Looked after children

Terminology:
Looked after children (LAC) are also known as children in care (CIC).

Definition:
A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.

Health needs of looked after children:
Early experiences can have long term consequences for health and social development. Many looked after children have been subject to abuse or have experienced other adverse childhood events such as poverty, relationship breakdown and parental ill health. Some looked after children do well with good physical and emotional health as well as good educational achievement. However many looked after children experience significant long term difficulties with health problems exacerbated by their past experiences. Half have emotional or behavioural difficulties and two thirds have at least one physical health complaint. A third of children and young people (CYP) involved with the criminal justice system have been looked after. Looked after children also have poorer educational outcomes than CYP who have not been in care. The health and well-being of those leaving care is significantly worse than that of the general population with higher rates of teenage pregnancy and drug and alcohol use.

Sections of the Children's Act 1989 LAC are accommodated under: LAC fall into four main groups:
- Children who are accommodated under voluntary agreement with their parents (section 20);
- Children who are the subject of a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for their protection (section 44 and 46);
- Children who are compulsorily accommodated (including children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

Statutory duties for health care planners, local authorities and commissioners:
- Ensuring health needs are fully assessed
- Ensuring a health plan is in place which is regularly reviewed
- Ensuring looked after children have access to a range of health services that meet their needs

Initial and review health assessments:
There is specific paperwork (usually BAAF IHA/RHA forms) that is used for these health assessments. Initial health assessments (IHAs) are requested by the local authority for all children when they become looked after. IHAs must be completed by a registered medical practitioner and the report available within 20 working days of the child becoming accommodated. Review health assessments (RHAs) can be carried out by a registered nurse or midwife and are undertaken 6 monthly for children under 5 years and annually for children over 5 years. It is important to seek, listen to and incorporate the CYP's views when planning their healthcare. Care leavers should be provided with a summary of all health records.

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Consent for medical assessment:

Written consent for medical assessment must be provided from someone holding parental responsibility. Birth mothers have parental responsibility (PR). If the parents of a child are married when the child is born the father will also have PR. Unmarried fathers can get PR by jointly registering the birth of the child with the mother (from Dec 2003), by getting a parental responsibility agreement with mother or by getting a PR order from the court. For children subject to care orders (a full care order (FCO) or interim care order (ICO)) the local authority also has PR. The local authority does not have PR for children who are voluntarily placed in local authority care (under section 20 agreement). The young person can consent if Gillick competent.

Health assessment:

This includes:

- Identifying physical (including growth), mental and developmental (including attachment and behavioural) problems and arranging appropriate assessment and follow up
- Strength and difficulties questionnaire is used to asses wellbeing
- Reviewing medication and assessing allergy status
- Consider education and leisure activities
- It is important to capture as much detail as possible surrounding pregnancy, birth and family history, particularly if a parent is present at the health assessment
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Health promotion:

It is important to attend to health promotion activities which would usually be undertaken by a parent. This includes:

- Ensuring Guthrie screening undertaken
- Ensuring immunisations are up to date.
- Ensuring the child is brushing their teeth twice daily with fluoride containing toothpaste and attending for routine 6 monthly review by a dentist (or as recommended by the reviewing dentist).
- Ensuring routine annual eye checks with the optician after 4 years of age for those in whom there are no concerns regarding vision. Where there are concerns appropriate referrals would be required.
- Enquiring about hearing and ensuring new-born hearing screening has been undertaken.
- Ensuring the (young) child is engaging in routine child health surveillance such as newborn check, 6-8 week check, routine health visitor assessments, growth monitoring
- Discussion regarding healthy lifestyle (will need to be tailored according to the age of the child) including diet, exercise, smoking (including exposure to household smoking), alcohol, recreational drugs, sexual health, healthy relationships, puberty, self-examination
- Discussion regarding home safety and accident prevention. For older children also discussion regarding keeping themselves safe and risks posed by others.

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Following assessment a clear plan is made detailing the health needs, what is needed to address these needs, who will action the plan and when it will be completed by. It is important to be specific with timings. It is essential to consider the child or young person as a whole and anything that will promote health or wellbeing can be included in the plan. There will always be something recorded on the plan even for well children. The plan (Part C of the BAAF form) will be routinely shared with social worker and GP.

Unaccompanied asylum seeking children:

Young people who have arrived into the UK unaccompanied often have additional health needs. Important factors to consider for this group are:

- Consider how the young person has travelled to the UK – their journey has often been extremely arduous with exposure to hunger, violence, loss and injury for example
- Emotional disturbance or mental ill health commonly presents with physical symptoms
- Be mindful of the young person's experiences and cultural background/religious beliefs; many find it hard to speak freely
- It is routine practice to screen for TB
- It is routine practice to undertake bloods (with informed consent) including blood borne infections (HIV, Hep B & C, syphilis), FBC, U&E, LFT, bone profile, vit D, ferritin, haemoglobinopathy screen
- Catch up immunisations should be offered (following PHE green book guidance for individuals with uncertain or incomplete immunisation status)

The role of named at designated doctors and nurses is to promote the health and welfare of looked-after children by assisting CCGs and other commissioners of health services in fulfilling their responsibilities to improve the health of looked-after children.

Further information:

1. Promoting the health and well-being of looked after children: statutory guidance for local authorities, clinical commissioning groups and NHS England. March 2015. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf
2. RCPCH looked after children guidance. Available at: https://www.rcpch.ac.uk/resources/looked-after-children-lac
3. Looked after children: Knowledge skills and competencies of healthcare staff. Intercollegiate role framework. March 2015. Available at: https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf
4. British association of adoption and fostering (Coram BAAF): https://corambaaf.org.uk/
5. UASC health website: https://www.uaschealth.org/

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