

## Summary Briefing: Promoting the health and wellbeing of looked after children

**The Children's Partnership**  
Increasing capacity and improving outcomes  
for children, young people and families

This briefing describes the key themes in the statutory guidance, [Promoting the health and wellbeing of looked after children](#), published by the Department for Education and Department of Health in March 2015. It highlights messages and provides additional context in areas that have been identified by stakeholders as challenge areas or of particular interest.

### Introduction

In March 2015 the Department for Education and Department of Health issued statutory guidance on promoting the health and wellbeing of looked after children. It replaced guidance of the same name last published 2009. The updated guidance reflects policy changes in the intervening period, most notably changes to the structure of the NHS brought about by the Health and Social Care Act 2012.

The guidance explains how local authorities and health agencies should go about carrying out relevant duties under a number of pieces of legislation including the 1989 and 2004 Children Acts, 2006 NHS Act (as amended in 2012) and the care planning and placement and case review regulations.

As well as being formally issued to local authorities, CCGs and NHS England the guidance is also aimed at:

- designated and named professionals for looked-after children
- GPs, optometrists, dentists and pharmacists
- managers and staff of services for care leavers, and personal advisers
- teachers
- health visitors, school nurses and any other professional who is involved in the delivery of services and care to looked-after children.

### The status of the guidance

The guidance is issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions.

It is also issued under section 7 of the Local Authority Social Services Act 1970, which means that local authorities must comply with this guidance unless there are exceptional reasons that justify a departure.

In terms of what 'have regard to' means for CCGs and NHS England, other guidance contains more detailed descriptions which may provide a useful reference point. An example is given below

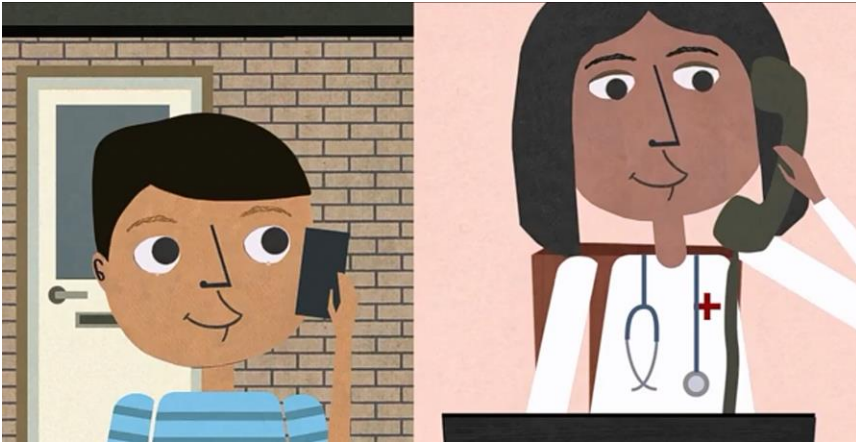
"The bodies must have regard to [the guidance]. This means that whenever they are taking decisions they must give consideration to what [the guidance] says. They cannot ignore it. Where the text uses the word 'should' it means that [it] must be considered and that those who must have regard to it will be expected to explain any departure from it."<sup>1</sup>

Where the guidance says 'must' this is a reference to primary legislation or regulations, describing a legal requirement. The guidance can only say 'must' in these instances and cannot alter existing primary legislation and regulations.

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<sup>1</sup> Introduction to the *SEND Code of Practice 2014*

The Children's Partnership has arranged a number of events to support the development and dissemination of this guidance. The remainder of this briefing describes the contents of the guidance, highlighting specific messages and context that are relevant to the key challenge areas identified by stakeholders at these events. Specific references to the contents of the guidance are accompanied by the relevant paragraph number in the guidance document.



Visit NCB's [YouTube channel](#) to view our video for Corporate Parents on how to improve health services for children in care.

The video shares the learning from a series of health themed events around England involving corporate parents and Children in Care Council members. It is part of a series of produced by NCB and A National Voice as part of the Corporate parents and children in care councils - Taking it to the next level project.

## Partnership working and access to health services

The guidance highlights the overarching duties that local authorities and health agencies have in relation to the health and wellbeing of looked after children and their duties to cooperate (2-8). It references, alongside other longer-standing duties, the duty on CCGs and local authorities to promote the integration of health and social care services (8). It underlines the expectation set out in the NHS Mandate<sup>2</sup> since 2013/14 that the NHS will support and safeguard looked after children through a more joined up approach to addressing their emotional, mental and physical health needs (8).

While meeting health and wellbeing needs of looked after children will involve partnership working across numerous agencies and professions, the guidance contains clear messages that a child or young person's position in the care system should not deny them of timely access to health services and does not absolve the NHS of any responsibility for securing this. For example, it is stressed that:

- All commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of looked after children (16)
- Looked after children should be seen without delay or wait no longer than a child in a local area with an equivalent need who requires an equivalent service. The length of a placement should not affect a child's access to services (18)
- CCGs and NHS England should ensure that a child is never refused a service, including for mental health, on the grounds of their placement being short-term or unplanned (28)
- Treating a patient as a temporary resident should be avoided if possible and where there is any doubt over the potential length of a placement, GP practices should opt for full registration (72).

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<sup>2</sup> The NHS Mandate is a statutory document to which health agencies must have regard when carrying out their functions

## Strategic planning of services

Reforms introduced by the Health and Social Care Act 2012 have enhanced existing arrangements for local authorities and health commissioners to jointly plan local health and social care services for people of all ages. As well as Joint Strategic Needs Assessments being carried out, Joint Health and Wellbeing Strategies must also be produced to translate this information into shared priorities and the process must be coordinated by a multi-agency health and wellbeing board. The guidance cross references the statutory guidance on this process which states that health and wellbeing boards will need to consider the needs of vulnerable groups such as looked after children and adopted children. The guidance also says that:

- CCGS and local authorities should recognise and give due account to the greater physical, mental and emotional health needs of looked after children in their planning and practice (13)
- CCGS and local authorities should ensure that sufficient resources are allocated to meet the identified health needs of the looked after children, including those placed in their area by other local authorities (13)
- The views of looked after children and their carers should be taken account of, including through the work of Children in Care Councils and local Healthwatch (13)
- Aggregated SDQ scores should be used in the development of JHWSs (14).

## Planning for individual care

The guidance contains important information on processes for ensuring the health needs of individual looked after children are assessed and followed up and for delivering continuity of care across transitions between placements. This includes

- The legal requirements for carrying out health assessments and reviews (40-43, 52-54)
- Principles of good health assessment and planning (44-48)
- The process for notifying of placement changes (34-36)
- Working out which commissioner is responsible for paying for a service (21-28)
- The roles of
  - The designated doctor and nurse and named health professional (see competencies of health professionals, below)
  - GPs and primary care teams (69-72)
  - Foster carers and residential care workers (82-86)
  - Social workers (62-66)
  - Independent reviewing officers (68)
  - Virtual school heads and designated teachers (67).

## Competencies of health professional working with looked after children

The guidance sets out the roles of a number of specific health professionals in assessing and coordinating the health care of looked after children. It states that all healthcare staff who come into contact with looked-after children should work within the Royal Colleges' [intercollegiate framework](#). This framework sets out the knowledge, skills and competencies that staff with varying degrees of contact with and responsibility for looked after children should have. A revised framework was published in March 2015.

All CCGs are required to secure the expertise of both a designated doctor and designated nurse for looked after children, often referred to collectively as **designated professionals**. The

guidance stresses the strategic nature of this post, assisting CCGs and other commissioners in fulfilling their responsibilities to improve the health of looked after children. (29) The post is at level 5 of the intercollegiate framework, requiring the highest level of expertise in looked after children's health. The framework underlines their strategic role, working across agencies to advise, challenge and influence change.

The guidance also sets out the important role of **named professionals**, working at the healthcare provider level to promote good professional practice within their organisation, acting as the principal health contact for children's social care, and a key contact point for children and their carers where they have difficulties accessing health services (75-76). Named professionals are placed at level 4 in the intercollegiate framework. Core competencies at this level include the ability to carry out statutory assessments, work with family children and services (including mental health services) and contribute to multi-agency meetings and reviews.

Regulations require that a registered medical practitioner (doctor) carries out an initial assessment of the child's state of health on behalf of the local authority when a child starts to be looked after. Reviews of the child's health plan can be carried out by a registered doctor, nurse or midwife. These regulations have not changed and the guidance reflects this. (40, 52)

## Placement moves and out of area placements

Proper planning of placement moves and related information sharing between agencies has been highlighted by stakeholders as being a challenge in some areas. The guidance includes a number of points that will be particularly relevant for dealing with these challenges. These include:

- Stressing that in making a judgement about the suitability of an out authority placement for a child, the responsible authority should assess, with input from health services, the arrangements which it will need to put in place to enable the child to access services such as primary and secondary health care. Regulations require that the receiving CCG is consulted (77-78)
- Reiterating the legal requirement for local authorities to notify the child's GP, the CCG where child is currently living and the CCG for where the child will be placed (as well as those caring for the child, and where appropriate parents) when a new placement is to be made in out or out of area. It is suggested that the person to notify in the CCG could be the designated nurse (34-36)
- Making clear that fear about sharing information should not get in the way of promoting the health of looked after children, and that protocols for information sharing should reflect the HMG guidance *Information sharing guidance for practitioners and managers* (37)
- Including an annex setting out the principles of confidentiality and consent (Annex C).

There are over 200 CCGs covering England, so many local authorities will be working with multiple CCGs, even for children placed within their area. The guidance states that, when a child is moved out of a CCG area, arrangements should be made through discussion with the originating CCG, those currently providing healthcare and new providers to ensure continuity of healthcare. It stresses that CCGs should ensure that any changes in the healthcare provider do not disrupt the objective of providing high quality, timely care and that the needs of the child should be the first consideration (80).

New legal requirements have also been introduced by recent changes to the Care Planning, Placement and Case Review Regulations regarding distant placements which are set out in more detail in [Statutory guidance on out of authority placements of looked after children](#) (81)

## Mental health

Reflecting the high prevalence of mental health problems in looked after children, and feedback from stakeholders about the importance of considering this, the guidance encourages a focus on mental health and emotional wellbeing in a number of ways including:

- In the first paragraph, highlighting that almost half of children in care have a diagnosable mental health disorder and that delays in identifying and meeting their emotional wellbeing and mental health needs can have far-reaching effects on all aspects of their lives (1)
- Being explicit in all references to assessing health needs and planning for access to services and continuity of care that this includes emotional and mental health as well as physical health
- Stressing that local authorities, CCGs and NHS England need to reflect the high level of mental health needs amongst looked after children, and give parity of esteem to mental and physical health in their strategic planning(11, 13).

The Children and Young People's Mental Health Taskforce was set up last year and was co-chaired by Jon Rouse, Director General for Social Care, Local Government and Care Partnerships at the Department of Health, and Martin McShane, Director for Long-Term Conditions at NHS England. The taskforce published its report [\*Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing\*](#), which makes a number of proposals the government wishes to see enacted by 2020. It includes a chapter on 'Caring for the most vulnerable' which makes relevant proposals, such as:

- The piloting of sub-regional specialised mental health teams for looked after and adopted children
- Embedding mental health practitioners in teams working with vulnerable children and young people
- Improving awareness of the impact of trauma amongst professionals working with children and young people
- Improvements to referral pathways and joint working across health and safeguarding.

The Taskforce's task and finish group on vulnerable groups and inequalities also published its own report. This considers the needs of looked after and adopted children and young people in more detail, including highlighting the need for better trauma-focussed care.

## Staying healthy

As well as setting out processes for ensuring children's identified health needs are met, the guidance also includes important messages about the roles of those working with looked after children in supporting them to manage their own health and stay healthy. This includes, for example:

- Stating that social workers should:
  - Support foster carers, or the appropriate person in the children's home to promote the child's physical and emotional health on a day-to-day basis (62)
  - Ensure that the children their local authority looks after have access to positive activities to promote their sense of wellbeing(65)
  - Ensure that carers receive information about any health needs or behaviours which could pose a risk to the child, their carers or household and the support that will be made available to the child and their carer to manage these difficulties (66).

- Stressing the interrelationship between health and education outcomes and the role of the virtual school head (67).

## Children with Special Educational Needs and Disabilities

The guidance highlights the fact that two thirds of looked after children have special educational needs and highlights key aspects of the new legal framework for meeting the needs of children with special educational needs and disabilities which came into force from September 2014 (57-61). The framework places new legal duties on health and social care services as well as education, and (from April 2015) for meeting the needs of those in youth custody. The [Council for Disabled Children](#) has produced a range of guidance for those working in different sectors on behalf of the Department for Education and NHS England, which complement the statutory [Code of Practice](#).

## Care leavers and transitions from care

In the 2013 [Care Leaver Strategy](#), the government committed to setting out in the guidance how organisations in the reformed health system should work with local authorities to improve support for care leavers. Paragraphs 94 to 97 fulfil this commitment including on the following issues:

- Ensuring transitions out of care, and where relevant into adult health or social care services are well planned, starting planning as early as possible.
- Ensuring personal advisors have access to information and training about how to promote physical and mental health and that access to positive activities are included as part of pathway planning
- Ensuring care leavers have the information they need to manage their own health when living independently and that the transition to managing any existing conditions themselves is managed sensitively.

The guidance also contains messages about consideration of health needs when a child is placed for adoption as well as if they return home or become subject of a special guardianship order (69-93).

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the Children's Partnership

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