

Isle of Wight Children's Services
SOCIAL SERVICES & HOUSING DIRECTORATE

CHILDREN'S SERVICES

**Joint Protocol between the Isle of Wight Council, the NHS
Trust and the Primary Care Trust**

The Health of Looked After Children

Written by: Mary Brimson, Service Manager (Joint Commissioning
and Looked After Children)

Authorised by: Prue Grimshaw, Acting Head of Children's Services

Signature:

Date of Issue: 1 June 2004

To be reviewed: 1 June 2005

**THE HEALTH OF LOOKED AFTER CHILDREN A JOINT PROTOCOL
BETWEEN THE ISLE OF WIGHT COUNCIL, THE NHS TRUST AND THE
PRIMARY CARE TRUST**

1. Policy

- 1.1 Isle of Wight Council, South East Hampshire and the Isle of Wight NHS Trust and the Isle of Wight Primary Care Trust will carry out their responsibility under the Children Act 1989 ie. that local authorities will actively promote the health of the children and young people they look after.

2 Context

- 2.1 Responsibility for the health and well being of children and young people who are looked after rests with members within an authority who are deemed to be corporate parents.
- 2.2 The individual child will be at the centre of the process of health assessment, planning and review. Each child or young person must be given the opportunity, at all stages, to express their wishes and concerns. Health professionals will conduct health assessments in a way that enables and empowers children and young people to take appropriate responsibility for their own health.
- 2.3 Health assessments and services will be sensitive to age, gender, disability, race, culture and language.

3. Definitions

The aim of achieving an optimum level of health requires the fulfilment of the objectives of good health care for all children and young people looked after. These objectives as defined by the DoH for children looked after 0-10 are:

- 3.1 **Normal Health** – Unwell for 1 week or less in the last 6 months.
- 3.2 **Thriving** – Satisfactory growth and development.
- 3.3 **All preventative measures including appropriate immunisations are being taken.**
- 3.4 **Protection against accidents** – Carers are aware of common hazards and take adequate precautions.
- 3.5 **Promotion of a healthy lifestyle** – e.g. the active encouragement of physical, emotional and mental health.
- 3.6 **Does not put their health at risk.**

A Health Assessment is a continuous process ensuring that an accurate and comprehensive profile of a child / young person's physical and emotional health is maintained as the basis for the provision of high quality healthcare while they are being looked after. This will include:

- 3.7 The child / young person's state of health.
- 3.8 The child / young person's health history.
- 3.9 The family health history
- 3.10 Existing arrangements for the child / young person's medical and dental care and treatment and health and dental surveillance.

- 3.11 The possible need for preventative measures such as vaccination, and immunisations, screening for vision and hearing and sexual health.
- 3.12 The effect of the child / young person's health and health history, on their recognised development or learning concerns.
- 3.13 Specific arrangements for meeting the child / young person's health needs in a holistic way including mental health and any continuing care.
- 3.14 Identification of the professional who will undertake future health assessments.
- 3.15 Needs arising from any disabilities.

A Health Assessment does not necessarily include a medical examination.

4. Legal Framework

1989 Children Act S17 (10) (a) (b) (c), S33 (3) (b)
Arrangements for Placement of Children (General) Regulations 1991

- (1) Schedule 2
- 7 (1) and (2)
- 12 (a) and (b) and (c)

Review of Children's Case Regulations 1991

- Regulation 6
- Schedule 3

Placement of Children with Parents etc. Regulations 1991 3 (1)

Guidance and Regulations Vol.2 Chapter 2 Service Provision, Vol. 3 and Vol. 4 Ch2
Arrangements for the Placement of Children.

Health circular HC9 (F) (89) 20 HC (89) (32) Health Services Development
Promoting Better Health

Case Law Re Consent to medical treatment
Gillick v West Norfolk Health Authority 1985
Re W (A Minor) (Medical Treatment: Courts Jurisdiction) [1993] 1 FLR 1

'Quality Protects' Objectives for Social Services for Children, Department of Health
September 1998

Modernising Health and Social Services National Priorities Guidance,
Department of Health, September 1998

Framework for the Assessment of Children in Need and their Families, Department of Health, September 1999

Working Together To Safeguard Children: A guide for inter-agency working to safeguard and promote the welfare of children, 1999

The Children (Leaving Care) Act 2000

Department of Health Circular HSC 2001/015 LAC (2001) 18 Continuing Care: NHS and Local Councils' responsibilities.

The Adoption and Children Act 2002

Children Act (Miscellaneous Amendments) (England) Regulations 2002

Promoting the Health of Looked After Children. Department of Health, November 2002.

5. Background

- 5.1 The Children Act 1989 treats physical and emotional health as a key component of a child/young person's general welfare. There are clear obligations on all those caring for children or young people who are looked after to proactively address a child or young person's need for treatment
- 5.2 Children and young people entering the care system can often experience dislocation and loss affecting their mental and emotional health. Physical health care can also be threatened due to the loss of health records and the need to change GP, Health Visitor etc.
- 5.3 Placements made outside the local authority boundary create additional difficulties in ensuring a looked after child or young person's health needs are met. Such placements should not be made without first making arrangements to secure appropriate health services for the child.
- 5.4 The assessment of health and development is also a major component of 'The Framework for the Assessment of Children in Need and their Families' which includes children and young people looked after.

'Promoting the Health of Looked After Children' outlines the responsibilities of all agencies to cooperate together to develop local standards for ensuring that health assessments, plans and reviews are carried out.

6. Principles

- 6.1 It is the responsibility of all professionals and agencies involved to act as a "good parent" in respect of the health of a child or young person

who is looked after. This shared responsibility involving all relevant agencies will be specified in every care plan.

- 6.2 Any child or young person looked after will be seen as a child in need and have their health and development fully assessed.
- 6.3 Medical examinations are only conducted at the discretion of health professionals where they can be shown to be necessary for the health of a child or young person and contribute positively to an overall health assessment. The assessment will not be dependent on the child or young person's agreement to a statutory medical examination.
- 6.4 Health assessments and health plans will promote the current and future health of the child or young person and not focus solely on the detection of ill-health. Health assessments will cover a range of issues beyond those of physical health and will include developmental health and emotional well-being.
- 6.5 Children and young people should have timely access to services taking into account their significantly increased need for health care compared with their peers and the access problems caused by their greater mobility. Timescales for services should be incorporated into the plan for each child and young person and monitored via the statutory reviewing process.
- 6.6 The child or young persons informed consent to all health care and treatment should be actively sought and recorded in a way appropriate to the child or young person's age and understanding.
- 6.7 All agencies will be responsive to the health care needs of children and young people from minority black and ethnic families and will, when appropriate, arrange for specialist input and will ensure carers have an understanding of such conditions as sickle cell disease and thalassaemia.
- 6.8 Children and young people, carers and staff need to be aware of services available and how to access them.
- 6.9 Young people will be given the information and support necessary for them to take responsibility for their own health and development at the earliest opportunity. This will be done at the initial health assessment and subsequently at health assessment reviews. The looked after children health professional will ensure information contained in YIPEE packs is regularly updated.
Children, young people, parents and those with parental responsibility and carers will be involved in the production and review of the health assessment and health plan.
- 6.10 Information will be shared between relevant professionals within the signatory organisations to this protocol for the purpose of ensuring a coordinated response to the health needs of looked after children.

7. The Protocol

- 7.1 When the decision has been made for a child or young person to be accommodated, the social worker, without delay, should notify the Operational support Officer for Community Paediatrics on Tel 821388.
- 7.2 Prior to the health assessment, it is essential to bring together as much information as possible and this information should be fast tracked to the health professional undertaking the assessment. This may include information from
- Social services and in particular assessments undertaken under the Assessment Framework
 - Community or family dental services
 - Community health services
 - Child health computer system, in particular immunisation status to date
 - Parent held or child held record
 - GP held record
 - Database of A&E department
 - Hospital record systems

Collating this information will be undertaken by the Community Paediatrics operational support officer.

- 7.3 There needs to be a flexible approach to the health assessment and these important principles should be adhered to:
- 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 all those involved with the care of the children, in particular the parents and/or carers
 - Allow enough 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
- 7.4 A health assessment should be undertaken prior to the child's accommodation, if it is a planned placement or within 4 weeks of the accommodation date, if it is unplanned. **It is a requirement that, other than in emergencies, the child should have a written health care plan prior to placement.** One of the critical factors in determining the suitability of a placement is whether the educational and health needs can be met within the placement.

- 7.5 The health assessment form should be completed by the doctor carrying out the initial assessment.
- 7.6 The doctor has a duty of clinical care to the child or young person and this includes making any necessary referrals for investigation and treatment of conditions identified at the assessment.
- 7.7 If the placement is brief or the child returns home, every effort should be made to continue the implementation of the health care plan. For young people leaving care, the assessment and plan will be incorporated in the relevant pathway plan.
- 7.8 Once the health assessment is completed the social worker will use this information , in consultation with health professionals involved to construct the health care plan.
- 7.9 The health care plan should address how to provide health advice and health promotion, including age appropriate information on lifestyle, diet, exercise, sexual behaviour, risky behaviours in addition to guidance and support on the management of specific health problems. (See health care plan format).
- 7.10 Statutory reviews will be the forum for the continuous process of assessment, planning, intervention and review. The social worker should discuss the progress in achieving the objectives in the plan with relevant health professionals prior to a review meeting.
- 7.11 Assessments should be undertaken at 6 monthly intervals for children under 5 years and annually for children and young people over 5 years. However, when needed more frequently, the child's health plan should clearly set out the arrangements for achieving this. It is not essential that a paediatrician undertakes follow up assessments. These could be undertaken by a nurse if considered appropriate.
- 7.12 The reviews of the health plan should be undertaken concurrently with the care plan- within 28 days, 4 months, 10 months and thereafter every 6 months.
- 7.13 Children, young people, parents and carers should be fully involved in the assessment, planning and reviewing processes and if they are not the reasons should be recorded on the child's file.

8. Consents

- 8.1 Young People aged 16 and over, have a right to give and withhold consent to a medical examination and treatment
- 8.2 Children, under 16 years, may also refuse consent if the doctor decides they are of sufficient understanding to appreciate the consequences.

- 8.3 Issues involving the refusal of consent to treatment by a child or young person may be resolved by an assessment of the child or young person's 'Gillick Competence'.
- 8.4 Refusal of consent even in the case of 'Gillick Competent' children can be overruled by the consent of anyone with parental responsibility or a court. Local authorities can overturn a young person's refusal of treatment in an emergency if it is felt their refusal could result in death or serious injury. Legal advice must be sought on such cases.
- 8.5 Parents and young people will be made aware at the outset of placement of the local authorities commitment to act in the young persons best interest when medical treatment is required.
- 8.6 Even where a child or young person is subject to a care order parents will be encouraged to meet their parental responsibility for medical treatment unless a decision has been taken under s.33 (3) (b) to limit this.
- 8.7 The need for operations and major treatment will be discussed with parents and their consent obtained subject to the local authorities power to act as above in the child or young person's best interest. Where parental consent cannot be obtained, it is the responsibility of the Director of Children's Services to give consent following consultation with relevant medical personnel.
- 8.8 When a child or young person is not in care and parents refuse consent an appropriate court order may have to be sought.

9. Monitoring

- 9.1 The health of children and young people looked after will be monitored through the Health of Looked After Children Steering Group. Members of the Steering group have a responsibility to ensure information and data analysis are feedback to their respective organisations.