NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Children in Care and Care Leavers

Who are they?
What are our responsibilities?

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Definition of a Child In Care (still referred to as LAC in the ICD)

This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours.

This covers children in respect of whom a compulsory care order or other court order has been made, including those on an adoption pathway.

It also refers to children that are accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care, as well as those who are on remand.

Unaccompanied Asylum-Seeking Children

Where a child or young person believed to be under the age of 18 years old enters the UK, unaccompanied by a parent or guardian and seeking asylum, then the young person falls within the scope of Section 20 Children Act 2004 and therefore becomes a “looked after child" (LAC); they therefore acquire all the same statutory rights as any other child in care, including support from Leaving Care services.

Being a corporate parent – What does this mean?

The term, corporate parent, in England is set out in the Children Act 2004, sect.10, and refers to the collective responsibility of the local authority and partner agencies including health to provide the best possible care and protection for looked after children and to act in the same way as a good parent/birth parent would.

Local authorities and commissioners and providers of healthcare have statutory duties, under section 10, to co-operate to ensure that looked after children have their health needs fully assessed.

There should be a health plan in place which is regularly reviewed and they should have access to a range of health services which meet their needs. These are their statutory initial and review health assessments.

Common Care Orders

- Children accommodated under **voluntary agreement** with their parents **(section 20)**
- Children subject of a interim/care order **(section 31)**
- Children subject to **Emergency Protection Powers (section 44)**

Reasons for coming into care

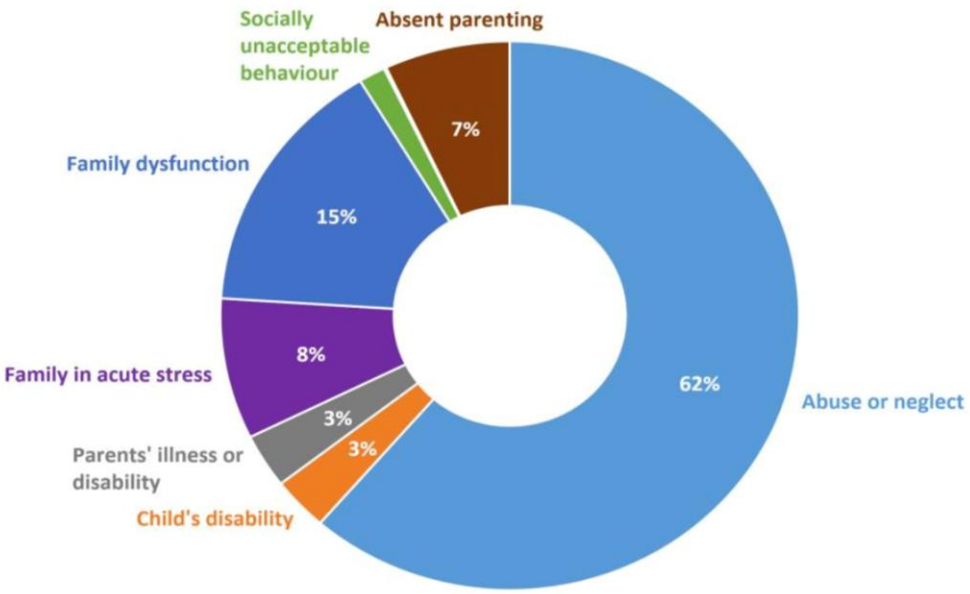
Main reason remains:

- Abuse and neglect 62%

Followed by:

- Family dysfunction (England: 15%, Wales 14%)
- Family in acute stress (England: 8%, Wales: 8%)
- Child's disability (England: 3%, Wales: 4%)
- Parent's illness or disability (England: 3%, Wales: 3%)
- Socially unacceptable behaviour (England: 1%, Wales: 2%).

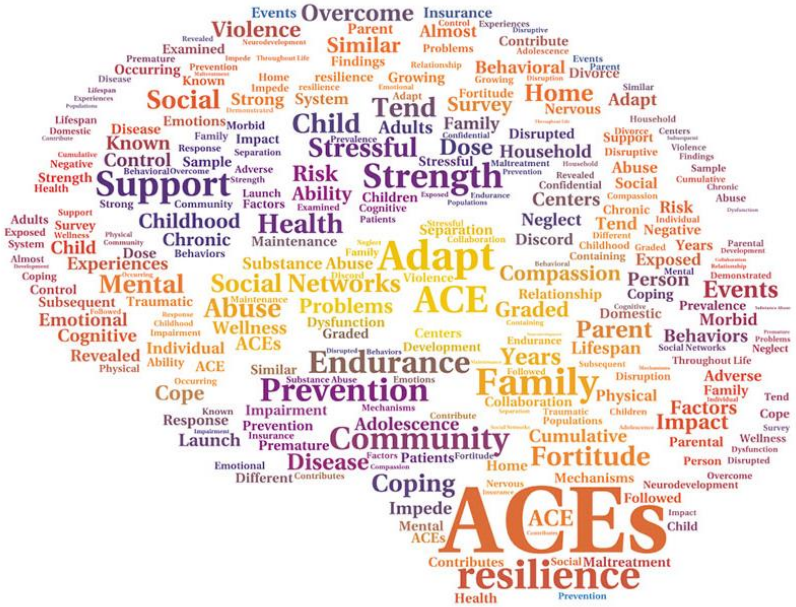
Reasons For CIC National Picture



Source: SSDA 903

What is an ACE?

Adverse Childhood Experiences (ACEs) are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity."



(Young Minds, 2018).

Examples of ACEs

Physical abuse	Sexual Abuse	Emotional Abuse
Substance misuse	Alcohol misuse	Domestic Abuse and violence
Living with someone who has gone to prison	Mental Ill Health	Parental divorce, death or abandonment

Statutory Health Assessments

Holistic assessment of physical, emotional and behavioural health to identify unmet needs
Part of a process of continuous care

Initial Health Assessment (IHA)– undertaken by a Doctor (usually Paediatrician) in time for first LAC review (20 days)

Review Health assessment (RHA)– undertaken by Doctor or Nurse (usually Health Visitor, School Nurse or Specialist Looked after Children's Nurse) 6 monthly for children under 5 years of age, annually for children aged over 5 years

Areas to consider when seeing a CIC

- Background and reason child is in care
- They will have at least one ADVERSE CHILDHOOD EXPERIENCE and how this impacts of the child's health and wellbeing both in the present and the future. What does this mean for them and your consultation?
- Normal behaviours versus unusual behaviours in context of age and development of the child.

Common CIC Health Needs

Mental Health issues,	Speech and language problems	Bedwetting	Dental problems
Obesity	Incomplete/ unknown immunisation status	Coordination difficulties	Visual and Audiology
	High risk behaviors	Increased risk of teenage pregnancies and STI's	

Mental Health Needs

Evidence from a number of UK research studies indicates that many children who become looked after (and are at high risk of having been maltreated) have high levels of emotional and behavioural difficulties, which are associated with poor mental health and educational progress

It is not just the severity of maltreatment that influences emotional well-being, but also the length of time spent in an adverse environment and the number of moves in care

See for example: Biehal, N., Ellison, S., Baker, C. and Sinclair, I. (2010) Belonging and Permanence: Outcomes in long-term foster care and adoption. London: BAAF. Wade, J., Biehal, N., Farrelly, N. and Sinclair, I. (2011) Caring for Abused and Neglected Children: Making the right decisions for reunification or long-term care. London: Jessica Kingsley Publisher

Meetings the Needs of CIC

Promoting the health and well-being of looked-after children

Statutory guidance for local authorities, clinical commissioning groups and NHS England

March 2015

Shaping better health

CIC - Role of Primary Care

- The GP is Primary record holder for a Children in Care

Social Care should inform GP within 5 days of child coming into care.

- The Sirona CIC Team will request medical information from GP's.
- Timely and swift supply of health summary, enables the Pediatrician, to identify health needs and formulate an action plan at the Initial Health Assessment (IHA). It is a statutory requirement an IHA is carried out within 20 working days of a child coming into care.
- A copy of the action plan is sent to the GP. There may be some actions for GP's e.g. completion of Immunisation schedule.
- Sirona CIC Team, will request medical updates/information for annual review health assessments, every year on the child or every 6 months if the child is under 5.

Role of Primary Care in meeting CIC Health Needs

- Register the Child In Care, with a Permanent registration and avoid registering the child as a temporary patient.
- Medical records from the previous GP to be **fast tracked.**
- Address any medical issues highlighted in IHA.
- Talk to these children and hear the ‘voice of the child’ and also discuss medical issues with them.
- Offer flexible/ longer appointments where possible.
- Highlight that this is a ‘Child in Care’ when referring to specialist services.
- Link CIC child and foster carers records.

Care Leaver definition

Those children and young people formerly in care before the age of 18 years of age.

Such care could be in foster care, residential care (mainly children's homes), or other arrangements outside the immediate or extended family.

A child ceases to be looked after when they are adopted, return home without a care order in place or turn 18 years old.

However local authorities in all the nations of the UK are required to support children leaving care at 18 until they are at least 21 or to 25 years if in full time education or if the young person has a disability. This may involve them continuing to live with their foster family.

Local authorities should have a published care leavers offer detailing support available.

Care Experienced Young People

- Aged 16-25 years of age

- Forced to be independent much earlier than peers
  - 21% leave care at 16 years
  - 16% at 17 years
  - 62% at 18 years

- Do not have support of a family-go through important events of life early like moving into new home, joining university, getting a job, all on their own.

Challenges when transitioning from care

We know that the transitional journey into adulthood is both ***shorter*** and ***more severe*** for many young people who are looked after, in comparison to the experiences for their counterparts who remain living with their birth family.

Not only do they leave care at a young age but also have to cope with major changes in their lives, i.e. **leaving care, finding employment, training** or further **education** as well as **finding somewhere to live** and taking on **new responsibilities** and *all within a very short period of time*, often having to deal with all of the aforementioned changes between 16 and 17 years of age.

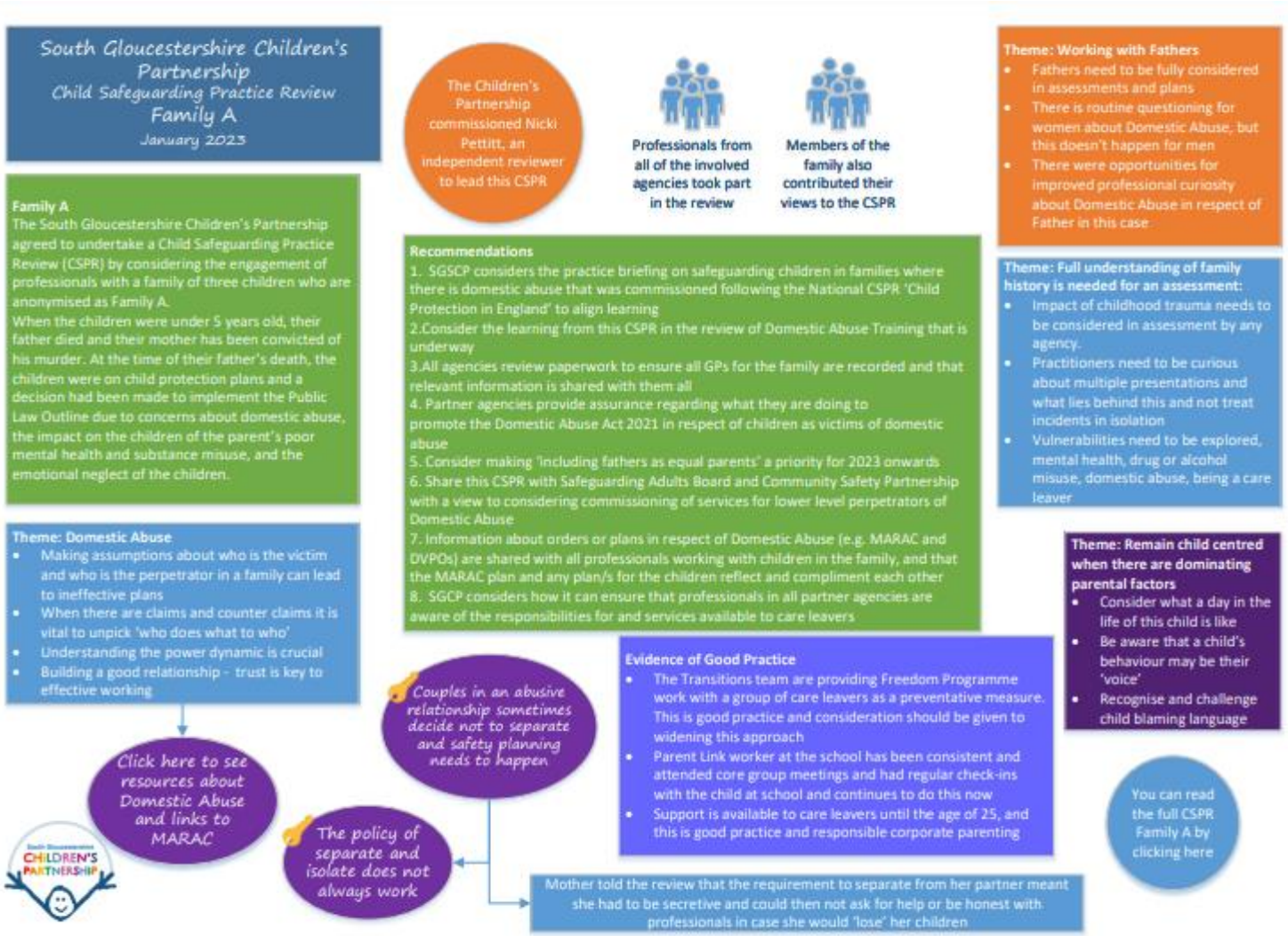
Care Experienced Young People's Health

- The health of care leavers is poor compared to peers and gets worse in the first year leaving care.
- This group experiences increased incidence of depression, anxiety, self harm, drug and alcohol problems
- They face increased risk of exploitation, abuse, trafficking, gang activity.
- They experience increased risk of pregnancy-postnatal depression
- They are 4-5 times more likely to self harm.
- This group of young people is at increased risk of domestic abuse/violence

South-Gloucestershire-Childrens-Partnership-CSPR-Family-A-January-2023.pdf

(southglos.gov.uk)

Family-A-Learning-Brief-January-2023.pdf (southglos.gov.uk)



What Primary Care can do to Support Care Experienced Young People?

- Offer timely/ flexible appointments
- Offer opportunistic medical advice will help care leavers address their health issues and lead healthy lives
- Sign posting to appropriate services
- Offering help e.g. GP letters when required.

Primary Care Coding

Looked after child
Looked after child review meeting
Looked after child health assessment annual review
Looked after child health assessment 6 month review
Looked after child initial health assessment
No longer subject of looked after child arrangement
Looked after child health action plan completed
Looked after child sexual health risk assessment completed
Care leaver
Approved foster parent

Consent and care orders

NHS
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Who has Parental Responsibility (PR)?

V4.1 Jan 2023
U.K.

If in doubt or parental responsibility (PR) is unclear: ask to see copies of any legal consent documents / court orders, and take advice from your legal or other advisory service
This is not a comprehensive list of all forms of legal order but covers the main scenarios.

Foster Carers may have *delegated authority* for routine health reviews, emergency healthcare, and to follow parental choice for *routine* immunisations but NOT give consent for Blood Borne Infection screening / genetic tests / safeguarding examination (non-accidental injury, sexual assault) / surgery / anaesthesia

Child or Young Person (CYP) has been assessed and is NOT believed competent to give their own consent at this time
(e.g. per GMC publication 0-18 years: guidance for all doctors, principles of Gillick competence; for 16 & 17 year olds follow MCA (2005)

Under 16 (<18 if relevant disability) living >28 days with non-direct relative: see Private Fostering

No legal orders in place irrespective of where CYP is currently / regularly residing

- Birth father*
  - **Father holds PR if:* married to birth mother at time of birth, named on birth certificate (England & Wales, after 4th May 2006 in Scotland), or parental responsibility agreement / order
- Birth mother
- Same-sex partners
  - *If civil partners at time of treatment (e.g. fertility), jointly register birth, or parental responsibility agreement / order*

Special Guardianship Order (SGO) or **Child Arrangement Order**
(previously called 'Residence Order')

PR shared with birth parents, but an SGO holder can override birth parents

Child In Care / Looked After Child
(e.g. foster care, placed with relative, residential unit, detained, note: can be 'In Care' but still living with birth/usual family)

Section 20
(Voluntary Placement)

PR remains fully with **birth family**
(or SG if was on SGO, adoptive parents if post-adoption etc.)

- Birth mother
- Birth father*

Interim Care Order (ICO) or **Full Care Order (FCO)**

SHARED between birth family* and Social Care, but Social Care can potentially limit parental PR or override parents if in CYPs welfare
**or SG if was on SGO, adoptive parents if post-adoption etc.*

- Social Care, ideally Senior Manager e.g. Service Manager *(not foster carer, residential home worker etc.)*
- Birth mother
- Birth father*

Placement Order

SHARED Birth parents, Social Care, and prospective adopters once in placement, but Social Care can limit / override if in CYP's welfare

- **Post Adoption Order** *(no longer looked after)*
- **Adoptive Parent(s) only**

Separated Migrant Children
*(may include UASC/refugee/trafficked & modern slavery) usually **Child In Care Section 20,** but social care can act in best interests as 'corporate parent'. More rarely section 20 is not used so seek advice if required.*

Emergency Medical Situations *(including out of hours)* **& Deprivations of Liberty for 16- and 17-year-olds**
Overriding duty remains to give life-saving emergency treatment in the CYP's best interests

- **Police Powers of Protection**: <72hr and **no change to who holds PR**
- **Emergency Protection Order**: 8d (max 15d) PR **SHARED** between birth family and Social Care but is limited to what is *directly necessary to safeguard the CYP.* Court can grant Social Care ability to limit/override parental PR for CYP's welfare.
- Emergency situations where the decision of a person with PR means the **CYP is at risk of significant harm** (e.g., refusal of essential treatment) take urgent advice from your organisation's **Legal Services / MDU / MPS** and contact **Social Care** – an emergency Court Order may be required.
- **Deprivation of Liberty Safeguards for 16- and 17-year-olds who lack capacity to consent to the care arrangements** - For authorisation make an application to the Court of Protection as per Re D (A Child) ([2019] UKSC 42) except for those detained under the MHA 1983. **For details see** Deprivation of liberty and 16-17 year olds
- **If the young person has capacity to consent to the confinement and gives their consent, there will be no DoL- but if they do not consent to the confinement** the young person will be deprived of their liberty and issues/concerns can be taken to

If planning to adopt this for your organisation, please contact Dr Nadya James (Cons. Community Paediatrician, Designated Doctor, MA for Adoption, EMCYPSAS, Nottingham Children's Hospital) to ensure the latest version - nadya.james@nhs.net. *Responsibility remains with the individual to ensure that they access any appropriate and up to date legal advice and take into account any relevant local legislation or details of legal orders specific*

Useful references

https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

https://www.gov.uk/government/publications/applying-corporate-parenting-principles-to-looked-after-children-and-care-leavers

RCGP-Safeguarding-Coding-Information-June-2017.pdf

Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing (rcn.org.uk)

Promoting the health and wellbeing of looked-after children – GOV.UK (www.gov.uk)

Any questions?