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## Introduction and Background to Health Protocol

This protocol has been prepared jointly by Bradford Metropolitan Council and the four Primary Care Trusts of that District, namely Bradford City Primary Care Trust (PCT), Bradford South & West PCT, North Bradford PCT & Airedale PCT, in consultation with Child & Adolescent Mental Health Services from Bradford Care Trust and Secondary Paediatric Services from Bradford NHS Acute Trusts and Airedale NHS Trust, in order to outline roles and responsibilities in relation to provision of health services to meet the health needs of looked after children and young people (LAC).

The document is based on the principles of the Children Act 1989 and the Department of Health (2002) Improving Health Outcomes for Looked After Children guidance, which emphasises the need for professional agencies to work together jointly in the interests of children.

The cornerstone of these arrangements is the Department of Health's Looking After Children system, introduced in Bradford in 1996, which is based on inquiries and research which have indicated that children growing up away from their own families have consistently failed to achieve the same level of health, education and social outcomes as children in the wider community.

The importance of achieving improved health outcomes for looked after children has been specifically highlighted by the Government through the Quality Protects (1998) initiative to transform children's services which sets specific targets for Local Authorities, which are dependent on partnership working with other statutory agencies. The Government is also reforming and modernising the National Health Service (NHS), stressing the need for quality, efficiency and needs led services. The concept of Clinical Governance has been introduced, which underlines the drive for increased quality and the need for health and social care agencies to work together in order to provide a holistic service.

It is in this context that this protocol has been drawn up, in order to ensure that children and young people looked after by Bradford Metropolitan Council and children and young people looked after by other Local Authorities registered with General Practitioners from Bradford & Airedale PCT's and living in Bradford and Airedale district, achieve their best possible health outcomes, thereby maximising their life chances.

## The Scope and Purpose of the protocol

This protocol sets out a framework for the delivery of services from health service agencies across Bradford and Airedale District and Bradford Metropolitan Council, which will promote and improve health outcomes of looked after children and young people. It is written in the context of a holistic model of health which takes account of wider determinants of health and is designed to address health needs of children and young people who find themselves looked after, mostly away from home. These children and young people may be

- Accommodated under a voluntary agreement with their parent(s) consent, or their own consent if aged 16 or 17; section 20 Children Act 1989
- In care on a Care Order or Interim Care Order; section 31 of the Children Act 1989;
- Remanded to Local Authority Care; Accommodated under section 21(2)(C)(i) of the Children Act 1989
- On an Emergency Protection Order; section 44 of the Children Act 1989;

The Protocol sets out the revised legislative framework for safeguarding and promoting the health of looked after children and young people; the roles and responsibilities of different agencies and outlines principles of good health care. It describes the framework for assessment, planning intervention and review of the health needs of looked after children and describes the legal framework governing confidentiality, consent and information sharing.

Statutory duties of Health & Social services to improve health outcomes for looked after children and young people will be provided through:-

- Delivery, co-ordination and monitoring of Statutory Health Assessments and subsequent co-ordination of necessary Health Services arising from the same, for Children looked after by Bradford Metropolitan Council who are living within the boundaries of Bradford Metropolitan District and registered with a General Practitioner from any of the four Primary Care Trusts covering the district.
- Co-ordination and Monitoring of Statutory Health Assessments and subsequent monitoring of necessary Health Services arising from the same, for Children looked after by Bradford Metropolitan Council who are living outside the boundaries of Bradford Metropolitan District and not registered with a General Practitioner from any of the four Primary Care Trusts covering the district.
- Delivery, co-ordination and monitoring of Statutory Health Assessments and subsequent co-ordination of necessary Health Services arising from the same, for Children looked after by any other Local Authority who are living within the boundaries of Bradford Metropolitan District and registered with a General Practitioner from any of the four Primary Care Trusts covering the district.

The purpose of the Protocol is to support a flexible and effective system which will address the inequalities faced, and the assessment of health needs of looked after children and young people, and enable information to be obtained and managed to produce individual health care plans, with support for these plans to be implemented.

The Protocol provides a set of underpinning principles on which health services will be based with roles and responsibilities outlined for health and social services.

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## Principles of Good Health Care

Health assessments and health plans will promote the current and future health of the child or young person who is looked after and not focus solely on the detection of ill-health. Health assessments will cover a range of issues beyond those of physical health which include developmental health and emotional well being.

The individual child or young person should be at the centre of the process of health assessment, planning, intervention and review. Each child or young person must be given the opportunity at all stages to express their wishes and concerns and these should be listened to. Health Professionals should conduct health assessments in a way that enables and empowers children and young people to take appropriate responsibility for their own health.

Health assessments and health services for children and young people who are looked after should be sensitive to age, gender, disability, race, culture and language. They should be non-discriminatory and promote equality of access to services.

Bradford Metropolitan Council must fulfil the role of an active concerned parent in promoting and monitoring the child or young person's health and development and should, where possible and appropriate, actively involve the child or young person's birth parents.

Children and Young People who are looked after should have "timely" access to services in accord with their significantly increased need for health care compared with their peers, and the access problems caused by their greater mobility.

The child or young person's 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.

Assessments should be conducted within a standardised and systematic framework. A protocol should be used to assess physical health, but consideration should also be given to the use of validated and reliable instruments with which to assess development, disability, learning difficulty and the need for mental health services.

(Department of Health 2002)

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## Specific Roles and Responsibilities

Bradford metropolitan District Council act as the Corporate Parent for all looked after children, thereby fulfilling their duty to promote the welfare and ensure the wellbeing of all children and young people who are looked after by them. This means that arrangements must be in place to ensure that children's health needs are fully assessed; an individual health plan is produced and reviewed at statutory reviews, which clearly set out how health needs identified in the assessment will be addressed, by whom and to what timescales and with intended health outcomes for the child or young person.

In situations where parental responsibility is held, exercise that responsibility in the best interests of the looked after child and work in partnership with birth parents to achieve the best possible health outcomes for looked after children

At a strategic level, the Head of Children's Services will have a designated responsibility to fulfil the corporate responsibility within the strategic planning arena, encompassing reliable management systems, effective consultative mechanisms, clear objectives and priorities within agreed planning cycles, provision of a cohesive framework and integration with other planning mechanisms and specific initiatives for children and young people who are looked after.

At an operational level, a Divisional Service Manager within Children's Social Services will have a specific responsibility for the health of looked after children. This role will encompass responsibility for effective liaison with health and health related services, ensure policies and procedures within the Authority promote the achievement of the health of looked after children and young people; ensuring staff and carers have access to regular supervision, can access consultation where appropriate and have the appropriate skills and knowledge to promote the health of looked after children and young people; ensure that each looked after child has a named social worker and ensure that children and young people are offered and take advantage of a health assessment which is carried out by an appropriate team of health professionals within appropriate timescales.

At an individual case level a Senior Care Manager is responsible for ensuring that the needs of each looked after child are addressed and that a social worker is allocated to each child and that care arrangements are in place to meet assessed need.

Develop mechanisms to identify and quantify need with clear objectives and priorities to facilitate better targeting of resources and more effective delivery of services.

The local authority has a duty to notify relevant health services of all children who become looked after, any subsequent changes in circumstances including cessation of looked after status. (Notification of Placements required under the arrangements for Placement of Children (General) Regulations 1991/2002). This means that both the Primary Care Trust from where the child or young person is leaving and the Primary Care Trust to where the child or young person is going to must be notified of these details

In conjunction with health service partners develop information sharing protocols at both intra and inter agency levels.

Monitor the progress of looked after children against the Quality Protects objectives and both national and local performance indicators and share this information with the Primary Care Trusts

The Independent Reviewing Officer or Senior Care Manager chairing Statutory Reviews (in conjunction with the Health Co-ordinator for LAC) will:-

Monitor the effectiveness of personal health plans, within care arrangements, for the looked after child.

- If the health needs of a looked after child are not being appropriately met, ensure that the responsible Social Worker and Senior Care Manager or other professionals concerned address this.
- Monitor the overall effectiveness of health care plans in meeting the health needs of looked after children in the district.

The Social Worker's responsibilities in ensuring that the child or young person's health needs are met will include: -

Promote and explain the importance of the health assessment with children and young people, birth parents and carers.

Obtain the appropriate consent for sharing and storing health information on the health services database, the statutory health assessments and any medical treatment from the birth parent wherever this is possible (see Section 5)

Notify the Health Services Co-ordinator through the provision of the C250 form as set out in the Arrangements for Placements of Children (General) Regulations 1991/2002 before the placement or as soon as possible after the placement is made

Distributing the individual health plan from the assessment with birth parents and carers

Checking and securing the availability of appropriate health services to meet these needs when making arrangements for the child's placements both in and outside the district via the Health Services Co-ordinator.

Ensuring that care plans and health plans are made and reviewed, in accordance with the statutory requirements. Where this does not happen, the social worker should report this to a designated manager within the department.

Ensure that the health services LAC team have all of the necessary information relating to the background and circumstances of the looked after child

Request the 'red book' (personal child health record) from the parent and provide this to the Carer  
Inform the Carer of any health issues for the looked after child or their family, which should be provided to you by the health services LAC team.

Keep parents fully informed of any health issues and wherever possible involve parents in appointments or treatment for the looked after child

Actively engage the looked after child or young person age appropriately, in discussions about health issues and where appropriate provide information to assist the looked after child to make informed choices

Complete all of the necessary sections relating to health needs in the Looking After Children documentation

Monitor the overall implementation of the protocol in meeting the health needs of the looked after child  
Work in partnership with the health services LAC team

The Carer (Parent, Foster Carer, Relative/Friend or Residential Unit Staff) will wherever possible:-

- Ensure that the looked after child is registered with a local GP within 3 working days of placement and registered with a dentist within 10 working days of placement
- Keep an accurate and dated record of all health issues and treatment relating to the looked after child
- Take all reasonable steps to ensure that the looked after child attends all necessary health and dental appointments
- Keep the Social Worker informed of any health and dental issues relating to the looked after child
- Provide a periodic update on health and dental issues relating to the looked after child for any relevant health appointments
- Attend statutory reviews in respect of the looked after child
- Encourage the looked after child to develop an awareness of positive personal health care, including eating, hygiene, alcohol, drugs and sexual health

The Parent (when not acting as Carer) will wherever possible:-

Provide background family health information and health information specific to the child or young person to the Social Worker upon the child entering the looked after system, including details of illnesses, known allergies, immunisations, forthcoming appointments, treatment and/or regular and occasional medicines, skin and/or hair care, routines and specific likes and dislikes.

Continue to play an active role in the health of the looked after child by attending appointments and discussing health issues with the professionals involved

Contribute fully to the planning for the health needs of the looked after child by attending planning meetings, statutory reviews and actively promoting and implementing the health care plan

Assist the Local Authority to act as Corporate Parent by providing prompt responses to requests for consent to medical treatment following appropriate discussion

Keep the Social Worker informed of any changes in address or contact details

The Child or Young Person (appropriate to their age) will:-

- Be provided, by all who work and care for looked after children and young people, with the relevant information and advice relating to health issues including contraception, diet, drugs/alcohol, exercise, and sexual health to make informed choices about their own health
- Have the opportunity to be fully involved in decision making about their health through attendance at planning meetings and statutory reviews
- Be expected to take a degree of responsibility in relation to their own health needs by keeping appointments and co-operating with any recommended treatments

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## Consent to Medical Treatment

### Definitions:

As a general rule, any person (or agency) who has parental responsibility for a child under 16 may consent to that child being medically examined or treated. Children Act 1989 s 2(1)+(2)

Where more than one person (or agency) has parental responsibility for a child, consent to medical examination or treatment is only required from one of them. This is because parental responsibility may be exercised independently. Children Act 1989 s 2(8)

### Informed Consent

Informed consent must be sought for any health assessment, examination or treatment after careful explanation has been given to the parent or adult with parental responsibility. The looked after child should also have an age appropriate explanation (see Gillick Competent/Fraser Guidelines Section). All consent should be documented in writing.

### Parental Responsibility

For children who are accommodated on a voluntary basis, parental responsibility remains with the birth mother or both parents if married. An unmarried birth father only has parental responsibility if this has been obtained legally.

For children who are the subject of Care Orders or Interim Care Orders, this parental responsibility is shared with the local authority. Parental consent should always be sought in the first instance as far as this is reasonably possible, although the local authority is able to give consent in the best interests of the child if this is being unreasonably withheld by the parent. Shortage of time is not, in itself sufficient justification for not attempting to seek parental consent.

Foster Carers do not hold parental responsibility.

### Delegating Parental Responsibility

Parental responsibility may be delegated, which may include consent to medical examination or treatment. An example of this might be where a child is provided with accommodation by voluntary agreement, and, as part of a written foster placement agreement, the child's parent agrees to the foster carer giving consent to routine medical examinations and treatment.

Children Act 1989 s 2(9)-(11)

Where the Carer Hasn't Parental Responsibility

Any person who does not have parental responsibility for the child but does have care of the child may do whatever is reasonable in all the circumstances of the case in order to safeguard or promote the child's welfare. This would include consenting to a child being medically examined or treated.

What is reasonable will depend on how urgent or serious the need for an assessment is, and how practicable it is to consult with a person who has parental responsibility for the child.

Children Act 1989 s 3(5) and The Children Act 1989 Guidance & Regulations Volume 1 (HMSO 1991) para 2.11

In the Placement Agreement, parental agreement is sought for routine dental and medical assessment. It is essential that a full explanation is given to parents, and to the child appropriate to their age, as to why this is required and what it means. This covers routine child health surveillance, immunisations and emergency treatment if parents cannot be contacted and immediate treatment is in the child's best interests.

In the event of such an emergency, if parental consent cannot be obtained, consent should be sought from the appropriate Designated Senior Manager in consultation with the Consultant Paediatrician with responsibility for the child.

The Designated Senior Manager for Health Services for Looked After Children is the Divisional Service Manager..

### **Consent to sharing and storing of Health & Social Services Information**

Upon entry to care, consent must be obtained by Social Services, for Social and Health Services to share information relating to child and their family members and for this information to be stored electronically and used to inform the child or young person's future plans, where appropriate (amended consent form).

It must be clarified at the outset whether there are particular treatments such as certain immunisations to which the parents would object. These must be documented clearly and shared with the health professionals involved.

When the looked after child is subject to an Interim Care Order, for anything other than routine medical treatment, the permission of the Court may need to be sought. If in doubt, legal advice should be taken.

In consultation with the Consultant Paediatrician with responsibility for the child, specific consent should be sought for all planned procedures involving an operation or general anaesthetic, medical investigations and the discussion, assessment or investigation of developmental delay and learning difficulties.

Bradford Hospitals NHS Trust & Airedale NHS Trust both operate a policy of consent to be given for medical procedures by birth parent

### **Gillick Competence or Fraser Guidelines**

Children and young people may give or withhold their own consent to medical examination or treatment if they are judged to be competent to give or withhold that consent. This concept of Gillick competence is based on the child or young person having the capacity to understand both what is involved in the proposed examination and treatment and the consequences of receiving no treatment. In exceptional circumstances, the views of a Gillick competent child can be overridden by the person with parental responsibility or Court, if this is deemed to be in the child's best interests.

### **Refusal of Consent by Child or Young Person who is looked after**

In the event of a looked after child refusing a non urgent health assessment or examination, attempts should be made to counsel them about the importance of healthy lifestyle choices by the health professional, Social Worker or Carer. If the child is agreeable, the health professional may still carry out some parts of the assessment such as health promotion and education. There should always be flexibility to allow the looked after child to choose to see another health professional if this enables their health needs to be addressed.

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## Confidentiality

The Common Law of Duty of Confidentiality – this duty of confidentiality requires that, unless there is a statutory requirement to use information that has been provided in confidence, it should only be used for the purposes for which the subject has given their informed consent. The duty is not absolute and may be overridden if disclosure is deemed to be necessary in the public interest (i.e. to protect others from harm).

### Background

In order to plan effectively and meet the needs of the looked after child it will be necessary at times, to share confidential information between the Health Professionals and the Social Worker.

In the sharing of confidential information a balanced view has to be taken about the need to know by a key professional (or Carer) for the child, versus the right of the child to confidentiality. The principles of the Data Protection Act and the Caldicott protocols as outlined below also need to be considered.

### Principles

The principle of client confidentiality underpins all health and social work practice. This acknowledges the individuals right to have personal information treated as private and is enshrined in the European Convention on Human Rights (article eight).

The Health Professional has a general duty to protect patient confidentiality. When approached by the child's Social Worker for health information, it is good practice for the Health Professional to:

- Check why the information is needed
- Check that the child/parent has been informed that this information is being sought
- Consider if disclosure is appropriate and the amount of information that can be disclosed
- Seek advice in the first instance from the child or young person's health key worker or the Health Services Co-ordinator for Looked After Children, who works closely with the Designated Doctor for Looked After Children. Not all areas have in place a specialist Health Services Team for Looked After Children as in Bradford District, and if a child or young person is placed outside the district then the Health Services Co-ordinator in Bradford would be the person to be contacted. If still uncertain about disclosure then further advice should be sought from the Caldicott Guardian for the Trust or the Designated Doctor with responsibility for looked after children
- Document and record what information has been shared and with whom

Informed consent to disclose basic health information is usually sought from the adult with parental responsibility as outlined in Section 7

Where the Local Authority shares parental responsibility for the looked after child, health information would usually be shared, unless this is against the wishes of a young person assessed to be Gillick competent

In a case where a parent unreasonably withholds consent to disclose this basic information and where it is in the best interests of the child for the Health professional to share this information with the Social Worker or Carer, they should do so. If in doubt, the Health Professional should check with the Lead

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Health Professional for the child, district Consultant Paediatrician in Community Child Health or the Designated Doctor or Specialist Nurse for looked after children.

### **Child & Adolescent Mental Health Services Information**

General CAMHS information should be shared as with other health information. Detailed child psychology or psychiatry information should only be shared following consultation with the specific CAMHS health professional. Other professionals and Carers must also respect the confidentiality of this information if it is shared with them.

### **Hepatitis and HIV Status**

Information regarding Hepatitis and HIV status will be shared as appropriate on a strict need to know basis because of the potential health needs of the child e.g. immunisations, medications and specialist health appointments. If a Health Professional is uncertain about sharing this information they should check with the Lead Health Professional for the child, Designated Doctor for Looked After Children and Young People and or the district Consultant Paediatrician in Community Child Health, Specialist Nurse for looked after children or Caldicott Guardian. This information would usually be shared with the Social Worker and Carer, who must also respect the confidentiality of this information. Decisions to share information with other professionals should be taken on an individual case basis following consultation with the appropriate Designated Senior Manager and Consultant Paediatrician with responsibility for the child.

## Hepatitis B,C and HIV

Significant advances in the treatment of these conditions in recent years means that early identification can improve the outcomes for children. It is therefore in the best interests of children at risk of contracting these conditions that their Hepatitis and HIV status is known.

The Department of Health now recommends the testing of all pregnant women both Hepatitis and HIV, so that steps can be taken to reduce the passing of these conditions from mother to child during pregnancy and child birth. Targets have been set nationally to achieve an uptake of 90% for this testing. This will therefore ultimately result in an increase in knowledge of whether a looked after child is Hepatitis or HIV positive.

The British Association of Adoption and Fostering (BAAF) has now issued guidelines in which it is recommended that looked after children assessed to be at high risk of Hepatitis or HIV are tested. Consideration of this will therefore take place at Initial and Review Health Needs Assessments.

Risk factors for Hepatitis and HIV for both parents and their children include:

- A history of injecting drug use
- A history of sexually transmitted disease
- A history of multiple sexual partners, whether heterosexual, homosexual or bisexual
- Having lived in (or had a partner from) a high risk area of the world
- A history of unprotected sexual activity with a high risk partner

The decision to advise testing will be based on an overall assessment of the looked after child. No one risk factor taken in isolation would be sufficient to warrant this. There are also other individual risk factors and clinical symptoms which may become apparent during the Initial Health Needs Assessment and also prompt the Doctor to advise testing. If such issues become apparent during a Review Health Needs Assessment carried out by a Health Visitor or School Nurse, the child should be referred back to a Consultant Community Paediatrician for consideration of testing. If this is recommended, specific parental consent should be obtained (as outlined in Section 7).

Within Social Services, the decision of whether or not to proceed with testing will be referred to the responsible Senior Manager for health of LAC. In the event of disagreement between the Health Service and Social Services, the conflict protocol as set out in Section 12 should be followed.

If the looked after child is the subject of an Interim Care Order, the permission of the Court must be sought before testing takes place, even if all parties are in agreement with the course of action.

In the event of testing being agreed, the parent and looked after child should be informed in a sensitive manner and offered appropriate counselling. If a test is positive, specialised medical follow up will be necessary.

Information about the looked after child's Hepatitis or HIV status should ideally only be shared with parental consent (and that of the child if appropriate) on a strictly need to know basis. If testing proceeds without the knowledge of parents, in cases where their whereabouts are not known, they should be informed of the outcome if contact is established in the future. Adoptive parents should always be informed of the outcome of testing, where this has taken place, prior to placement. If a looked after child is tested at a young age, the outcome of the test should be shared with them when they are of sufficient age and understanding.

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Although the risk of transmission following day to day contact with a child who has Hepatitis and HIV is very low, all Carers should be counselled about these potential risks and appropriate hygiene measures which should be routine practice for all children placed with them.

Hepatitis B immunisation is available from the Health Service for all Carers and their families. Information is available at the Adoption & Fostering Unit in Bradford and your local Doctor's Surgery or Health Centre.