

Children in Care and Care Leavers

Who are they?

What are our responsibilities?

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

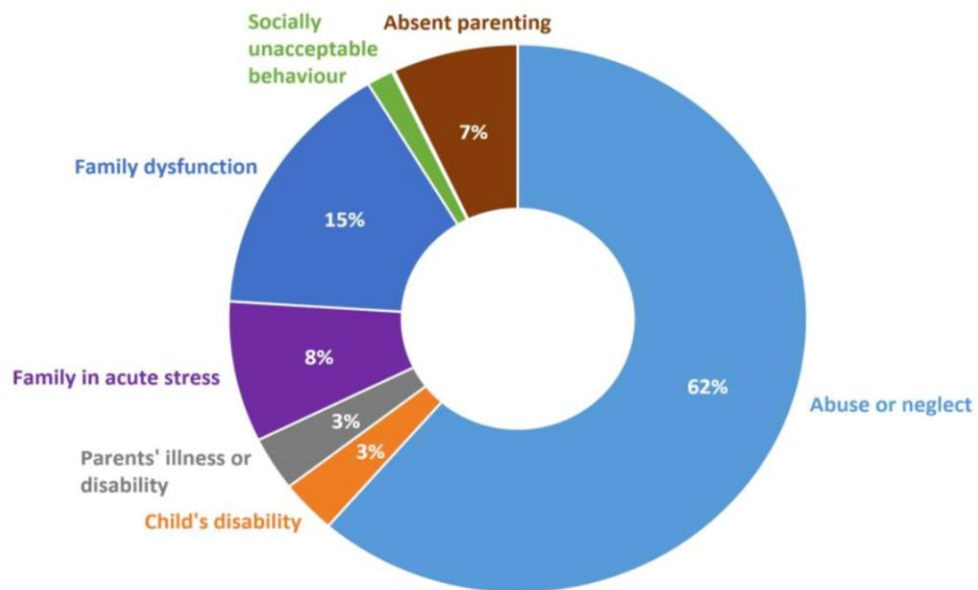
Main reason remains:

- 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

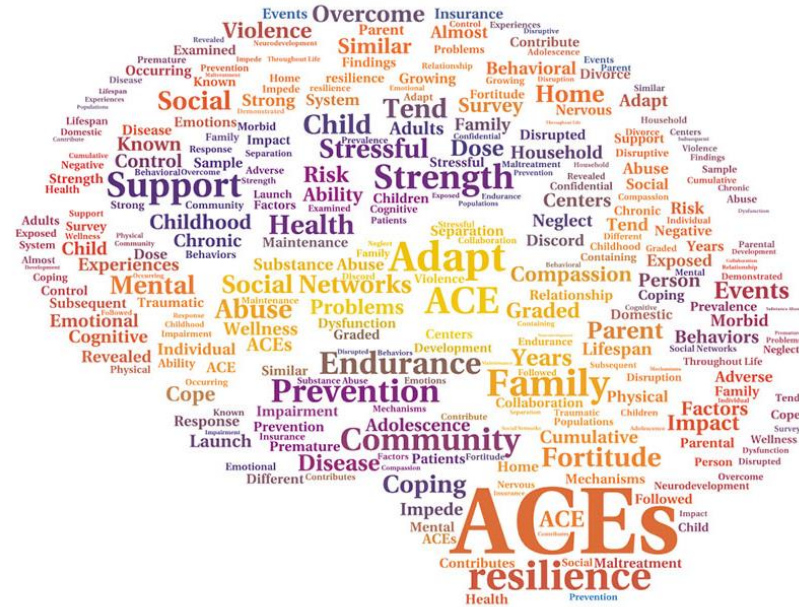


Source: SSDA 903

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

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)

South Gloucestershire Children's Partnership
 Child Safeguarding Practice Review
 Family A
 January 2023

The Children's Partnership commissioned Nicki Pettitt, an independent reviewer to lead this CSPR

Professionals from all of the involved agencies took part in the review

Members of the family also contributed their views to the CSPR

Theme: Working with Fathers

- Fathers need to be fully considered in assessments and plans
- There is routine questioning for women about Domestic Abuse, but this doesn't happen for men
- There were opportunities for improved professional curiosity about Domestic Abuse in respect of Father in this case

Family A
 The South Gloucestershire Children's Partnership agreed to undertake a Child Safeguarding Practice Review (CSPR) by considering the engagement of professionals with a family of three children who are anonymised as Family A. When the children were under 5 years old, their father died and their mother has been convicted of his murder. At the time of their father's death, the children were on child protection plans and a decision had been made to implement the Public Law Outline due to concerns about domestic abuse, the impact on the children of the parent's poor mental health and substance misuse, and the emotional neglect of the children.

Recommendations

- SGSCP considers the practice briefing on safeguarding children in families where there is domestic abuse that was commissioned following the National CSPR 'Child Protection in England' to align learning
- Consider the learning from this CSPR in the review of Domestic Abuse Training that is underway
- All agencies review paperwork to ensure all GPs for the family are recorded and that relevant information is shared with them all
- Partner agencies provide assurance regarding what they are doing to promote the Domestic Abuse Act 2021 in respect of children as victims of domestic abuse
- Consider making 'including fathers as equal parents' a priority for 2023 onwards
- Share this CSPR with Safeguarding Adults Board and Community Safety Partnership with a view to considering commissioning of services for lower level perpetrators of Domestic Abuse
- Information about orders or plans in respect of Domestic Abuse (e.g. MARAC and DVPOs) are shared with all professionals working with children in the family, and that the MARAC plan and any plan/s for the children reflect and compliment each other
- SGCP considers how it can ensure that professionals in all partner agencies are aware of the responsibilities for and services available to care leavers

Theme: Full understanding of family history is needed for an assessment:

- Impact of childhood trauma needs to be considered in assessment by any agency.
- Practitioners need to be curious about multiple presentations and what lies behind this and not treat incidents in isolation
- Vulnerabilities need to be explored, mental health, drug or alcohol misuse, domestic abuse, being a care leaver

Theme: Domestic Abuse

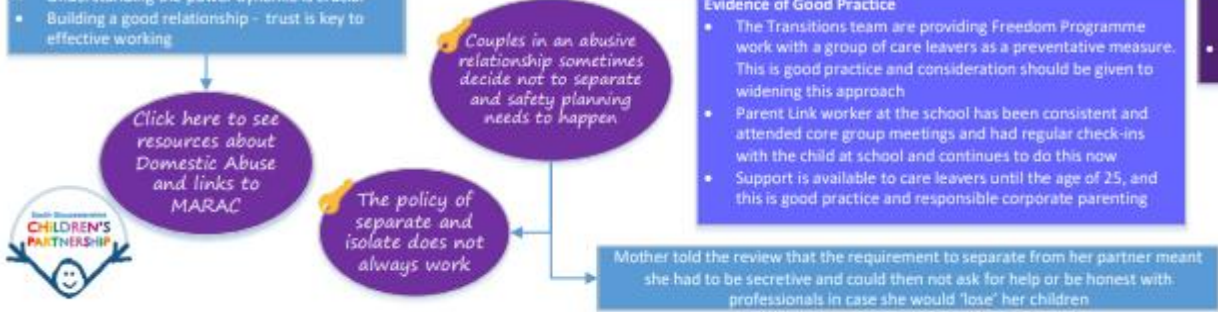
- Making assumptions about who is the victim and who is the perpetrator in a family can lead to ineffective plans
- When there are claims and counter claims it is vital to unpick 'who does what to who'
- Understanding the power dynamic is crucial
- Building a good relationship - trust is key to effective working

Theme: Remain child centred when there are dominating parental factors

- Consider what a day in the life of this child is like
- Be aware that a child's behaviour may be their 'voice'
- Recognise and challenge child blaming language

Evidence of Good Practice

- The Transitions team are providing Freedom Programme work with a group of care leavers as a preventative measure. This is good practice and consideration should be given to widening this approach
- Parent Link worker at the school has been consistent and attended core group meetings and had regular check-ins with the child at school and continues to do this now
- Support is available to care leavers until the age of 25, and this is good practice and responsible corporate parenting



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



Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

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

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.

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

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

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)

Birth father*

Birth mother

Same-sex partners

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

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 CYP's 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

***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

If civil partners at time of treatment (e.g. fertility), jointly register birth, or parental responsibility agreement / order

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?

