



Children's Safeguarding and Family Help

Corporate Parenting Service

Promoting the health of looked after
children: multi-agency guidance

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1 Introduction

As corporate parents, local authorities have a duty to promote the health of looked after children. Being healthy is one of the key outcomes for all children as poor health will affect a child's ability to achieve their potential in all areas of their lives, and childhood health problems can have a negative impact on education and life chances.

The health gap

Looked after children often have poorer health outcomes than their peers for a variety of reasons:

- Their pre-care experiences of poor parenting and possibly abuse and neglect mean they are likely to enter the care system in poor health and many will have at least one physical ailment.
- They are more likely to suffer from emotional and mental health problems stemming from early parenting and care experiences. Unaccompanied asylum seeking young people in particular have an increased risk due to experience of separation from family, loss and trauma, displacement, violence and resettlement.
- There are higher levels of risk-taking behaviour and self-harming amongst the looked after population.
- Lack of placement stability means they may experience problems in accessing primary health services such as GPs and dentists, particularly if they are placed out of borough. This may also result in gaps in their recorded health history.
- Looked after children are more likely than their peers to misuse substances and experience higher levels of teenage pregnancy and early parenthood.
- Disabled children who are looked after are at risk of having their needs overlooked, particularly during the transition to adult care.
- In general, there is a tendency to focus on specific health problems and illnesses rather than looking at the child's health in a holistic way and ensuring healthy lifestyles which can prevent poor health in the future.

2 Aims of this guidance

This policy sets out how social workers, Independent Reviewing Officers, foster carers, residential workers and key health professionals, in partnership with children and parents, will work together to ensure that all the health needs of children who are looked after by Camden are met.

The policy aims to ensure that all looked after children achieve good outcomes for their physical and mental health and emotional wellbeing and that they are able to make good choices on healthy lifestyles in the future.

Corporate parenting standards

- Health assessments and plans are child-focused and enable the child to fully participate in making decisions about their health care while gaining increasing responsibility for their own health.
- Assessments are accurate and plans are capable of meeting all of the child's health and developmental needs as well as promoting their health and reducing inequality of health outcomes now and in the future.
- Services are of a high quality and tailored to the individual health needs of the child.
- Professionals are aware of their role and responsibilities to promote the child's health and work together effectively to achieve this.
- Placements provide looked after children with stable, loving homes where health is promoted through healthy eating, exercise and positive activities.
- Looked after children receive a good standard of primary health care, including immunisations and health and development screening, and are registered with a GP and dentist.
- Looked after young people are given advice and guidance on issues such as sexual health and relationships, substance misuse and mental and emotional wellbeing.

3 Roles and responsibilities

Local authorities are responsible for promoting the health and wellbeing of Looked After Children. However, ensuring good health outcomes for looked after children requires joint working by social workers, carers and key health professionals.

3.1 Social workers

CLA social workers are responsible for:

- making arrangements for the child's health to be assessed, implementing the health care plan and ensuring the plan is reviewed at the statutory CLA review
- recording all health information in the care and placement plans and making this available to the child's carer at the time the placement begins, with any specific health issues being discussed at the placement agreement meeting
- ensuring there is an accurate record of all relevant health data on the child's case file
- obtaining parental and any other required consent to all necessary medical assessments and treatment and agreeing levels of delegated responsibility with parents and carers
- ensuring carers receive all relevant health information and records for the child such as parent-held records and appointment cards
- involving the child and their parents, where appropriate, in the process so that they have an opportunity to make their views and wishes known and acted on, where possible
- ensuring that the child is receiving universal and specialist health care where needed and is registered with a GP and dentist
- working with all professionals to ensure the child's health care plan is implemented and that the child's health needs are met on a day-to-day basis
- ensuring notification of the placement is sent to the relevant Integrated Care Board where the child is placed out of borough.

3.2 Independent Reviewing Officers (IRO)

The IRO should:

- ensure the health care plan is in place for the child and that it is monitored and reviewed as part of the statutory CLA review
- where any agreed actions are not being carried out, discuss this with the social worker and their manager and take any action necessary to ensure progress
- ensure the child has been able to participate in the review of their health care plan.

3.3 Fostering services and the Resource team

Fostering services have a duty under the National Minimum Standards for Fostering to ensure the child's health is promoted whilst in placement and that foster carers receive support to help them meet the health needs of children placed with them. This includes:

- providing training in basic health and development, first aid, health promotion, hygiene and contagious diseases both as part of the assessment process and on-going training for approved foster carers
- ensuring through visits and reviews that foster carers provide healthy home environments
- considering the child's health needs and local service provision when choosing placements, particularly where the child has specific health needs
- providing specialist equipment where this is required for the general care of children with special medical needs
- enabling foster carers to access specialist advice on issues, for example mental health, substance misuse, sex and relationships
- ensuring foster carers are provided with full information about the child's health needs at the time of placement including information about any health needs or behaviours that may place members of their household at risk

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- ensuring foster carers are fully aware of what decisions have been delegated to them regarding the child's health and any medical treatments, as well as who to contact for other decisions
- ensuring that foster carers know how to access services on behalf of the child
- providing guidance on the storage and administration of medicines.

The Resource team will ensure through robust commissioning monitoring processes that agency foster carers and residential provision used by Camden complies with this guidance and is able to meet the health needs of looked after children.

3.4 Foster carers and residential workers

Carers are responsible for the day to day care of looked after children and should:

- have a good understanding of child development and how health issues can impact on this
- provide a home environment where healthy eating and lifestyles are promoted, such as healthy diets and exercise
- encourage the child to take an interest in their health and help them to gain an understanding of how they can safeguard their health both presently and in future years
- provide information on the child's health and wellbeing as part of their contribution to the CLA review and the on-going development of the child's health plan
- seek medical advice and treatment for the child promptly
- monitor the child's general state of health, keeping social workers informed of any health issues that may arise, in particular any accidents or emergency hospital admissions
- register the child with local health services such as GPs, dentists and opticians and ensure the child attends health assessments and medical and dental appointments where required

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- be aware of what consent to medical assessment and treatment has been delegated to them regarding the child and who to contact to seek advice where clarification is needed
- comply with any directions regarding storage and administration of medicines, drugs and other treatments
- help the child to access the services they need by advocating for them where necessary
- keep clear records relating to the child's health as directed by the Fostering Service.

3.5 CLA health team

The CLA health team based in the Crowndale Health Centre should provide designated sessions for CLA in order to:

- carry out initial and review health assessments and draw up health plans
- provide advice to Camden as a corporate parent on the health needs of individual looked after children
- provide a contact point for social workers, carers and other medical professionals on health matters for individual children
- liaise with CSFH on the administrative processes around carrying out health assessments.

The sessions should be carried out by Camden's CLA paediatrician and designated CLA nurses who should work jointly with social workers and carers to ensure that the health needs of looked after children are being identified and that their health plan is being implemented.

3.6 CAMHS CLA and Refugee team

This is a multi-disciplinary team co-located with the CLA social work teams and which is responsible for contributing to the assessment of young people's emotional and mental health and providing a range of structured and non-structured interventions including individual therapy and group programmes for young people and their carers.

3.7 Responsibility for providing health services

Camden Provider Services is responsible for providing primary and secondary health services for any looked after child placed in Camden.

Primary health services are front-line, universal health services that normally have first contact with patients, for example GPs and dentists. Secondary health services cover acute care and specialist outpatient services provided by specialist medical staff, normally in hospital settings following referral by a GP or other primary care professional.

Where a child is placed out of Camden, the local health trust where the child lives will be responsible for providing primary health services but Camden Provider Services will be responsible for the payment of secondary health services.

For this reason, social workers will ensure that the local health trust is notified of any out of borough placement as soon as possible so that they are aware of the need to provide the child with primary care services.

4 Implementing the duty

4.1 Health assessments and plans

- Every looked after child should have a health assessment when they first become looked after in order to identify their health needs and ensure that these are addressed in their health care plan.
- A review health assessment should be carried out every 6 months for children aged under 5 years and every year for children aged 5 years and over.
- Initial health assessments will be requested by the social worker within 2 working days of the child becoming looked after and carried out within 2 weeks so that the child's health plan is available at the first statutory CLA review.
- Initial health assessments should be carried out by the CLA health team based at the Crowndale Centre as they have specific expertise, unless this is not practicable because the child lives out of the London area. Review health assessments may be carried out by the CLA nurse at the placement or by the local CLA health team where the child is placed.

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- Social workers are responsible for making arrangements for assessments to be carried out, but foster carers may have a role in bringing children to assessments.
- Following assessment, the CLA paediatrician or CLA nurse will make recommendations for the child's health care that will be included in the child's health care plan.
- The child's health care plan is part of their care plan and will be completed by the CLA paediatrician or CLA nurse; the first health care plan should be available at the first statutory CLA review held one month after the child becomes looked after.
- Subsequent reviews of the health care plan will take place at 3 months then every 6 months at the statutory CLA review of the child's care plan.

4.2 Dental and optician checks

- It is important that information on the child's dental record is made available to the statutory CLA review and a dental check carried out when the child becomes looked after if a check has not taken place recently. The need for a dental check should be flagged by IRO at first CLA review with an expectation that it is completed within 6 months.
- Following that, social workers should liaise with carers and key workers to ensure children have a dental check up every 6 months and that any required dental treatment is carried out.
- Where required, social workers should also liaise with carers and key workers to ensure that children who need to be seen regularly for checks by an optician.

4.3 Consent for health assessments and treatment

- Social workers will seek written consent from parents allowing health assessments and medical treatment to be carried out in respect of the child and for sharing medical information.
- Where children are accommodated with their parent's consent, parental consent **must** be given before any assessment or treatment can be given or medical information shared.

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- Where a child is subject to a care order and parents refuse consent to assessment or treatment, consent can be given by the CSSW service manager.
- The question of consent for assessments and treatment must be discussed at the placement agreement meeting and it should be clearly recorded in the placement plan what decisions about the child's health care can be taken by foster carers and which decisions must be made either by the child's parents or Camden.
- Foster carers may consent to emergency treatment for a looked after child where this is necessary to safeguard and promote the child's welfare and where delay caused by seeking consent would seriously harm the child.
- Where a child is subject to a care order and requires invasive, non-routine medical treatment such as surgery, consent must be sought from the Director of CSFH.
- Young people aged between 16-18 years are able to give and withhold consent to medical assessment and may sign the consent forms themselves.
- Where young people aged 16-18 are thought to lack the capacity to make informed decisions under the Mental Capacity Act 2005, a parent or someone with parental responsibility should be asked for consent.
- Young people aged between 13-15 years may also give or withhold consent if they understand the implications of this and are considered by the medical practitioner to be *Gillick competent*. However they cannot **legally** withhold consent and their refusal can be overridden by their parent or whoever has parental responsibility.
- Some young people may refuse consent to assessment; these cases should be notified to the CLA nurse who will take steps to contact the young person and offer alternative health care arrangements.

4.4 Mental and emotional wellbeing

Looked after children are more likely to experience mental health issues and emotional problems than their peers. This can be due to poor pre-care experiences, separation from their family and the impact of trauma in their early life.

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Often, these difficulties manifest themselves as poor behaviours, leading to the child's mental and emotional problems being overlooked as the focus is put on dealing with behavioural issues.

To overcome this, the CAMHS CLA and Refugee Team is co-located with the Looked after Children's social work team in order to increase recognition of problems and improve access and engagement with services. It also enables the team to provide swift intervention where there is significant concern regarding a child or young person's mental health.

The team also works closely with the CLA health team, attending the initial health assessment of unaccompanied minors when they attend the Crowndale Health Centre and completing an initial screening of their emotional wellbeing and risk assessment. This is then included in the initial health assessment report where recommendations are made on how the young person's mental health can be supported.

It is Camden's policy that looked after children are assessed in order to identify those children who are exhibiting or at risk of developing mental, emotional and behavioural difficulties and who may need extra support and services to address these.

A strengths and difficulties questionnaire (SDQ) will be carried out by carers and keyworkers for every looked after child aged between 4-16 years who has been looked after for over a year. The questionnaire will be repeated on an annual basis in order to track their mental and emotional wellbeing. Where a questionnaire indicates that a child has a high level of emotional or behavioural difficulties, the child will be referred to a suitable resource, for example CAMHS.

4.5 Positive activities

Taking part in positive activities is vital for improving children's wellbeing as it can raise self-esteem and help them develop new skills and social networks that can be a source of support. In turn, these can help children to build their resilience.

Local authorities have a statutory duty to ensure that they provide free activities for looked after children, and social workers are responsible for linking with children, young people and their carers to look at what opportunities are available in Camden (or other boroughs where appropriate).

Social workers and foster carers should also look at any other opportunities available for children, particularly those that may support the child's cultural identity, and provide any financial assistance or support, including child care for young parents, that enables looked after children to take up these opportunities.

4.6 Sex and relationships

Developing healthy attitudes towards sex and sexual relationships is a key element of growing up. However, pre-care experiences of abuse and neglect may make looked after children more vulnerable to sexual exploitation. Disruptions to care placements and schooling could also mean they miss vital sex education lessons at school.

It is essential that as corporate parents, social workers, foster carers and health professionals help looked after children to develop their sexuality and negotiate sexual relationships in a way that keeps them safe.

Sexual health issues and contraception will be discussed at each young person's review health assessment and referrals will be made as appropriate to local sexual health clinics, in liaison with the allocated social worker.

Information and guidance on this topic can be found in Camden's sex and relationships policy for looked after children and the sex and relationships information leaflet, available from CSFH social workers.

4.7 Substance misuse

Research suggests that looked after young people begin using substances at an earlier age and more regularly than their peers and that some may use substances as a coping strategy that helps them block out bad memories and experiences.

Consequently, their use is more likely to become established and dangerous and can make them more vulnerable to sexual exploitation and grooming, anti-social and criminal behaviour, early parenthood and poor school achievement.

Foster carers and residential workers have a key role in helping to educate looked after young people on substance misuse and Fostering services support carers to do this by providing appropriate training and materials. Social workers can also make referrals to agencies where the young person needs support.

Social workers should carry out a Drug Use Screening Tool (DUST) with looked after young people on a yearly basis in conjunction with Camden's Forward Drug and Alcohol Service order to identify those who are vulnerable to or at risk from substance misuse.

4.8 Self-harming

Self-harming is defined as "a non-fatal act in which an individual deliberately causes self-injury or ingests a substance more than the therapeutic dose". It is normally a hidden activity with incidents generally occurring within the age range of 12-19 years, with a significant rise at 16 years. Girls are much more likely to self-harm than boys, but the difference in rates decreases significantly post 16.

Self-harming is rarely a single incident and may be repeated over a long period of time. Various factors can contribute to self-harming behaviour, including mental or emotional difficulties, traumatic experiences, stress, difficult family relationships, bullying and low self-esteem. Looked after children are more vulnerable to these factors and consequently, they have a much higher rate of self-harming than the general population.

Motivations for self-harm can be varied; some may be suicide attempts, and some may be a "cry for help". However, many young people use self-harm as a coping strategy as the act can provide them with a release from unbearable mental pressure or distress. For this reason, they may view self-harm as a positive action that they can control and therefore may not seek help, making recognition of the problem difficult for carers and social workers.

It is essential that foster carers, key workers and social workers share information about self-harming history or incidents, including triggers for self-harming and that this is discussed at placement agreement meetings, with information recorded on the placement plan. This should include a strategy for preventing or reducing self-harming incidents and what actions to take following an incident.

In the event of a medical emergency, foster carers and residential workers should be aware of the following guidance issued by the NHS on what action is taken by A&E departments when a young person is admitted following an incident of self-harming.

<http://www.nice.org.uk/nicemedia/pdf/CG016publicinfoenglish.pdf>

Foster carers and residential workers should record any incidents of self-harming in their daily log or incident book, and report these to the allocated social worker within 24 hours. Records should also show what action was taken, for example first aid administered or admission to hospital.

Social workers are responsible for notifying the young person's parents where this is in the young person's best interests.

5 Children in specific circumstances

5.1 Care leavers

Care leavers are a particularly vulnerable group and research shows that their health may worsen in the months following their move to independence as they struggle to deal with health issues on their own. They are also more likely than their peers to:

- be young parents
- need input from mental health services
- be vulnerable to sexual exploitation and may need guidance to help them develop healthy attitudes towards sex and relationships
- need to transfer to adult health services
- need help around substance misuse.

It is essential that preparation for leaving care helps young people to take responsibility for their own health and promotes healthy lifestyles, as well as helping them to build up social networks that can improve their emotional wellbeing.

The CLA nurse specialist will provide care leavers with a leaving care discharge summary giving them information on their past health history including immunisations and information on how to access health services. The nurse adviser will also offer care leavers an interim review to support them to follow up any health issues that were identified at their last CLA review.

CLA nurse advisers, social workers, personal advisers, foster carers and housing support workers should share information in developing the young person's pathway plan so that any health related issues are addressed.

5.2 Young parents

Young people who are or have been in care are more likely to experience early parenthood than their peers. For some, it is a positive choice and many see it as an opportunity to instigate positive changes in their life, experience positive aspects of family life and give themselves a purpose and direction.

However, they are also:

- less likely to have support from family
- experience wide variations in support services
- report more negative attitudes and perceive they are more harshly judged by professionals
- have higher expectations placed on their parenting ability despite their manifest disadvantage of experiencing positive parenting
- less likely to trust professionals
- more likely to have their child removed from their care
- less likely to continue in education or employment.

To help young people overcome these problems, social workers, foster carers, keyworkers and health professionals should work together to provide advice and support to the young person and ensure they access appropriate services, ante-natal and post-natal care and parenting support.

Young parents will also require practical and emotional support from their professional network while they adjust to their parenting role and need to be encouraged to continue with their education, training and employment plan so that they can secure their future and their child's.

If there are concerns about a young person's ability to meet their child's needs, carers and keyworkers must make appropriate referrals to CSSW. A pre-birth assessment will normally be carried out where a looked after young person or care leaver becomes pregnant.

Social workers need to be open and honest about concerns and explain what actions CSSW need to take in order to reduce risk and improve outcomes for both parent and child. This is particularly important in order to ensure the young person continues to engage with services.

5.3 Children affected by blood borne viruses

Some looked after children and young people may be affected by blood borne viruses such as HIV and Hepatitis B and C. Because of the social stigma attached to blood borne viruses, it is Camden's policy that the child's status is kept as confidential as possible and only shared with the professional network on a need to know basis.

Social workers are responsible for carrying out testing whenever it is thought likely that a looked after child may be affected by a blood borne virus. Testing normally takes place where:

- the mother's health history makes it likely she was affected and would have passed the virus on during pregnancy or birth
- an unaccompanied asylum seeking child arrives from a country where blood borne viruses are prevalent and there is a lack of health information available
- young people are engaged in high risk sexual behaviour, abuse or exploitation or intravenous drug use.

In general, the child's status will not be disclosed to the professional network unless they need to know in order to support the child or manage the risks associated with blood borne viruses.

Generally foster carers and residential keyworkers will be informed because the carer will have responsibility for administering medication or keeping hospital appointments and managing day to day risks. Carers and keyworkers will be expected to attend specialist training to ensure they are able to carry out their role.

As children who are infected by blood borne viruses reach adolescence, managing risk may become more crucial as they begin to embark on sexual relationships. It is important that young people:

- are aware of their status
- know the potential risks to their partners
- know what action to take to minimise risk
- are able to access expert advice, guidance and counselling.

Social workers, in consultation with foster carers and keyworkers, will decide how and when children will be told of their status. This will allow the young person to explore what their status means to them, how it may affect their lives so that workers and carers can understand their anxieties and can help the young person to access appropriate counselling, support and information.

5.4 Children placed out of borough

Children placed out of borough can experience poorer health outcomes because of problems in accessing health services or medical records. To overcome this:

- Social workers need to ensure notifications are sent to the local health trust in line with statutory requirements.
- Foster carers need to ensure looked after children are registered with relevant local health practitioners, ie: health visitor, GP, dentist, optician as soon as possible.
- Clear agreement should be made with the receiving health trust and Camden Provider Services regarding provision of primary and secondary care services.
- GPs should make immediate arrangements to transfer the child's medical records on request from the new GP.
- Social workers should ensure parent-held health records and appointment cards are given to foster carers.
- CLA reviews should monitor the impact on health outcomes for the child as a result of being placed out of borough, for example accessing services, ability to attend health appointments in Camden.
- Business support officers should ensure that all health information such as GP details is kept up to date on MOSAIC.

The CAMHS CLA and Refugee Team will support the referral of young people who are placed out of borough to ensure that their mental health needs continue to be met. There may also be times when due to poor engagement the team will remain involved with the young person in order to support the network.

5.5 Young people who have been detained

Where a young person is subject to a care order to Camden and has been detained either under the Mental Health Act or in custody, Camden's duty to promote their health and wellbeing will continue.

The provisions as to health assessments will not apply but Camden must take all reasonable steps to ensure that the child is provided with appropriate health care services, in accordance with the Detention Placement Plan including medical and dental care and treatment, and advice and guidance on health, personal care and health promotion issues.

5.6 Unaccompanied asylum seeking children (UASC)

UASC are likely to have considerable physical, sexual and emotional health needs arising from their experiences in their country of origin and during their journey to the UK.

They may have experienced considerable trauma leading to emotional and mental health difficulties and may have been physically and sexually abused. As a result UASC may display high levels of anxiety and depression and may have difficulties sleeping.

This group can be difficult for health professionals to engage and there is likely to be a lack of historical health information available to health professionals. It is therefore essential that social workers and key workers work in close partnership with health professionals to support UASC to engage and ensure a comprehensive medical assessment is carried out and that they receive the services they need.

Camden has a specialist pathway for health services for UASC that aims to ensure all their health needs are met. The CLA health team will ensure that all UASC have a full assessment, including:

- screening for infectious diseases
- a sexual health check
- an assessment of their emotional health.

6 CLA health team contact details

Crowndale Children services
57 Crowndale Road, London NW1 1TN
Telephone number 0203 317 24013/2412/2413
Email: CLAadmin.cnwl@nhs.net

Team members:

Dr Gita Croft Consultant Paediatrician, Designated Doctor and Agency
Medical Advisor

Dr Alli Ward Consultant Paediatrician, Named Doctor CLA and CP

Miss Ane Lund Ringen Health Improvement Practitioner

Ms Susan Pritchard, Designated Nurse for CLA

Ms Sylvia Jeffers, Specialist Nurse for CLA

Ms Soo Davenport, Specialist Nurse for CLA