HSC Public Health Agency

Promoting the health and wellbeing of looked after children and young people:

Guidance for Health Visitors, School Nurses, Family Nurses (Family Nurse Partnership) and Looked After Children Nurse Specialists.

V1.0

Date of Issue: July 2014

Date for Review: July 2015

Background

In 2013, the Regional Inter-agency Health Needs of Looked After Children Forum[1] recommended the development of regional guidance regarding looked after children health assessments carried out by Specialist Community Public Health Nurses. This guidance and documentation has been developed in consultation with care experienced young people, foster carers, Looked After Children Nurse Specialists, Health Visitors, School Nurses and Social Workers. It reflects principles and recommendations set out within the Children (NI) Order (1995), DHSSPS policy including Healthy Child Healthy Future[2] and Healthy Futures strategies[3] (2010 – 2015) and NICE / SCIE guidance[4] [5] (2013).

The Children (NI) Order (1995) defines a 'looked after child' as a child who is accommodated by a Health & Social Care Trust (Trust) for a period of 24 hours or more. A looked after child may be placed in a 'care' setting with foster carers or in a children's home, or placed with extended family or relatives i.e. kinship foster carers. A child can become looked after as the result of a voluntary agreement between the Trust and the child's parents (or others who have parental responsibility) or as a consequence of a Care Order granted to the Trust by a Court. Children who are temporarily looked after for planned respite for 24 hours or more are also considered to be looked after children (see Appendix 1).

Health, education and social outcomes for looked after children often remain poorer than those of their peers with higher rates of teenage pregnancy, smoking and substance misuse, mental and emotional health problems, criminality, and poor educational attainment. Looked after children experience higher levels of developmental and physical health issues including speech and language problems, bedwetting, co-ordination difficulties and sight problems. Their longer term health outcomes also remain worse than their peers.

[1] This forum was established in 2012 and is co- chaired by the Safeguarding Children Nurse Consultant and Health Improvement Manager, Public Health Agency. It has members from a range of agencies and disciplines including HSCB, Trusts, voluntary and community sector.
[2] http://www.dhsspsni.gov.uk/healthychildhealthyfuture.pdf
[3] http://www.dhsspsni.gov.uk/healthy_futures_2010-2015.pdf
[4] Health and wellbeing of looked-after children and young people (QS31) (NICE, April 2013)
[5] Care Matters in Northern Ireland (DHSSPS 2009)

Children Order regulations require Trusts, in the case of each looked after child, to include the arrangements for the child's health in his/her care plan. Foster carers and residential children's homes must also meet specific requirements. Looked after children, dependent on their age and ability to consent or refuse consent, must have a medical examination at least once a year. The child's health must be reviewed within a statutory review process at initial periods specified in the regulations and at least every six months for those under 5 years and yearly thereafter (under review).

Tackling health inequalities requires targeting of services through early intervention and prompt access to services. Looked after children and their carers want trusted health professionals who will ensure that a health assessment is made and that health information, advice, and support is available when needed. This includes referrals to other services regarding health issues where appropriate.

Rationale

Implementation of the guidance will:

- Improve health outcomes for looked after children;
- Improve the participation of looked after children, birth parents if appropriate, carers and other professionals in health assessments, making health plans more meaningful for children, young people and their families;
- Support Trusts with their responsibilities as 'corporate parent' to ensure that the health needs of each looked after child is proactively assessed and identified health needs addressed;
- Support Specialist Community Public Health Nurses including Health Visitors and School Nurses, Family Nurses (Family Nurse Partnership) and Looked After Children Specialist Nurses who have an important role in the provision of regular health assessments and health plans as part of multi-disciplinary and inter-agency care planning process.

Purpose

The purpose of this guidance is to:

- Ensure that the role of Nurses in looked after children health assessments and care planning is explicit;
- Ensure a thorough approach based on evidence and best practice;
- Facilitate the participation of looked after children and their carers (including birth parents were appropriate) in health assessments;
- Ensure a regionally consistent approach to nursing reports and attendance at Looked After Children Reviews.

Scope

This guidance is particularly relevant to Health Visitors, School Nurses, Family Nurses and Looked After Children Nurse Specialists employed within the five Trusts and should be referred to when carrying out health assessments, developing health plans and responding to the health needs of looked after children[6]. It should be used in conjunction with regional guidance on health assessment, planning and documentation for Health Visitors and School Nurses[7].

This guidance relates to looked after children who are subject to a Care Order, Interim Care Order or accommodated under a voluntary agreement with their parents, and are living in a non-kinship foster placement, kinship foster placement or in a residential children's home.

This guidance is not intended to relate to looked after children in receipt of respite services whose care plans are led by specialist teams for children with disabilities.

[6] Midwives and other nurses may be involved with some looked after children but are not expected to be the lead Public Health Nurse for a looked after child given that their service is time limited.

[7] Regional Guidance for Health Visitors and School Nurses on Family Health Assessment, Health Planning and Chronology of Significant Events (draft April 2014)

Principles

The following principles should be applied when carrying out health assessments and plans for looked after children:

- The United Nations Convention on the Rights of Children should underpin nursing practice;
- Those caring for looked after children must have high aspirations for them;
- The views of the children and young people need to be taken into account when making decisions in matters that affect them;
- Engagement and participation needs to be encouraged through a range of age appropriate approaches and resources;
- Looked after children should be custodians of their own health information as far as possible;
- Looked after children need to be encouraged to develop knowledge and skills in making healthy choices;
- Professional relationships based on trust, predictability and sustainability should be encouraged;
- Looked after children need support regarding their health in a manner that reflects developmental stages, including transition to adulthood;
- Meeting the health needs of looked after children should be a theme of a holistic and inter-agency process;
- Carers should have access to a named health professional to support them with caring role and responsibilities in relation to health;
- Health assessment and planning is not an isolated event but a continuous activity which is part of the multi-agency care planning process;
- Personal information must be handled in a sensitive and professional manner and shared on a need to know basis, in keeping with DHSSPS and Trust policy;
- Nurses should advocate on behalf of looked after children and ensure that health assessments are sensitive to age, gender, disability, race, culture and language;
- High quality health information should be available to those involved in the looked after review process.

Promoting Participation

Looked after children should be encouraged to participate in their health assessments, health plans and report writing, using age appropriate engagement methods. The name and contact details of those involved in care plans should be given to children and young people (age appropriate), birth parents with parental responsibility if appropriate, foster parents and carers. Young people's views regarding their identified health needs, health plan and information to be shared within a report should be discussed with them, and recorded. A justifiable reason should be recorded if this does not happen.

Parents (with parental responsibility) should be:

- Informed that health assessments are to be carried out;
- Encouraged to participate in the health assessment and plan;
- Provided with information about the outcome of health assessments;

unless following consultation with the child's Social Worker, this is deemed to be inappropriate (not in the child's best interests).

Information should be shared with parents even if a Care Order remains and parental responsibility is shared with the Trust. Arrangements to achieve this should be agreed with the child's Social Worker or at the looked after child review meeting.

Foster parents / carers should be provided with relevant health information in order that they can meet the child's health and wellbeing needs.

The Nurse responsible for carrying out a health assessment should work in partnership with other health and social care colleagues, including the child's General Practitioner, to ensure that the child has access to appropriate health information and is supported regarding health issues.

Update of the Personal Child Health Record (PCHR known as 'the red book')

Nurses should update Personal Child Health Records. If the original is lost or unavailable, the Nurse should request a duplicate record and ensure that it includes all available relevant information including information about the child's health and developmental history.

Looked After Children Reports

Regionally agreed documentation should be used by Nurses when providing looked after children health reports (see Appendix 2, 3 & 4). Guidance notes (*in italics*) are prompts only and should be deleted after completion. Evidence based assessment and engagement tools may be used to inform assessments and reports but should not be used as an alternative.

The views of young people must be given serious consideration when deciding the level of health related information to be shared. Usually the health assessment, analysis and plan will be shared at looked after children reviews. However, a redacted version of the health assessment may be appropriate (see Appendix 2, 3 & 4). Advice should be sought from a Safeguarding Children Nurse Specialist if a nurse is uncertain regarding the level of information to shared.

It is preferable that one nursing report is agreed and jointly signed when two or more nurses are providing a service to a looked after child. Nurses should agree arrangements for the presentation of reports to Looked After Children Reviews.

Reports provided to Local Authorities outside of Northern Ireland

There are occasions when children are placed with foster families in Northern Ireland but the responsibilities for Looked After Children Reviews remain with Local Authorities outside of Northern Ireland. Information provided for the purpose of these Looked After Children Reviews should be documented using Health & Social Care Trust documentation as per appendices 2, 3 & 4.

Transfer from one Health & Social Care Trust to another

When a looked after child is moving out of a Trust area, the Nurse responsible for the child's health plan must contact the Nurse taking over responsibility for the child's health plan and provide them with a verbal hand over. A record of the hand over provided will be inserted into the child's records. Records should be clearly marked and transferred according to Trust policy.

Attendance at Looked After Children Reviews

Joint working arrangements must be agreed when there is more than one Nurse involved with a looked after child, including who is best placed to take the lead. A Nurse should attend:

- Initial Looked After Children Reviews
- 1st subsequent Looked After Children Reviews
- 1st subsequent Looked After Children Reviews after taking over responsibility for a health plan transferred from a colleague

Professional judgement regarding attendance at additional Looked After Children Reviews will be based on:

- Complexity of the child's situation
- Child protection risk factors
- Complexity of health care needs
- Level of involvement with the child and carers

A Nurse may attend for part of the meeting if this is deemed appropriate following consultation with the young person, Social Worker, carers and multi-disciplinary colleagues.

Decisions not to attend Looked After Children Reviews should be discussed at safeguarding children nursing supervision.

Training and Support

Nurses carrying out health assessments with looked after children must be competent to do so and have access to relevant training, learning opportunities and updates.

Safeguarding children supervision regarding the health needs of looked after children should be provided in keeping with DHSSPS policy[8].

Review of Guidance

This guidance will be reviewed by the Public Health Agency one year after implementation and every 2 years thereafter. Issues arising that relate to the implementation of this guidance should be brought to the attention of Nurse Managers and the H&SC Trust's Named Nurse for Safeguarding Children as they arise.

Named Nurses for Safeguarding Children should bring comments or suggestions that will improve this guidance to the attention of the Public Health Agency's Safeguarding Children Nurse Consultant.

Appe**ndices**

Appendix 1 Terms and Definitions

Appendix 2 Health Assessment Form 0-10 years

Appendix 3 Health Assessment Form 11-18 years

Appendix 4 Health Plan

[8] Safeguarding Children Supervision Policy for Nurses and Midwives (DHSSPS 2011) and) Safeguarding Children Supervision Procedures for Nurses and Midwives (DHSSPS 2011)

Appendix 1

Terms and Definitions relating to Looked After Children

Corporate Parent Whilst social services take lead responsibility for looked after children, 'all of us who work with or have responsibility for children in care both directly and indirectly must ensure that we are everything a good parent should be, offering a quality home and experience of childhood, ambition, hope for the future and demand the best of schools and services for these children' (DHSSPS 2009, Care Matters).

Emergency Foster Carers provide time limited placements at short notice - used out of hours and for up to 72 hours to facilitate a return home or alternative placement.

Respite Foster Carers care for children for short periods, usually on a regular basis to give birth parents or their full time foster carers a break. The length of break can vary from one weekend a month to a two or three week period.

Short-term Foster Carers look after children full time in their home but the length of stay can vary depending on the child's family circumstances.

Longer-term / permanent Foster Carers provide longer term care for children / young people who are unable to return to live with their parents in the near future.

Private Foster Carers are not the child's parent/s, are not a relatives and do not have parental responsibility for the child. Generally these are private arrangements between the parent and the carer. However where the arrangement is to exceed 28 days the Trust must be notified to allow the Trust to carry out its regulatory, supervisory and advisory role. A child is not privately fostered if he/she is a Looked After Child.

Fee Paid Foster Carers receive a fee in acknowledgement of their specific skills or to enable them to continue to care for a specific child / children.

Kinship Foster Carers (Family / Friend) refers to a carer who has been requested by social services to care for a child who is either related or known to them through friendship and is subject to Looked After Children (LAC) procedures.

Professional Foster Carers are foster carers recruited specifically to specialist schemes. The five Health and Social Care Trusts have various schemes that take account of the more specialist needs of some children, e.g. adolescents, children who may otherwise have been placed in secure or specialist care placements or those returning to the community from such. Professional Foster Carers receive a fee in addition to fostering allowances as paid to all foster carers.

Dually Approved Carers are Prospective Adopters who are also approved as Foster Carers

The 'Going Extra Mile' (GEM) scheme is provided by foster carers who continue to provide care, support and accommodation for young people aged 18 – 21 whom they have previously fostered. The aim of the scheme is to provide continuity and stability of living arrangements for young people coupled with supporting and enabling them to aspire to achieving better outcomes in relation to future training, employment, educational and career goals.

Residential Care refers to care which takes place in statutory, voluntary or private children`s homes.

Stranger Foster Care foster carers who are not related to the child.

Viability Assessment A viability assessment must be undertaken by the child's Social Worker prior to the placement of a child/children in an immediate / emergency kinship placement. This assessment consists of a range of checks to determine the suitability of the placement.

Viability Visits A joint visit by a Social Worker from the Trust Fostering/ Family Placement Service and the child's Social Worker should take place within 2 working days where a viability assessment has been undertaken. This provides an opportunity to discuss the requirements of being a foster carer, any concerns the carer may have and also to determine if there are any apparent reasons to think the placement may not be suitable for the child.

Placed for Adoption: A child "placed for adoption" when notification is sent under Regulation 11 of The Adoption Agencies Regulations 1989 or he is Placed under Regulation 12 of that set of Regulations. (A child does not have to be subject of a Care Order to be placed for Adoption. A small number of children are "Placed For Adoption" on the foot of Parental Agreement to their Adoption, others as a result of a Freeing Order granted under Article 17 or 18 of Adoption NI Order 1987. Children that are subject still to a Care Order are most likely to be Placed on a Fostering/Dual Approval basis with a view to Adoption when Court Proceedings are finalised.

Kinship Stage 1 Assessment **is a**ssessment of kinship carers (not previously assessed and approved as foster carers) where a child/young person is placed immediately/emergency. This should begin immediately after placement and be approved by the Trust Fostering Panel within 12 weeks of placement.

Kinship Stage 2 Assessment This assessment looks at the longer term needs of children placed with kinship foster carers and the foster carer's capacity to care for the child / children in the longer term i.e. 3 plus months. An assessment is approved by the Trust Fostering Panel which should be presented to panel within 9 months of the placement starting.

Independent Providers Foster carers recruited and assessed by Private/voluntary sector providers from whom Trusts purchase placements e.g. Foster Care Associates, Barnardos, NCH.

Placed at Home with Parents Child is subject to a Care Order / Interim Care Order and is placed with Parents or a person who has parental responsibility for the child.

Unregulated Placements A placement becomes an unregulated placement if a Stage 1 Assessment is not presented and approved by the Trust Fostering Panel within 12 weeks of placement or if presented to the Fostering Panel and is not approved. In such cases authorisation for the placement to continue must be given by the Trust Director or Assistant Director for Looked After Children and the HSCB notified.

Transitions A phase or period of time when a person experiences significant change, some of which may be challenging. Some changes are experienced only by looked-after children or young people, for example, becoming looked after, changing placement, changing social worker or leaving care. Some looked-after children and young people experience loss, separation and varying degrees of trauma at these changes.

Appendix 2

Trust logo to be inserted

Public Health Nursing Report regarding Looked After Child aged 0-10 years

Forename:

Surname:

DOB:

Health & Care Number:

Health and Development:
Refer to engagement methods for example About Me Health Journal and comment on how the child describes his / her health status.

Please provide details of relevant family, antenatal history, birth details and subsequent developmental assessments. Please comment on any current health or medical issues, any referrals made e.g. expressive language difficulties / speech & language, outstanding hospital appointments or immunisations. Record any attendances at ED. Please comment on allergies, skin conditions, medications etc. Refer and include centiles when relevant.

Vision/Hearing:
Please record if there are any concerns with the child's vision and if the child has attended an optician recently, and if so, the date of the last attendance. Please record if there are any concerns with the child's hearing, if the child has attended an audiology appointment, and if so the date of the last attendance.

Oral Health:
Please record if the child is registered with a dentist, and if there are any concerns with the child's oral health. Record if the child has attended the dentist recently and if so the date of the last attendance.

Health Promotion:
Please comment on any targeted health promotion provided to the parent/carer (e.g. oral health, diet/exercise, keeping safe, home and garden safety etc)

Identity, Self-esteem and Emotional Wellbeing:

Please comment on how the child presents (content/settled, unsettled/fractious, confident/lacking confidence, defensive/open to engagement etc). How does the child describe him/herself (happy/sad, anxious/worried, angry/miserable etc)? Please comment if the child has any close friends or is missing anyone that they do not see anymore. Is the child attending CAMHS/Psychology? Comment on relationships with members of the foster family.

- *Bullying*
- *Low mood*
- *Thoughts of self-harm, self-harming*
- *Thoughts of suicide*
- *Impact of trauma on emotional well-being*
- *Feeling different*
- *Impact of trauma on emotional wellbeing*

Parent/Carers capacity to meet the child's needs:

Please comment on whether the parents/carers are able to meet the health needs of the child, are able to show emotional warmth, establish appropriate boundaries and offer guidance and stability. Please comment on how receptive the parent/carers are to health or medical advice given by professionals and also comment on whether they are able to ensure that all appointments are kept up to date and recognise any difficulties or areas where they may require additional support.

Child's views on their health:

Please comment if and how the child (if appropriate) has had opportunities to be involved in their health assessment and plan. Please also comment on how they feel about their health, their views and opinions, and if they require further advice and support with their health.

Analysis of Looked After Child's Health Needs

Child's Name:

DOB: **H&SC Number:**

(Please work with the parents/carers and significant others to explore the needs, strengths, risks and protective factors in relation to the child's health)

- **Identified health needs:**

- **Identified strengths to support health needs:**

- **Identified risks to health:**

- **Resilience/protective factors to maintain/promote health:**

Summary and recommendations

(Please summarise findings from health assessment and analysis, and if health needs have been identified, please complete a health plan)

Copy to be forwarded to:

- Case Coordinator
- Carer/s (if relevant)
- Parents (if relevant)
- GP
- LAC Nurse (if requested for audit purposes)

Signature _____ **Designation** _____

Print Name _____ **Date** _____

Appendix 3

Insert Trust Logo

Public Health Nursing Report for Looked After Young Person

aged 11 to 18 years

Forename:

Surname:

DOB:

Health & Care Number:

Health and Development:
Refer to engagement methods for example About Me Health Journal and comment on how the child describes his / her health status.

Please comment on any current health, development or medical issues, any referrals made, outstanding hospital appointments or immunisations. Record any attendances at ED. Please comment on allergies, skin conditions, medications etc.

Vision/Hearing:
Please record if there are any concerns with the young person's vision, if the young person has attended an optician recently and if so, the date of the last attendance. Record if there are any concerns with hearing.

Oral Health:
Please record if there are any concerns with the young person's oral health, if the young person has attended the dentist recently and if so the date of the last attendance.

Substance/Solvent/Drug Misuse:
Please record if the young person is misusing substances, solvents or drugs. Please record if the misuse of substances, solvents and drugs is affecting the young person's health (e.g. weight loss/gain, poor oral health, poor mental health etc).

Smoking:
Please record what age young person started to smoke, any effects smoking has on their health, if the young person has considered reducing the number smoked or to stop smoking.

Alcohol:
Please record the amount of alcohol the young person consumes either regularly or when binge drinking, if alcohol consumption is affecting their health and if the young person has considered reducing the amount consumed or stop drinking.

Diet and Exercise:
Please record if the young person enjoys a healthy diet and regular exercise. Please record if the young person suffers with an eating disorder (e.g. anorexia/bulimia).

Sexual health and relationships:

Please record if the young person is in a relationship and may be sexually active. Please record if the young person requires advice or support with accessing appropriate services (e.g. GP, Sexual Health Clinic, Family Planning, Youth Advice etc). Does the young person need advice with Safe Choices or puberty?

Identity, Self-esteem and Emotional Wellbeing:

Please comment how the young person presents (confident/lacking confidence, defensive/open to engagement etc). Please comment on how the young person describes them self (happy/sad, anxious or worried, angry, miserable etc). Please also comment if the young person has any close friends or is missing anyone that they don't see anymore. Comment on relationships with members of the foster family. Consider:

- *Bullying*
- *Low mood*
- *Thoughts of self-harm, self-harming*
- *Thoughts of suicide*
- *Impact of trauma on emotional well-being*
- *Feeling different*
- *Impact of trauma on emotional wellbeing*

Would 5 steps to wellbeing or the 10 Positive Steps be useful?
Is the young person attending CAMHS/Psychology?

Parent/Carers capacity to meet the child's needs:

Please comment (if relevant) on whether the parent/carers are able to meet the health needs of the young person, are they able to show emotional warmth, establish appropriate boundaries and offer guidance and stability. Please comment how receptive the parent/carers are to health or medical advice given by professionals, are the parent/carers able to ensure that all the young people's appointments are kept up to date and recognise any difficulties or areas where they may require additional support.

Young Person's Views on their health:

Please comment if and how the young person has had opportunities to be involved in their health assessment and plan. Please also comment on how they feel about their health, their views and opinions, and if they require further advice and support with their health.

Analysis of Young Person's Health Needs

Name: **DOB:** **H&SC No:**
(please work with the young person's parents/carers, the young person and significant others to explore the needs, strengths, risks and protective factors in relation to the above issues and the child's health)

- **Identified health needs** (please comment on potential or identified impact of health issues on overall health, wellbeing, education or social functioning)

- **Identified strengths to support health needs:**

- **Identified risks to health:**

- **Resilience/protective factors to maintain/promote health:**

Summary and recommendations
(Please summarise findings from health assessment and analysis. If health needs have been identified, health plan needs to be completed).

Copy to be forwarded to:

- Case coordinator
- Carer/s (if relevant)
- Parents (if relevant)
- Young Person (if relevant)
- GP
- LAC Nurse Specialist (if requested for audit purposes)

Signature _____ Designation _____

Print Name _____ Date _____

Appendix 4

Date and Issue	Intervention	Planned review period	Evaluation Signature/Date