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

The ***aim*** is to make sure that all looked after children and young people are physically, mentally, emotionally and sexually healthy, that they will not take illegal drugs and that they will enjoy healthy lifestyles.

The roles and responsibilities of local authorities

Duties to looked after children

Local authorities have a duty to safeguard and to promote the welfare of the children they look after [section 22 of the Children Act 1989].

This should all be done in accordance with the relevant Regulations [Arrangements for Placement of Children (General) Regulations 1991 (as amended) and the Review of Children's Cases Regulations 1991 (as amended)] and best practice to ensure that it is possible to comply with these requirements in every child's case. (10.1.1)

The legal status of children who are the subject of a care order is not affected by detention under the Mental Health Act or in custody. The responsibility of the local authority to promote the welfare of looked after children who are so detained remains and every effort should be made to make sure these children's health needs are identified and met, wherever they are living. (10.1.3)

The local authority has a legal duty under the Children Act 1989 to support its looked after children. The local authority will aim to perform that duty as a good corporate parent and should aim to do at least what a good parent would do. It is the local authority ***as a whole*** which has responsibility for that child. (10.1.4)

Health assessments

It is the responsibility of the local authority to make sure that health assessments are carried out. PCTs have a duty to comply with requests by local authorities for help in the exercise of their functions.

9.8.1 (NB. Detailed guidance on health assessments can be found in the Practice Guidance.)

It is the responsibility of the local authority to make sure that health assessments are carried out for every looked after child. PCTs have a duty to comply with requests by local authorities for help in the exercise of their functions to make sure that this happens in accordance with statutory requirements on local authorities. The following principles should be taken into account when planning or conducting health assessments:

- Each child or young person should have a holistic health assessment on entering care.
- This first assessment should be undertaken by a registered medical practitioner in accordance with the Children Act (Miscellaneous Amendments) (England) Regulations 2002. These are due to be superseded by the Care Planning Placement and Case Review (England) Regulations 2010 which are currently being prepared. Review assessments may be carried out by an appropriately qualified registered nurse/midwife.

- The first health assessment should result in a health plan by the time of the first review of the child's care plan, four weeks after becoming looked after.
- All children who become looked after will have had a Core Assessment and the record of this assessment should be updated in the light of the child's changed circumstances (i.e. that is looked after and has been placed in accommodation by the local authority).
- Attention should be given to the continuity of previous plans and interventions where appropriate.
- All staff with information about the child's health should ensure this is made available to the person undertaking the assessment as soon as possible.
- Local areas may find it helpful to have a system of identifying one health professional to undertake the co-ordinating role for individual children's health.
- The health assessment is not an isolated event, but part of a continuous process with emphasis being put on ensuring actions in the health plan are being take forward.
- Successful health assessments will require a flexible and child-centred approach, appropriate to the child or young person's age and stage of development.

9.8.3 Looked after children may also undergo routine health checks at school, alongside their peers. In these instances, where the outcomes of the checks are normally notified to parents, the outcomes of checks for looked after children should be notified to both the main carer and to the child's social worker. The information should also be provided to parents of children accommodated under section 20 of the Children Act 1989.

Health Plans
It is the responsibility of the local authority to make sure that every child it looks after has a health plan which forms part of the overall care plan. PCTs must cooperate with the local authority to ensure that the health plan is effective.

Local authorities should have arrangements in place, in accordance with relevant regulations, to ensure that every child it looks after, regardless of where that 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.

9.9.1 Key principles of the health plan
As with health assessments, making sure that every looked after child has a health plan which forms part of their care plan, is the responsibility of the local authority that looks after the child. It is essential that PCTs co-operate with local authorities to make sure health plans are effective. The following principles should be adhered to when preparing, drafting and reviewing health plans:

- The health plan should clearly set out the objectives, actions, timescales and responsibilities, arising from the health assessment.
- The health plan should be reviewed in line with the statutory review46 timescales. Health assessments must be undertaken twice a year for children under 5 years, and annually for children and young people 5 years and over.

- The local arrangements for reviewing the health plan will balance the sensitive and confidential nature of the child's and young person's health information, whilst ensuring it is appropriately integrated into the overall care plan, in order to ensure that required actions are monitored.
- 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 plan should be part of this.
- The health plan should be drawn up in conjunction with a health care professional, and with the child's parents whenever practicable.
- Fostering service providers should work with foster carers to provide information about the child's health needs for the planning and review process.

9.9.2 The health plan should be continued as appropriate when the child returns home.

9.10.1 The **content of the health plan** will vary according to the age and development of the child. The content should always reflect the issues that are addressed at the health assessments, including physical and emotional health. Guidance on age appropriate content for the health assessment, and therefore the health plan, can be found in the Practice Guidance. The following should be included as a minimum in all health plans, in line with the requirements of the Regulations:

- The child's state of health, including physical, emotional and mental health;
- The child's health history including, as far as practicable, their family's health history;
- The effect of the child's health history on their development;
- Arrangements for the child's medical and dental care appropriate to their needs, including:
    a. routine checks of the child's general state of health, including dental health;
    b. treatment and monitoring for identified health (including physical, emotional and mental health) or dental care needs;
    c. preventive measures such as inoculation;
    d. screening for defects of vision or hearing; and
    e. advice and guidance on promoting health and effective personal care;
- Any planned changes to the arrangements.

Local authorities should, before a placement is made, **notify** the child's registered practitioner, parents (in most cases) and those caring for the child. When the child starts to be looked after, changes placement or ceases to be looked after the local authority should, as a legal requirement:

- Notify the PCT for the area in which the child is living
- Notify the PCT and the local authority for the area in which the child has been placed.

Local authorities should have a system in place to **monitor** whether the health needs of children placed out-of-authority are being met.

9.3.3 Local authorities need to have a system in place to monitor whether the health needs of children placed out of authority are being met. The review of the care plan (within 28 days, three months, six months and at six monthly intervals thereafter and at other times if necessary) should be the normal mechanism for doing this.

9.3.2 If the authority decides to place a child outside of their area because there is no suitable accommodation in their own area, then with the PCT they should make

arrangements to secure appropriate health services for the child, in accordance with the health assessment and the child's health plan.

Whether or not those delivering services to looked after children work within integrated looked after children teams, it is the responsibility of all staff working with looked after children to ensure they **liaise effectively** with professional colleagues to ensure that health and care planning meets the child's needs.

Strengths and Difficulties Questionnaire (SDQ)
Local authorities are responsible for making sure that a Strengths and Difficulties Questionnaire (SDQ) is completed for every child they look after aged between 4 and 16 inclusive.

9.11.2 Local authorities are required to make sure that a Strengths and Difficulties Questionnaire (SDQ) is completed for each of their looked after children aged between 4 and 16 inclusive. The questionnaire should be completed by the main carer, preferably at the time of the child's statutory annual health assessment. The authority will need to distribute and explain how to use the questionnaires to each carer.

9.11.5 Where an SDQ completed by a carer suggests there may be a difficulty, it will be important to seek completion of the SDQ by the child and the child's teacher to obtain further perspectives. If these further reports also raise concerns, consideration should be given to the use of a diagnostic tool to enable an appropriate intervention to be identified, as SDQs are not a diagnostic tool and should not be relied upon as the only source of information on the emotional health of looked after children.

The role of the social worker
The child's social worker is responsible for making sure:

- he or 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 the regulations.

10.4.1 It is the role of the social worker to ensure that adequate arrangements are made for the child's care and that a plan is made, in partnership with the child, their carer, their parents and other agencies, so that the child's future is secure. This plan should include a Health Plan, based on the needs identified in the health assessment. The social worker is also responsible for ensuring that the plan is implemented and reviewed in accordance with Regulations, although many of the actions may be the responsibility of other agencies.

Supporting foster carers to promote health
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.

Local authorities, normally through the social worker, should ensure that foster carers and residential care workers know how to contact designated and lead health professionals for each child in their care and how to access the services the child needs.

10.7.1 Standard 12 of the National Minimum Standards for fostering services and the Fostering Services Regulations 2002 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.

10.7.2 Foster carers should be given a written health record for each child in their care, which includes the child's state of health and identified health needs and is regularly updated and moved with the child. In most cases, foster carers should also be given the child's or young person's health plan as it is foster carers who have day-to-day responsibility for making sure a child's health needs are met. However, it should be noted that consent to this should be obtained in the case of young people who are "competent" in line with the criteria outlined in the Fraser
Guidelines. Local authorities must ensure that information about any health needs or behaviours which could pose a risk of harm to the child, the carer or to members with information about the support which will be available to the child and carer to address and manage these difficulties.

10.7.3 Local authorities should ensure that foster carers and residential care workers know how to contact designated and lead health professionals for each child in their care and how to access the services the child needs. This may include access to CAMHS consultation services for the child or carer. Foster carers and residential care workers should ensure that each child in their care attends all relevant health appointments, including their health assessment.

Leaving care
Personal advisers should work closely with doctors and nurses involved in health assessments and would benefit from training in how to promote physical and mental health.

Local authorities should provide looked after children with free access to **positive activities** and related facilities they own, deliver and commission. This includes access for looked after children who are **teenage parents** with arrangements for necessary childcare.

9.17.3 Young people leaving care should be able to continue to obtain health advice and services at what is often a very stressful time for them. Personal advisers should work closely with doctors and nurses involved in health assessments and would benefit from training in how to promote both physical and mental health.
Leaving care services should ensure that health and access to positive activities are included as part of young people's pathway planning, and could consider using their premises to offer health services. CAMHS transitions should be planned at least 6 months in advance of the 18th birthday, in line with recommendations in the CAMHS Review.

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

<u>Roles and responsibilities of the NHS</u>

11.2

- There is a **named public health professional** with responsibility for children in need issues including child protection as necessary. Looked after children are part of this wider group of children in need and should be considered as part of the Joint Strategic Needs Assessment.
- Systems are in place to ensure children and young people who are looked after are registered with **GPs** and have access to **dentists** near to where they are

living, even if this is a temporary placement, and that primary care teams are supported where appropriate in fulfilling their responsibilities to looked after children.

- When children or young people looked after need to register with a new general practitioner (e.g. when they enter care or change placement), that arrangements can be made to “fast-track” the transfer of GP-held clinical records.
- When a child or young person moves placement or moves into the area from the area of another PCT, necessitating moving from one NHS waiting list to another, he/she is not disadvantaged by being placed at the bottom of the new list. Every effort should always be made to ensure that looked after children are seen without delay or wait no longer than a child in a local area with an equivalent need who requires an equivalent service. The commitment for NHS patients in England to start their consultant-led treatment within a maximum of 18 weeks from referral includes patients who move home and between hospitals.
- Appropriate arrangements are in place for the **transition** from child to adult health services.
- There is effective co-ordination between health bodies, particularly at a strategic level. This should include **joint working** between public health, clinical health and CAMHS so as to ensure a social rather than purely medical model of promoting health.

11.3.2

- an **annual report** to inform the appropriate provider board and the commissioners;

(From Practice Guidance)
The designated doctor and nurse will work together to fulfil the following functions:

Annual report

- the delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;
- it should also include the results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;
- the report will be presented to the Chief Executive of the PCT Board who commissioned it and the Director of Children’s Services.

Child and Adolescent Mental Health Services
9.12.2 As a result of the evidence collected through the CAMHS review and through the fieldwork carried out to inform the revision of this guidance, PCTs are required to ensure that:

- a child is never refused a service on the grounds of their placement being short term or unplanned;
- there are referral pathways that are understood and used by all agencies that come into contact with the child;
- CAMHS services provide targeted and dedicated services to looked after children where this is an identified local need. This could include a dedicated

team or seconding a CAMHS professional into a looked after children multi-agency team.

Some Key Practice Guidance

2.6 Children in care will spend a significant amount of their time in an **education setting** – nursery, school or college. Research evidence shows that these settings have a key role in promoting the well-being of children and young people, both through their teaching of health education and through their pastoral care of those in their charge. Those responsible for oversight of children in care should ensure that there are strong links between education settings and care staff and health professionals.
Education staff are not health experts or social workers, but they are in a position to spot problems at an early stage and can offer a supportive environment in which to work with specialist staff to address a particular physical or emotional health problem. All education settings should be supported in this role through good communications and appropriate staff development and should know where to go for expert help and how to maintain effective referral arrangements. This support should also pick up on particular issues around child protection and confidentiality of shared information.

Care planning and placement quality

4.1 We want all looked after children to have kind, understanding and committed carers- whether foster carers or residential staff- and we want to encourage that element of 'stickability' which research has shown to be key to the successful continuation of relationships [Sinclair I., Fostering Now Messages from Research. Jessica Kingsley Publishers (2005)]. The more engaged carers are in the child's life and the greater their role in decision-making, the more likely they are to develop that close bond which will lead to successful outcomes for the child.

4.2 This means that the child and the carer must be at the centre of all the activity. The work of the wider team around the child – the social worker, health professional, teacher – must be undertaken in a way which strengthens and supports the role of the carer rather than taking away responsibility.

4.3 Being valued and protected by an adult or parental figure is one of most important ways of teaching a child how to grow up to protect him or herself. Carers have a key role to play in promoting the safety of the children and young people they care for but it happens most effectively in the context of a stable relationship. Stability is the keynote of the Government agenda for looked after children and the Care Matters White Paper set out a range of actions for central and local government to promote stability in all aspects of the child's life.

4.5 Carers have a responsibility to provide the kind of home environment that actively promotes a healthy lifestyle. But equally they need to encourage young people appropriately to take some responsibility for their own health and well-being as part of growing up. This may mean providing health information or access to services, supporting their development and answering their questions. Providing them with a positive sense of identity and helping to build their self esteem and self efficacy will give them the confidence to do this.

4.6 Carers should ensure that children and young people in their care attend clinic/health appointments and visit the dentist and optician on a regular basis accompanied by their carer or another trusted adult of their choice as appropriate. They have a key role to play in identifying the child's health needs; keeping records up to date in their Child Health Record Book (red book) where appropriate and ensuring that they contribute to the child's health and education plans as part of the overall care plan, in partnership with the agency, birth parents and other relevant people. They must be the child/young person's champion and advocate on their behalf, if necessary, to access and use the various health services.

4.7 Lack of clarity about where responsibility lies often hampers the efforts of carers to promote children's health. To make sure carers are clear about their roles and responsibilities, the local authority looking after the child should ensure that appropriate delegations are in place through the placement planning process and recorded within the Placement Information Record or Placement Plan.

4.10 Personal and social skill development is fundamental to a successful childhood and adulthood. Many of these skills are derived from secure attachments and successful pre-school experiences and some looked after children will have lacked opportunities to acquire these basic skills. Carers, social workers and health and education practitioners have a vital role to play in identifying gaps and working with the child or young person to find ways to fill them. Examples would be in noticing that a child has difficulty in sustaining friendships, being picked for a team, being able to take turns or expressing him or herself in class. Such opportunities for new and enhancing experiences can also address some of the health promotion gaps which also affect the health, safety and well-being of this population of children.

5.3.3 While a child may not start to see a dentist in his or her own right until the age of 2 or 3 it is recommended that carers of babies and very young children take them to their own dental check ups so that they become used to having teeth checked at an early age

NB. Unless clearly stated all references are to the statutory guidance published November 2009.