National Minimum standards for fostering services...must be adhered to at all times. This includes a requirement that each foster carer is given basic training on health, hygiene issues and first aid, with a particular emphasis on health promotion and communicable diseases. The Local Authority will also ensure that foster carers and residential child care workers know how to contact designated and lead health professionals for each child in their care and that the child attends all relevant health appointments. Statutory Guidance on Promoting the health and well-being of Looked After children

The Foster Carer will

- Ensure that the looked after child is registered with a local GP and Dentist.
- Keep an accurate and dated record of all health issues and treatment and ensure this record along with any health concerns the carer may have in respect of the child care presented at statutory reviews.
- Proactively ensure the child or young person is enabled to attend health appointments and clinics, to attend with the child or young person unless agreed unnecessary and provide the health professional

with any relevant information in respect of physical and emotional well-being, including behaviour.

- Keep the Social Worker informed of any health and dental issues relating to the looked after child.
- Involve children and young people in discussions and decisions regarding their health care in accordance with their age, understanding and in consultation with the child's social worker, including issues around eating, hygiene, alcohol, drugs and sexual health.
- Promote healthy living home environments and health awareness for all children and young people being looked after and encourage the child in age- appropriate personal responsibility for own health and hygiene.
- Encourage children and young people to participate in leisure activities, hobbies and sport. These should be tailored to the needs of the individual, including those with special needs, seeking the advice and support of their supervising social worker where necessary.
- Provide nutritionally balanced meals with young people being encouraged to eat a varied and healthy diet. They should be encouraged to participate in the planning, purchase and preparation of food to gain an understanding and appreciation of healthy eating.
- Participate in the development of health plans_ for children and young people, monitoring and initiating any required action.
- Encouraging and supporting contact and communication with the child or young person's family, appropriately, as agreed in care plans.
- Keep self up-to-date on relevant issues important to the needs of looked after children, e.g. through active participation in knowledge and skill development opportunities, supervision, training, etc.

The Residential Social Worker will

- Ensure that the looked after child is registered with a local GP and Dentist.
- Keep an accurate and dated record of all health issues and treatment relating to the looked after child.
- Proactively ensure the child or young person is enabled to attend health appointments and clinics, to attend with the child or young person, unless agreed unnecessary, and to provide the health professional with any relevant information in respect of physical and emotional well-being including behaviour.

- Keep the Social Worker informed of any health and dental issues relating to the looked after child.
- Involve children and young people in discussions and decisions regarding their health care in accordance with their age and understanding, including issues around eating, hygiene, alcohol, drugs and sexual health. Key workers will also consider whether the young person might attend their medical if arranged at a venue other than clinic. This may include asking the Health Needs co ordinator / nurse to attend at the placement, offering the young person a more flexible, informal venue in which they can discuss their health needs
- Promote healthy living home environments and health awareness for all children and young people being looked after and encourage the child in age- appropriate personal responsibility for own health and hygiene.
- Encourage children and young people to participate in leisure activities, hobbies and sport. These should be tailored to the needs of the individual, including those with special needs.
- Provide nutritionally balanced meals with young people being encouraged to eat a varied and healthy diet. They should be encouraged to participate in the planning, purchase and preparation of food to gain an understanding and appreciation of healthy eating.
- Attend statutory reviews in respect of the looked after child and provide a written update re any health issues and appointments, highlighting any concerns.
- Participate in the development of health plans for children and young people, monitoring and initiating any required action.
- Encourage and support contact and communication with the child or young person's family, as agreed in care plans.
- Keep self up-to-date on relevant issues important to the needs of looked after children, e.g. through active participation in knowledge and skill development opportunities, supervision, training, etc.
- Ensure that steps are employed to store securely and regulate administration of medicinal products unless the product can be securely stored and safely administered by the child (*Children's Homes Regulations 2001, Reg 19*).

The Supervising Social Worker (Fostering and Adoption Team) will

- Ensure that the foster carer has received all necessary Looking After Children documentation from the placing social worker, that all of the necessary sections relating to health needs, including details of

immunisations, forthcoming appointments, treatment, medication and family history of illness are fully completed and that consent for the child to receive medical treatment is appropriately obtained.

- Ensure that the foster carer has received a written health care plan and that they understand how to use, maintain and share it appropriately with the child.
- Ensure that all foster carers are properly trained in health care, first aid, hygiene issues, communicable diseases and health promotion matters.
- Support the foster carer in developing the skills and knowledge to actively engage the looked after child in discussions about health issues and, where appropriate, provide information to assist the looked after child and, if necessary, advocate on behalf of the child.
- To support the foster carer in proactively ensuring that the looked after child is enabled to attend all necessary health and dental appointments.
- Keep self up-to-date on relevant issues important to the needs of looked after children.
- Provide information about health services local to a placement when proposing a placement for a child, to ensure that any specialist health services for a child do not break down due to placement.
- Help the foster care to secure appropriate health services for the child, where necessary.

The Reviewing Officer will

- Remain independent and within the Looked After Child Review process, seek the views of the Looked After child or young person about their own health needs. The views should preferably come directly from the child or young person, using the consultation document as a tool, or be represented via an advocate. Where possible the IRO will meet with the child or young person prior to the review.
- If a looked after young person has chosen to opt out of the statutory medical or health assessment process, then guidance should be offered and they should be signposted to alternative advice and support in relation to their general health and welfare.
- Monitor the effectiveness of health plans for children and young people who are looked after.
- If the health needs of a looked after child or young person are not being appropriately met, the reviewing officer will address this through the Looked After Child reviewing system and ensure that the relevant professionals are aware of the issues.

4. Informed Consent

Informed consent must be obtained for any health assessment; examination, investigation or treatment and only after careful explanation has been given to the parent or adult with Parental Responsibility. It is also important that the young person Looked After is involved and procedures discussed with them directly. All consent should be documented in writing.

Wherever possible, the consent of those with parental responsibility for 'Looked After' children for routine medical assessments, including dental, hearing and vision checks; immunisations; emergency treatment; The Local Authority would seek to involve the child's parent(s) in accessing information about the child's and family's medical history, to improve planning for that child, and for children accommodated under section 20 of the Children Act, to involve them in the assessment fully.

For children who are accommodated on a voluntarily basis, Parental Responsibility remains with the birth Mother or both parents if married. An unmarried birth father may acquire Parental Responsibility through a number of means

- by written agreement with the child's mother, lodged with the Central Registry in London
- by order of a Court
- by virtue of being granted a Residence Order
- for children born after 1.12.03, by being named on the child's birth certificate

People other than parents may also obtain Parental Responsibility, by order of the court. This can include carers who have gone on to become Special Guardians, such as grandparents or other foster carers, when the court has discharged the care order and made a Special Guardianship order or Residence Order, in their favour.

For children who are the subject of Care Orders, Parental Responsibility is shared between the Local Authority and the parent. Best practice advises that when a medical intervention is required and consent needed, that, in the first instance (and if appropriate), the parent is involved in the process. If the child is subject to a full Care Order, the Local Authority is, however, also able to give consent and authority for this decision is delegated to a Senior Manager (Head of Service / Service Manager). It is generally recommended that this process is followed, if consent is being unreasonably withheld or not available from the parent.

If a child needs an operation or anaesthetic procedure, there is a need for the officer to meet the health professional who is seeking consent in order for the procedure to be discussed and to ensure that the consent given is 'informed'. Emergency Protection orders do not delegate permission to the Local Authority to give medical consent and in these cases, as well as children subject to an Interim Care order, the Local Authority is required to ask the Courts for consent, if the parent will not give this.

Foster carers, residential staff or school teachers (in the event of a school trip) are not able to give consent for medical treatment, unless in exceptional circumstances e.g. if the child is going out of the U.K., and a named carer is given written authorisation, which also has to be signed by the relevant Head of Service/ Service Manager. Authority for them to offer the child non prescribed medications however, is delegated to them.

Whilst immunisations are part of routine child health surveillance consent should be informed and sought separately for each immunisation.

There is a specific consent form, which clearly explains about the different health assessments and what they entail. It ensures young people and their carers know what to expect from appointments and so can give informed consent. It also explains the need to collate all previous health information to provide comprehensive assessments and seeks consent for this and the sharing of health information with relevant professionals as guided by the confidentiality section.

Children and young people under sixteen years may give their own consent to medical examination or treatment if they are judged to be competent to give that consent. This judgement follows the principles of the Fraser Guidelines and is based on the child or young person having the capacity to understand what is involved in relation to the proposed investigation/treatment as well as any consequences of no treatment.

In the event of a looked after child refusing a non-urgent health assessment or examination, the child's wishes are respected but attempts should be made to counsel them of the reasons and benefits of the assessment. There should be a plan for all children to address their health needs whether or not the child wishes to have a health assessment. If they are refusing the full assessment the health professional may carry out some parts of the assessment such as health promotion and education to which the child is agreeable. Alternatively their health can be considered with their carer, or via a questionnaire and this can provide the basis to create a health care plan. There should always be flexibility to allow the looked after child to choose to see another health professional if this enables their health needs to be addressed.

5. Sharing Information and Confidentiality

Whenever information is shared between health and children's services, and with external agencies, this will be in accordance with the 6 Caldicott principles:

1. The purpose will be justified
2. Personally-identifiable information will only be used when it is absolutely necessary
3. The minimum necessary personally-identifiable information will be used
4. Access to personally-identifiable information will be on a strict need to know basis
5. Everyone involved will be aware of their responsibilities
6. Every use of personally identifiable information will be lawful.

Both Salford Royal Foundation Trust and Local Authority Children's Services have confidentiality policies which reflect these principles. These are available from the respective Caldicott Guardians or via the specific organisations Intranet.

Individuals may receive care from more than one organisation. So that we can all work together for an individual's benefit, some personal information may need to be shared. This may be shared with birth parents, carers, social workers, health visitors, school nurses and GPs.

When we do share personal information, this normally will be with the informed consent of the young person, if they are able to understand what this means, or otherwise of their legal parent or guardian. There will be occasions when the need to safeguard the welfare of the child / young person will mean that information may be shared without consent. Please refer to Salford Safeguarding Board guidance..

Sharing information may be done in a number of different ways, such as by telephone, by fax and in writing both electronically and on hard copy. Both Salford Royal Foundation Trust and Childrens Services have specific procedures which address sharing information.

6. LAC placed out of the Salford area

Children's Services departments have a duty to notify the local authority and local NHS trust when a LAC is placed in their area. The child or young person will be able to access the local health services. Permanent registration with a General Practitioner will ensure the doctor has access to the child or young person's full medical history. The child/ young person and carers will also be able to access the health visiting and school nursing services.

Initial Health Assessments can be carried out in Salford if the child/young person is visiting the area. If this is not appropriate procedures are in place for Salford to request community consultant paediatricians in other areas to undertake either the initial or the review health assessment in accordance with their local procedures.

With Salford children placed out of area difficulties can arise in meeting the statutory health assessment requirements. Salford is part of a North West Wide Agreement on the Implementation of the Responsible Commissioner Guidance for looked After Children Placed Out of Area.

7. LAC placed in Salford by other Local Authorities

All children living in Salford including those looked after by other authorities have a right to access all health services available. Being permanently registered with a General Practitioner will ensure that the child's full medical

history is available. The child/young person/ carer will have access to the health visiting and school nursing services.

Within the Salford area children from other authorities may reside in independent residential children's homes, may be fostered or placed for adoption by private organisations. Young people may also be placed within Barton Moss Secure Care Centre.

It is a statutory requirement of the authority with responsibility to inform Salford Education, Health and Childrens Services of the child's details. This is important in order to ensure their health and other needs are met. Health assessments will be available for these young people according to the North West Wide Agreement on the Implementation of the Responsible Commissioner Guidance for looked After Children Placed Out of Area.

Salford Royal Foundation Trust will share health related information on a strictly need to know basis on children in their area with the responsible authority.

9. Audit of Monitoring Systems

Systems for the exchange of information are necessary to ensure the correct essential quality services are delivered to children & young people who are looked after. We will monitor systems in place regularly to:

- ensure the health needs of children & young people are addressed
- ensure good practice is in place
- ensure statutory requirements are met
- evaluate the quality of service
- complete government returns
- regular audit and review performance

Any change of circumstance of essential information will be exchanged via the standard 'change of circumstances form'.

Annually:

- Salford Royal Foundation Trust will produce an annual report.
- Performance Indicators will be completed as per statutory requirements

10. Review and update of protocol

This joint protocol between Salford Childrens Services and Salford Royal Foundation Trust has been reviewed and updated. It will be reviewed every 2 years.

However if there are major government changes this protocol may be reviewed earlier.