Lincolnshire COUNTY COUNCIL

NHS
Lincolnshire Community Health Services

Joint Protocol For: **Promoting The Health and Wellbeing of Looked After Children and Young People in Lincolnshire**

Between Lincolnshire County Council and Lincolnshire Community Health Services

Contents

Contents Continued

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Statement

Background	Children looked after by local authorities have usually already been identified as children in need and some will have been in need of protection. Many have profoundly increased health needs in comparison with children and young people from comparable social economic backgrounds. This protocol is a response to the Statutory Guidance on Promoting the Health and Well Being of Looked After Children (DH/DCSF, 2009) and sets out the process for health assessments of children and young people in Lincolnshire to support improving health outcomes.
Statement	Lincolnshire Community Health Services is committed to improving health outcomes for children in public care. Each child or young person will have been offered: • a holistic initial health assessment on entering care • review health assessments as identified.
Responsibilities	This protocol applies to staff directly involved in providing care to children in public care, and to those staff working with adults whose illness or condition may have an impact on the health or well being of a Looked After Child. Every staff member should have online access to the 'LSCB Child Protection Policy and Procedures which can be found on www.lincolnshire.gov.uk/lscb
Training	Practitioners undertaking initial health assessments and review health assessments for Looked After Children must have attended appropriate training
Dissemination	The policy will be disseminated via 'my Mail' to all staff, Managers, Safeguarding Children, and Vulnerable children and young people teams who will be expected to discuss the protocol with staff. It will be disseminated in Cluster News for GP's and a hard copy of the protocol will be sent to all GP's contracted to complete the LAC health assessments. The protocol will also be available on the website. If information is accessed on line and printed as a hard copy or saved in another location it must be checked that the version number and date on the hard copy matches that of the one on line.
Resource implication	Implementation of this policy is primarily in relation to training and staff capacity to include any increased demand for this service across Lincolnshire Community Health Services.

1.0 INTRODUCTION

1.1 The *Statutory Guidance on Promoting the Health and Well-Being of Looked After Children* (DH/DCSF, 2009) **AIMS** to ensure 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.

1.2 This protocol details the responsibilities of both Lincolnshire Community Health Services and Children's Social Care in respect of Health Assessments to all children and young people in the Looked After System.

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

1.4 Key legislative frameworks that inform and support this guidance are as follows:

- Every Child Matters (DfES, 2003)
- Children Act 1989 and 2004
- *Care Matters* White Paper (DCSF, 2007)
- The Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2009)

2.0 PURPOSE

2.1 The protocol will outline the accountability and responsibility for staff working with looked after children and involved with arrangements for statutory health assessment.

2.2 A 'Looked After Child' is a child or young person in care of the local authority under one of the following Legal Orders:

- Voluntary agreement with their parent(s) consent, or their own consent if aged 16 or 17 years, (Section 20) of the Children Act (1989).
- Care Order or Interim Care Order under section 31 and 38 of the Children Act 1989
- Accommodated under section 21 of the Children Act 1989 Provision of accommodation for **children** in police protection or detention
- On an Emergency Protection Order under section 44 of the Children Act 1989.

2.3 *'**As the corporate parent of children in care the State has a special responsibility for their wellbeing. Like any good parent, it should put its own children first. That means being a powerful advocate for them to receive the best of everything and helping children to make a success of their lives'*** (Care Matters: Transforming the lives of children and young people in care, DfES 2006).

3.0 TYPE OF CARE PLACEMENTS INCLUDED IN THIS PROTOCOL:

- Foster care, Local Authority or Private
- Residential Children's Homes, Local Authority or independent
- Placement with parents (with care order to local authority)
- With family (Kinship care)
- Pre-adoption
- In secure accommodation

N.B. This includes disabled children who may be looked after for short or long periods (including respite care) for 120 days or more within a year.

4.0 CONFIDENTIALITY, INFORMATION SHARING AND CONSENT

Common Law, the Human Rights Act 1998 and the Data Protection Act 1998 provide the main legislative framework governing the way in which confidential information is used.

(Refer to Appendix 4 for further information on *confidentiality, information sharing and consent*)

4.1 Consent for Health Assessments is recorded

When a Local Authority notifies health that a Looked After Child health assessment is required the child's social worker will provide the necessary information to support this:

4.2 British Adoption and Fostering (BAAF) '**Consent form: Looked After Children'** must be completed.

4.3 British Adoption and Fostering (BAAF)health assessment form, Part A contains information on the child's legal status, placement details, with consent from those who hold parental responsibility (unless consent has already been given – refer to 4.2)

4.4 If the young person is able to consent for health care (see Appendix 4) following an explanation of what is involved the young person is asked to consent by signing Part B, page 3 of the BAAF form. Children and young people may ask not to share their health information with certain individuals e.g mother, father, carer; if this is the case, this needs to be recorded clearly on this section of the BAAF form

5.0 THE HEALTH ASSESSMENT

5.1 Each child or young person should have a holistic health assessment on entering care. This should not be an isolated event but part of continuous activity to ensure the provision of high quality healthcare. It provides an opportunity for information to be gathered about the child's state of health.

5.2 When appointments are made, account should be taken of the child's wishes and choices offered. Also, appointments should preferably be made which do not disrupt the child's education

5.3 The British Adoption And Fostering (BAAF) forms will be used to record all health assessments for children in Lincolnshire. There are 4 versions of BAAF health assessments:

- children 0-9 years (Initial, and review health assessment form) and
- 10 years and older (Initial, and review health assessment form).

5.4 Objectives of Health Assessments and the Planning Process

The objectives of the health assessment and planning process are to:

- assess health risk and provide an opportunity to redress past health neglect, collate health history including peri-natal history;
- ascertain and advise on relevant family history;
- review immunisation status and missed child health screening episodes including dental and oral health;
- assess current health and mental health concerns;
- review and advise on known existing health problems and risk factors;
- ascertain outstanding appointments and places on waiting lists;
- identify unrecognised health needs;
- identify mental health, behavioural and emotional problems;
- recognise developmental or learning concerns;
- plan appropriate action and ensure recommendations are carried through;
- discuss life style issues;
- plan follow up.

(Statutory Guidance on Promoting the Health and Well-being of Looked After Children p 64-65, DCSF 2009)

5.5 Approach to the Health Assessment

Flexibility should be the key to carrying out an effective health assessment which will:

- be child focused;
- take account of the particular needs of children who are looked after and their families, including attention to issues of disability, race, culture and gender;
- be carried out at a time and venue convenient to the child or young person and their carers and parents;
- be sensitive to the child or young person's needs, wishes and fears;
- include information from all those involved with the care of the children, particularly the birth parents or other previous carers;

- allow sufficient time and preparation for the child to be given a clear understanding of the process and what is involved, so that they have the confidence to fully participate;
- be carried out in a place that facilitates the child or young person's participation.

Without such an approach any assessment or health care plan is unlikely to result in an improvement in the health of the child or young person. A negative experience will also adversely influence their future use of health services.

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

5.7 Following a child's admission into care, the Social Care responsible officer should ensure that the Looked After Children Health Service Coordinator is notified within 24 hours.

5.8 The child's details including the child's name, date of birth, current address name of carers and the circumstances of the child's admission into care, and GP details should also be forwarded to the health service coordinator.

5.9 To enable the health assessment process to take place the social worker for the child must ensure that consent for the health assessment has been obtained using the BAAF consent form. This should be forward to the health service coordinator within **24 hours** of a child's placement

5.10 The Health Service Coordinator will ensure the child's details are entered on SystmOne, flag the child's electronic record as 'looked after child' and send a task (information) to the health practitioner.

6.0 ARRANGING THE INITIAL HEALTH ASSESSMENT
(Appendix 1a &1b. STEP 1. Initial Health Assessment process)

6.1 The Health Service Coordinator will arrange an Initial Health Assessment. This is to be completed by a registered medical practitioner (in accordance with the Children Act Regulations 2002) within 7 days of the child entering public care.

6.2 The health coordinator collects the available child's immunisation status and previous health information from the child health records.

6.3 The Health Service Co-ordinator will initiate the arrangements for the initial health assessment, negotiating with the child, carer, social worker and health assessor within 3 days of notification. The appropriate BAAF form together with collected health information and completed consent form should be forwarded to the health assessor undertaking the initial health assessment

6.4 It is recommended that the Health Assessor is familiar with the child's background information on their history into care, current arrangements, previous health history from the child's records provided before undertaking the health assessment, The health assessor can contact the Social Care responsible officer if they are still unfamiliar with the child's situation, **NB: There are some children in care whose placement details are highly confidential; the child's details must not be**

disclosed to birth families in these circumstances as this could compromise their safety.

6.5 The social worker will ensure that the looked after child is enabled to attend the health assessment. If possible it is desirable that the social worker attends the health assessment with the carer and the child. The social worker will decide on the appropriateness of the birth parent attending. Opportunity should be given for the carer/child/young person to speak to the health professional alone.

6.6 Health professionals should encourage and support parents / carers to permanently register children with a local GP and Dentist.

6.7 The Looked After Child initial health assessment is recorded on the BAAF form, Part B. A summary of the health assessment is recorded on Part C of the BAAF form which includes a clear health plan to support their health needs. The health plan communicates to the child's social worker, parent or carer the child's health needs and how these will be taken forward. Any appropriate referrals are made, indicating clearly:

- that this is a Looked After Child
- the social worker contact details
- who hold parental responsibility

6.8 For referrals to Child and Adolescent Mental Health Services (CAMHS) refer to:
'Protocol for Access to CAMHS for Looked after Children via BAAF Health Assessment process' (Appendix 4a) and
'Looked after Children Care pathway via Health Assessments using the BAAF form' (Appendix 4b)
Urgent referrals to CAMHS must be made by the health assessor.

6.9 After completing the documentation the health assessor will return the BAAF forms to the Looked After Children Health Service Co-coordinator's office.

6.10 A copy of the initial health assessment will be sent by the Health Service Co-ordinator, to the child's General Practitioner and the child's health visitor or school nurse to support continuity of care. This will be sent electronically if on SystmOne or hard copy for the Child Health Record for under 5 years old, and 10m for school aged children, if electronic records unavailable.

6.11 A copy of the health assessment summary and personal health plan will be sent securely to the Social Worker.

6.12 For children under 5 years further health assessments must be undertaken at least every 6 monthly.

6.13 For children and young people aged 5 years and over further health assessments must occur annually.

7.0 Arrangements for Review Health Assessments (Appendix 2. STEP 2. Review Health Assessment Process)

7.1 Requests for review health assessments will be generated by the Health Service Coordinator informing the child's social worker 8 weeks prior to the review health assessment date.

7.2 Requests for review health assessments will be forwarded with a child health summary to the health assessor by the Health Service Coordinator after ensuring that appropriate BAAF consent form is available.

7.3 Review health assessments should be prioritised and completed within a 4 week time-frame using the age appropriate BAAF form for the child.

7.4 Arrangements for the review health assessment and action to be taken follows the same process as the initial health assessment, detailed in Section 6, 6.3 – 6.13 and using the BAAF age appropriate review health assessment form .

7.5 The social worker must inform the Health Services Coordinator of any changes to the child's placement or if the legal status changes. If an Adoption Order is granted, the child legally ceases to be a Looked after Child. The Health Service Coordinator will enter the new family details and update SystmOne.

7.6 If there is a disagreement between parents (who both hold parental responsibility for the child), on taking forward an essential area of a looked after child's health care, this will need to be discussed with the child's social worker as legal advice may need to taken.

7.7 When a looked after child reaches the age of 5 years, the health visitor should liaise with the relevant school nurse on progress with health care plans and handover of records. Inform the child's social worker of the school nurse contact details.

7.8 As Looked After Children reach the age of 14 years practitioners will be required to consider transition within the health plan which incorporates the young persons views and choice.

7.**9** These procedures apply to children/young people up to the age of 16 years. For young people aged 16 years and over refer to section 10, page 12.

8.0 THE CHILD OR YOUNG PERSON REFUSES TO HAVE A HEALTH ASSESSMENT

8.1 The social worker / health assessor will record the young person's decision and reason for refusal on the consent section of the BAAF form, page 3. The BAAF form should then be returned to the Looked After Children Health Service Coordinator.

The health service coordinator will inform the child's social worker.

9.0 THE CHILD OR YOUNG PERSON DOES NOT ATTEND HEALTH APPOINTMENTS OFFERED

9.1. As soon as it becomes known that an appointment will not be attended this must be cancelled and rearranged and the health service coordinator informed.

9.2 Following the first failed appointment the health assessor will inform the health service coordinator who will contact the child's social worker and check the placement details are correct. The health service coordinator will contact parent/s or carer/s or young person directly and offer a second appointment.

9.3 If the young person fails to attend the second appointment, the health assessor will record the dates of non-attendance for appointments on Page 3 of the BAAF form and return the form to the health service coordinator. The health service coordinator will confirm if the placement details are correct and inform, and return the BAAF form to the child's social worker.

10.0 YOUNG PEOPLE AGED 16 YEARS AND OVER, WHO CONTINUE TO BE THE RESPONSIBILITY OF THE LOCAL AUTHORITY.

10.1 The *Children (Leaving Care) Act* 2000 requires a **Pathway Plan** for all eligible, relevant young people. The Act defines an *eligible* young person as one who is aged 16 or 17, who has been looked after by the local authority for a total of 13 weeks since the age of 14, and remains looked after. A *relevant* young person is defined in the Act as a young person who was previously an *eligible* young person but who is no longer looked after and is under the age of 18.

10.2 Young people over the age of 16 who remain in the care of the Local Authority will continue to have their review health assessment arranged by the Health Service Coordinator

10.3 Young people transferring to the Leaving Care Team should be offered a health interview if they have not had one from school health service within the agreed timescale.

10.4 Details will be passed within the Leaving Care Team to the personal advisor.

10.5 The personal advisor will support the young person in taking responsibility for addressing their own health needs as per the personal health plan, including registering with a General Practitioner and dentist.

10.6 The need and timing of any further health reviews will be discussed with the young person by the personal advisor.

11.0 CHILDREN PLACED OUT OF COUNTY

11.1 The social worker will inform the Health Service Co-ordinator of the circumstances as soon as possible when a child/young person is placed out of County.

11.2 Where children are placed outside Lincolnshire and are receiving health services within the area of placement, the Health Service Co-ordinator will make the necessary arrangements with the Health Service Coordinator/administrator in that area.

12.0 TRANSFER OF RECORDS FOR LOOKED AFTER CHILDREN

12.1 Transferring practitioners (eg. Health Visitor/School nurse) must:

- Make contact with their counterpart in the receiving NHS Community Trust / locality.

- Ensure that all records are up to date and include a summary of current health needs / care situation / other practitioners involved/child's social worker details / legal arrangements and transfer details.

- Ensure hard copy of child health records is sent to child health department for the attention of the health service coordinator for looked after children.

For systmone electronic health record, update systmone and send a task to the health service coordinator for looked after children to ensure relevant information is available for arranging future health assessment appointments

12.2 Transfer within Lincolnshire Community Health Services:

- Records should be forwarded directly to the new practitioner following liaison

- Practitioner to complete transfer details (as identified above) to ensure child's details are updated on child health systems.

12.3 Transfer outside of Lincolnshire Community Health Services:

- Practitioner to complete transfer of records, identifying child's new placement details, Health Visitor or School Nurse, GP details, and social worker contact.

- Practitioner to forward child health records/send a task to Health Service coordinator for looked after children (as detailed above)/update SystmOne.

13.0 ROLES AND RESPONSIBILITIES OF LINCOLNSHIRE COMMUNITY HEALTH SERVICE

Lincolnshire Community Health Service will ensure that:

- the health and well-being of looked after children and young people is an identified local priority
- Structures are in place to plan, manage and monitor the delivery of health care for all looked after children.
- Clinical governance and audit arrangements are in place to assure the quality of health assessments and health care planning.
- There is an appropriate named public health professional for NHS Lincolnshire who will input into children in need issues, including child protection, as necessary. Looked After Children are part of this wider group of safeguarding children.
- NHS Lincolnshire identify a designated doctor and nurse for Children in Public Care to provide strategic leadership and advice in relation to the health needs of looked after children.
- Lincolnshire Community Health Service to identify a Named Nurse to provide leadership and advice in relation to the health needs of Children in Public Care
- Where a child is placed “out of authority”, ensure systems are in place to provide continuity of the health assessment and planning process.
- Ensure that looked after children are registered with GPs and dentists near to where the child is living.
- When looked after children need to register with a new GP (e.g. when they enter care or change placement), ensure systems are in place to “fast track” the GP held clinical records, and assist registration with a dentist
- 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.

14.0 ROLES AND RESPONSIBILITIES OF CHILDREN’S SOCIAL CARE.

Following a child’s admission into care, the Social Care responsible officer should ensure that the Looked After Children Health Service Coordinator is notified within 24 hours.

The need for any medical examination/health assessment should be clearly explained to the child, their carer and parents as appropriate.

To enable the health assessment process to take place the social worker for the child must ensure that consent for the health assessment has been obtained using the BAAF Consent form: Looked after Children

The social worker will complete health information in Child's Placement Plan and Care Plan, including details of immunisations, forthcoming appointments, treatment, medication and family history of illness. This should be completed prior to the Initial Health Assessment (IHA); if this is not done, then the social worker must attend the initial medical and provide background information to the medical examiner. The social worker as key worker will decide on the appropriateness of the birth parent attending.

14.1 The social worker will

- Attend Looked after Child reviews and provide written updated health care information, attaching the health care plan to Looked after Children information.
- Proactively ensure that the looked after child is enabled to attend all necessary health and dental appointments.
- If the child/carer has a BAAF (blue) book or child health record (red), this should be made available for the assessment and the health assessment entered
- Provide opportunity for both the child/young person and the carer/parent to speak to the doctor/health professional alone.
- When the assessment is completed, a Personal Health Plan will be written in consultation with the child/young person, the carer, the health professional, social worker and the birth parents where appropriate.
- Act as the co-ordinator to ensure that the health plan is implemented (consulting with the appropriate health professional where necessary)

The Social Worker will receive a copy of the health assessment summary and personal health plan from the Health Service Co-ordinator.

Parents to be kept fully informed of any health issues and, where possible, involve parents in appointments or treatment for the looked after child.

The social worker will inform all appropriate health professionals when a looked after child moves placement or ceases to be looked after.

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

Foster care and Residential care worker should ensure that each child in their care attends all relevant health appointments including their health assessments.

It is foster carers and residential care worker responsibilities for making sure that child's health needs are met day-to-day.

14.2 The Independent Reviewing Officer (IRO)

It is part of the IRO's responsibilities to monitor the care plan. IRO's should ensure that the heath plan is reviewed at least every six months in accordance with statutory regulations. Deficiency must be brought to the attention of the appropriate level of management within the authority and IRO's should ensure that children in public care are involved at every stage of the review of children's health plan.

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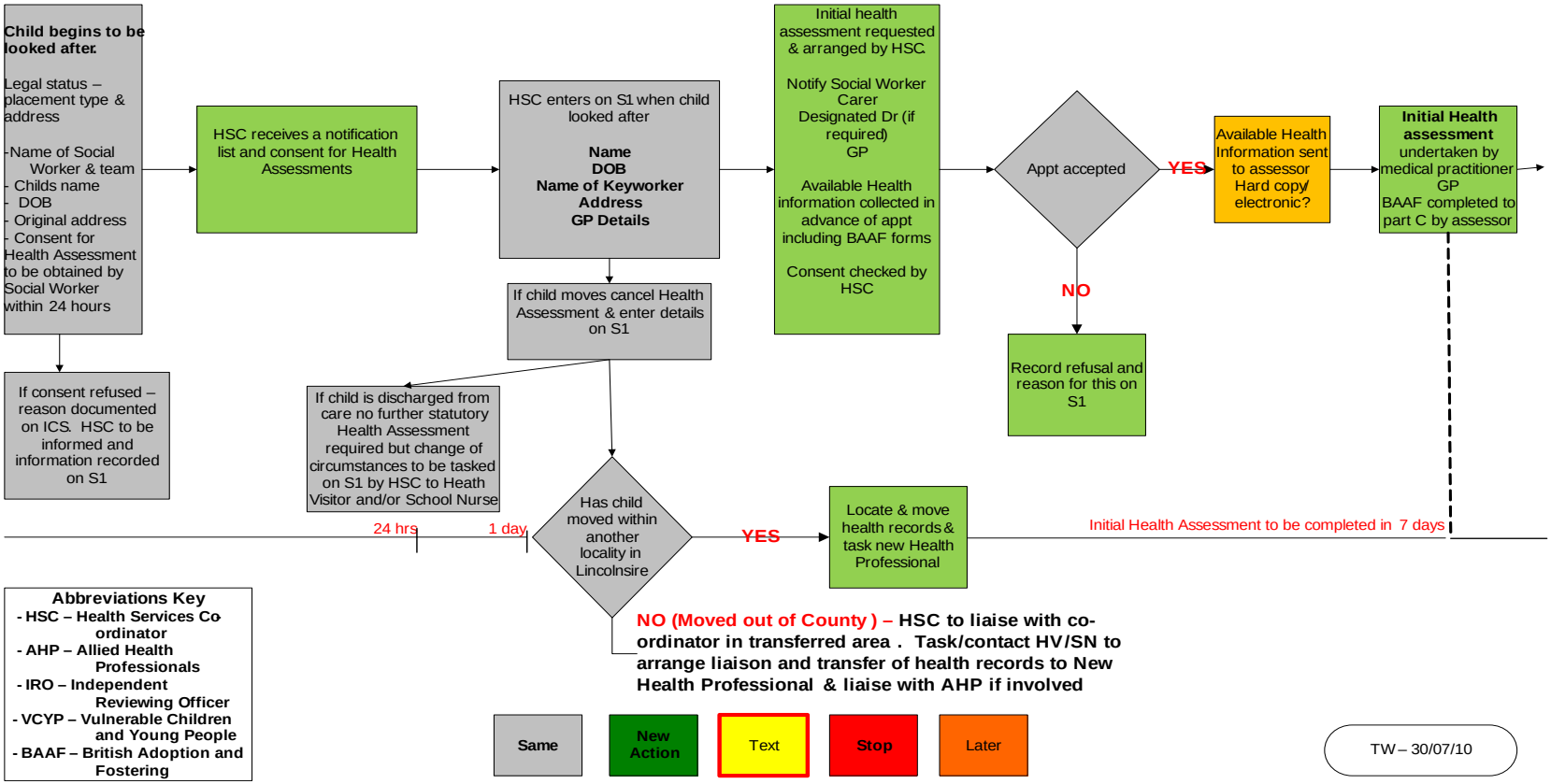
STEP 1
Initial Health Assessment Process



APPENDIX 1a

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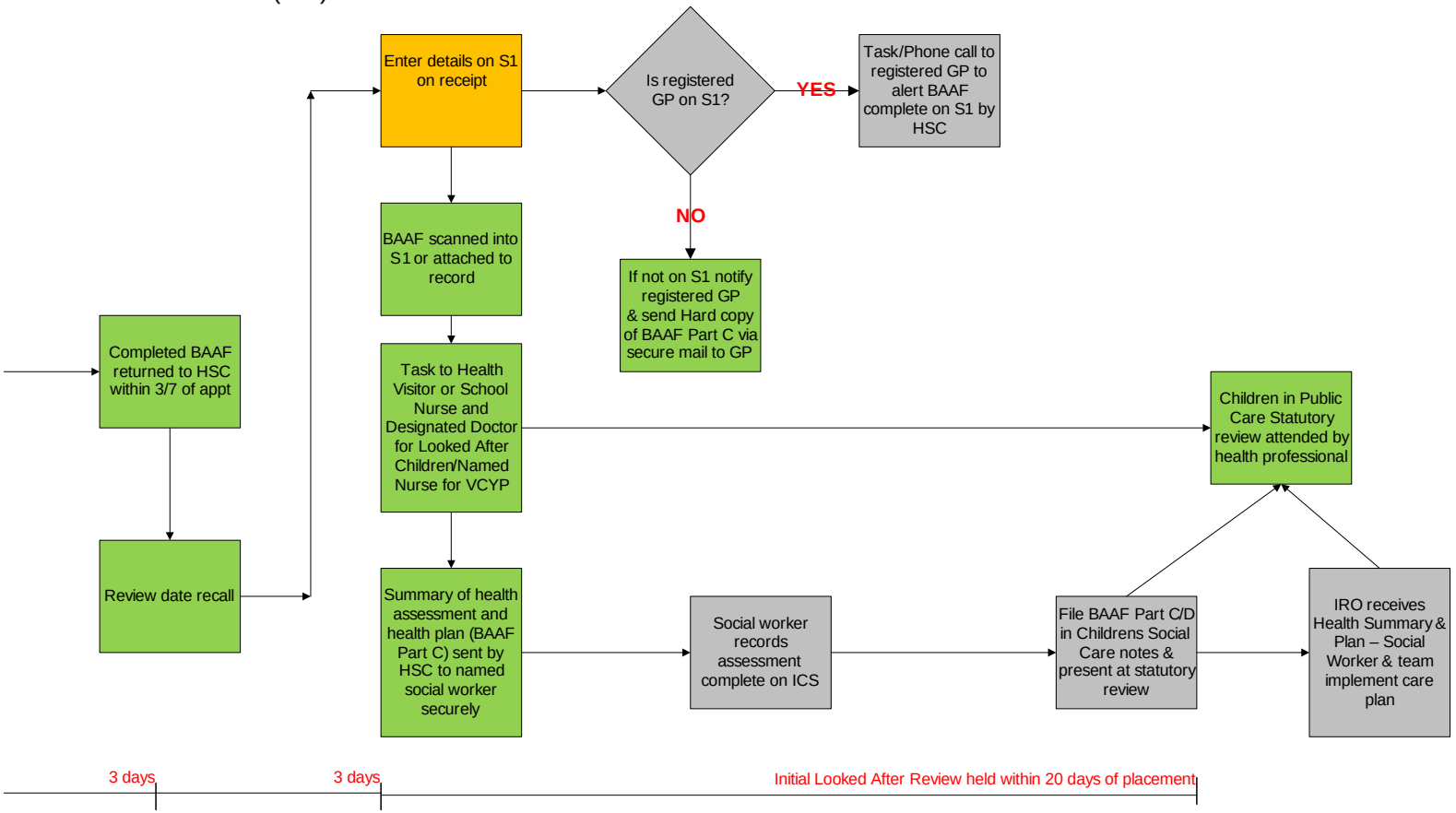
STEP 1
Initial Health Assessment (IHA) Process



APPENDIX 1b

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Every Child Matters In Lincolnshire

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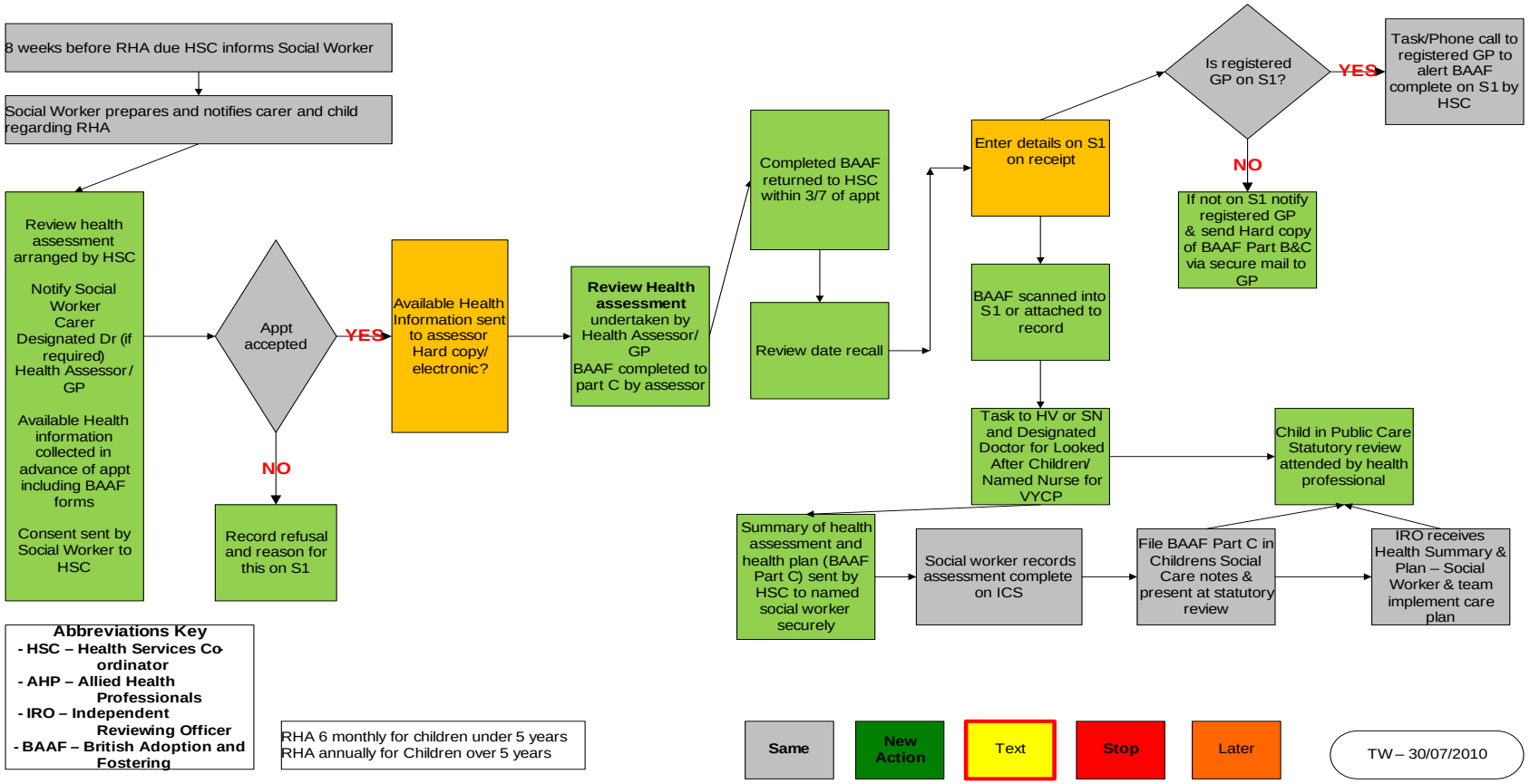
Lincolnshire Community Health Services

STEP 2
Review Health Assessment (RHA) Process



APPENDIX 2

APPENDIX 3a

Protocol for Access to CAMHS for Looked after Children via Health Assessment Process using the BAAF Forms

1. Referral into CAMHS

1.1 Referrals will be accompanied by a BAAF health summary and health plan undertaken by GP assigned to complete health assessment with young person and a completed Strengths and Difficulties Questionnaire to be sent by the young person's social worker, if this has been completed.

1.2 Referrals will be processed and accepted into the service via the Looked after Children (LAC) team within CAMHS.
NB where appropriate follow urgent care pathway

1.3 The CAMHS LAC worker will liaise with the social worker to arrange a suitable consultation date.

1.4 Due to the nature of the information provided within the consultation process consideration will be given for the appropriateness of whether a young person below secondary school age should attend this initial meeting.

1.5 If a young person of secondary school age does not attend the meeting this should be recorded, (requested not to attend the initial meeting or refusing to attend CAMHS at this point in time)

1.6 Consultation process to be undertaken to identify concerns that indicate mental health/emotional well-being concern. Consultation notes to be recorded on LPFT documents.

1.7 Initial outcomes will identified as follows:

1.7.1 Further consultation following initial consultation
1.7.3 Face to face assessment with young person may follow initial consultation meeting.
1.7.4 Case discussed at Paediatric triage meeting.
1.7.5 Case signposted on to another service (e.g. bereavement services)

1.8 Follow on outcomes will be identified as follows:

1.8.1 Review of need for face to face assessment with young person following the second consultation meeting.
1.8.2 Following face to face assessment with young person provide ongoing Tier 3 CAMHS intervention

1.8.3 Following review at Paediatric panel agree appropriate service for meeting current needs identified in referral information. Consider joint assessment by Paediatric Service and CAMHS.

1.9 Further outcomes will be identified as follows:

1.91 On going support and advice for foster carers
1.9.2 Admission to Tier 4 inpatient services for further assessment and interventions
1.9.3 Further interventions provided by CAMHS
1.9.4 Case signposted to alternative service to meet young person's needs.

1.10 A mental health risk assessment will be completed during the face to face appointment. **Initial risk assessment completed with information provided at consultation.**

1.11 A health and social needs assessment will be completed with the young person, during Tier 3 intervention.

1.12 A care plan will be devised with the young person and reviewed within agreed time periods, during Tier 3 intervention.

1.13 Information relating to findings of assessment and interventions provided to be sent to young person's GP and appropriate information shared with social worker to ensure effective partnership working.

1.14 Issues of consent to sharing information to be discussed with young person with evidence provided of this is available within the LPFT documentation. This should be age appropriate and inline with young persons level of development.

1.16 Safeguarding issues to be managed in line with current LPFT policy.

1.17 Should a young person refuse to attend a face to face assessment appointment, or ongoing interventions offered this should be recorded in LPFT documentation. Notification of the failure to attend should be sent to the Social Worker and the Health Services Co-ordinator for Vulnerable Children and Young People Team (see contact list , Appendix 5, on Joint Protocol for Promoting the Health and Wellbeing of Looked After Children and Young People in Lincolnshire). Concerns around risk to self or others should be considered when making decisions to engage further with young person. Clinical advice to be sought from locality Consultant Psychiatrist.

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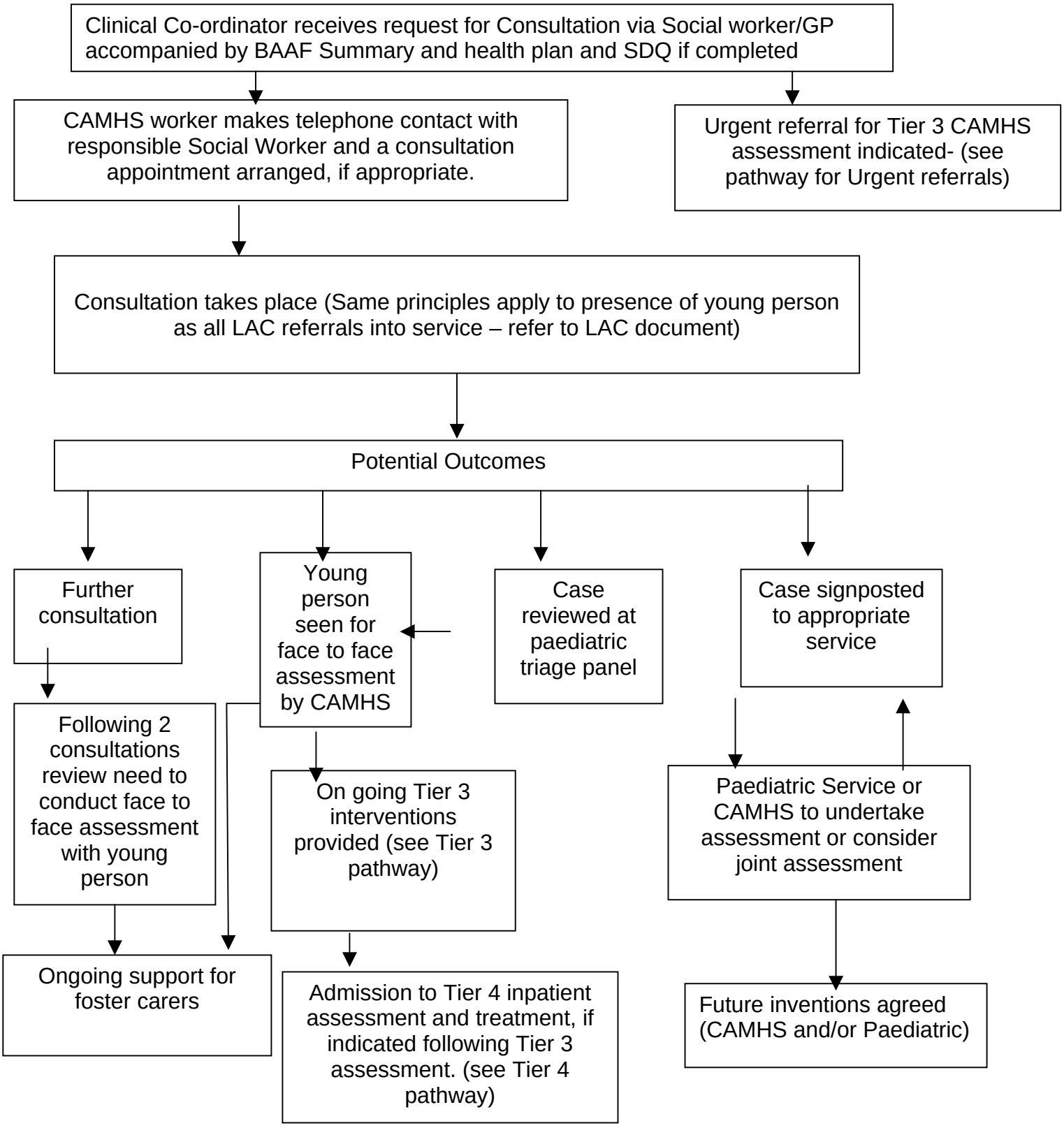
CHILD & ADOLESCENT MENTAL HEALTH SERVICE

'LOOKED AFTER CHILDREN' CARE PATHWAY via Health Assessments using the BAAF form



CONFIDENTIALITY, INFORMATION SHARING AND CONSENT

Common Law, the Human Rights Act 1998 and the Data Protection Act 1998 provide the main legislative framework governing the way in which confidential information is used.

In summary disclosure is allowed where:

- Appropriate consent has been given; OR
- The information is required by statute or court order; OR
- There is an overriding duty to the public.

Whenever information is disclosed it should be limited to the minimum necessary and restricted to those who need to know. Obtaining consent from the child or adult to information sharing is a vital first principle to promoting the health of looked after children.

Parental consent should always be sought in the first instance as far as this is reasonably possible, although the local authority is able to give consent in the best interests of the child, if this is being unreasonably withheld by the parent.
Where disclosure of a child's information might reveal information about other individuals (eg. Parents, family) consent should be sought from these individuals as well.

Parental Responsibility

The Children Act 1989 (amended by the Parental Responsibility Agreement (Amendment) Regulations 2005) sets out clearly who holds parental responsibility for a child / young person, including:

- The child's parents if married to each other at the time of conception or birth.
- The child's parents if they were not married but the father is named on the birth certificate
- The child'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 parental responsibility agreement.
- A step-parent who has acquired parental responsibility via a parental responsibility agreement
- The child's legally appointed guardian, - appointed 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 concerning the child.
- A Local Authority designated in a care order in respect of the child, (**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.

Important Information.

- A parent with parental responsibility does not lose this unless he or she dies or the child becomes legally adopted. It is therefore good practice to get consent from the parent wherever possible.

- On entry to care, the birth parent/s or local authority will have agreed to health care, including assessment and examination, under defined circumstances e.g. routine assessments, emergency treatment on placement documents. The foster carer or social worker or residential social worker should have a copy of the parent/s consent.

Foster Carers and residential social workers.

Foster carers and residential social workers who provide day to day care for children and young people who are looked after 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 on a regular basis to give consent under defined circumstances such as emergency treatment or routine treatments such as coughs and colds. It is important that these matters are explicitly addressed in the health plan and placement information record.

Children/young people aged 16 and 17

Once young people reach 16 years they are presumed in law to be competent to give consent for themselves for their own medical, surgical or dental treatment and any associated procedures.

However, it is still good practice to encourage competent children to involve their families in decision making. Where a competent child does ask for their confidence to be kept, it must be respected, unless disclosure can be justified on the grounds of 'public interest', e.g. that there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm.

Children/young people aged 15 and under

Children under 16 are not automatically presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16's will

be competent to give valid consent to particular interventions if they have "sufficient understanding and intelligence to enable them to understand fully what is proposed" (sometimes known as "Gillick or Fraser competence"). In other words, there is no specific age when a child becomes competent to consent to treatment: it depends on the child and the seriousness and complexity of the treatment being proposed.

If a child under 16 is competent to consent for themselves to a particular intervention, it is still good practice to involve the family in decision making unless the child specifically requests that this should not happen and cannot be persuaded otherwise.

Where a competent child does ask for their confidence to be kept, it must be respected, unless disclosure can be justified on the grounds of 'public interest', e.g. that there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm.

APPENDIX 5

Looked after Children Contact List

Lincolnshire COUNTY COUNCIL

NHS
Lincolnshire Community Health Services

For Lincolnshire Community Health Services:

Named Nurse Vulnerable Children and Young People – LCHS (county-wide)
Jean Burbidge
Bridge House
The Point
Sleaford
NG34 8GG

Tel: 01529 220381
Email: jean.burbidge@lpct.nhs.uk
jean.burbidge@nhs.net
Secretary: Carole Swift Tel: 01529 220381
Fax: 01529 220413
carole.swift@lpct.nhs.uk
carole.swift1@nhs.net

Specialist Nurse Vulnerable Children and Young People
Jenny Harper (LCHS)
Bridge House
The Point
Sleaford
NG34 8GG

Tel: 01529 220393
Mob: 07789 948939
Fax: 01529 220413
Email: jenny.harper@lpct.nhs.uk
jenny.harper@nhs.net

Health Services Co-ordinator Vulnerable Children and Young People
Fiona Barlow (LCHS)
Orchard House
Greylees
Sleaford
NG34 8PP

Tel: 01529 416014
Fax: 01529 416086
Email: fiona.barlow@lpct.nhs.uk

Generic email for LAC Health Assessments & Enquiries:

lin-pct.HSCLincolnshire@nhs.net

Health Services Co-ordinator Vulnerable Children and Young People
Genny Coy
Orchard House
Greylees
Sleaford
NG34 8PP

Tel: 01529 416014
Fax: 01529 416086
Email: genny.coy@lpct.nhs.uk

For NHS Lincolnshire

Designated Doctor for Looked After Children
Dr F. Johnson
Telephone:01522 512512 ext 2736
Email: folasade.johnson@ulh.nhs.uk

Consultant Designated Nurse for Safeguarding Children and Adults
Jan Gunter
Telephone: 01529 416090
Email: jan.gunter@lpct.nhs.uk

For Lincolnshire Partnership Foundation Trust

Modern Matron. Team Leader
Amanda Newton
Telephone: 01529 222226
E mail: amanda.newton@lpft.nhs.uk

Team Coordinator for Looked after Children
Samantha Edwards
Telephone: 01775 652100
E mail: samantha.edwards@lpft.nhs.uk

For Children's Social Care

Looked after Children – North. Team Manager
Cornelia Andrecut
Telephone: 01522 555020
E mail: cornelia.andrecut@lincolnshire.gov.uk

Looked after Children –South. Team Manager
Chris Sharpe
Telephone: 01522 554461
E mail: chris.sharpe@lincolnshire.gov.uk

FAST Team Managers:

Boston - Paula Bexon
Telephone: 01522 554853

East Lindsey - Roz Cordy.
Telephone: 01522 554403

North Kesteven - El Mayhew
Telephone: 01522 554114

Spalding - Sue Whitwood
Telephone: 01522 555292

Lincoln – El Mayhew
Telephone: 01522 554114

REFERENCES

Care Matters: Transforming the lives of children and young people in care, DfES 2006

Care Matters White Paper (DCSF, 2007)

Children Act 1989

Children Act 2004

Data Protection Act 1998

Every Child Matters (DfES, 2003)

Human Rights Act 1998

Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2009)