

What is a looked after child?

A child is legally defined as 'Looked After' by a Local Authority if he or she:

- is accommodated by the local authority for a continuous period of more than 24 hours
- is subject to a Care Order (to put the child into the care of the local authority)
- is subject to a Placement Order (child placed for adoption)

A looked after child might be living with foster parents, at home with their parents under the supervision of the Local Authority, in a residential children's home or other residential settings like schools or secure unit.

A looked after child might have been placed in care voluntarily by parents, or more commonly, the Local Authority may have intervened because a child was at significant risk of harm.

The terms looked after child(ren) (LAC) or child looked after (CLA), child(ren) in care (CIC) are used interchangeably and mean the same thing. Children prefer that the abbreviations are not used.

Looked after children are, by legal definition, under 18 years of age.

The looked after child population within a local authority, is a mix between those who originate from that borough and those who are under the care of other Local Authorities and live in the borough.

**EVERY LOOKED AFTER CHILD IS AN
INDIVIDUAL WITH THEIR OWN
UNIQUE STORY.**

I AM A LOOKED AFTER CHILD

AS MY GP YOU NEED TO KNOW ABOUT CHILDREN LIKE ME



Statutory Health Assessments

Statutory Health Assessments are an opportunity to assess a child's physical and mental health status, review the health care plan and provide health promotion advice, information, and counselling.

Older children need advice on lifestyle choices, drugs, alcohol, and sexual health and should be offered Chlamydia screening.

Looked after children have an Initial Health Assessment (IHA) within 20 working days of becoming looked after. Children under 5 years old have a review health assessment (RHA) every 6 months. Children aged 5–17 years old have annual health assessments.

Every 17-year-old looked after child should have a care leaver health summary compiled, which includes details of relevant transition planning into adult health.

Looked after children are amongst the most vulnerable groups in society. It is well recognised that children often come into care with poorer physical and mental health than their peers, and that longer term outcomes are also worse for them.

Looked after children when considered as a group, are likely to struggle with their behaviour and emotional needs. They also are more likely than others their age to bed-wet, have coordination difficulties and problems with their sight, speech, and language.

Supporting health needs and recognising looked after children as individuals helps to overcome disadvantage, improves life chances and assists children to reach their full potential.

In the year after leaving care, care leavers are almost twice as likely to have problems with drugs or alcohol and to report mental health problems.

On a national level looked after children do less well than their peers in educational terms. Early identification of health issues that affect learning ensures appropriate support is in place for children and young people.

Across England and Wales most children become looked after because of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder (including conduct disorder) and two-thirds have special educational needs. Looked after children are more also likely to have a disability than their peers.

Delays in identifying and meeting the emotional well-being and mental health needs of looked after children can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy adult lives.

Some children become looked after as they are an **Unaccompanied Asylum Seeker**. These children are often older teenagers and can have physical and mental health issues resulting from their experiences in their country of origin and journey to the United Kingdom. These children may need to be seen with an independent translator.

What can GPs do to support Looked After Children?

Registration: It is important to identify when a child is looked after at registration. Primary Care staff are encouraged ensure that a child's records have safeguarding information coded and their records are flagged.

Practices are asked to establish who has parental responsibility for all children registering at a practice. Parental responsibility may still lie with the child's parents or guardians or may lie partially or fully with the Local Authority. Please note that a foster carer NEVER holds parental responsibility for a looked after child, rather they have delegated authority from the responsible Local Authority – it is important to ask the foster carer to clarify what delegated authority they have been given by the responsible

Local Authority and scan a copy of the delegated authority document into the child's medical records.

Practices should not delay or refuse registering a looked after child because of a lack of documentation but should first register the child and seek documentation as follow up. Practices should expect to receive placement notification from the responsible Local Authority when a child becomes looked after, changes placement or ceases to be looked after.

Looked after children often take time to build trust in professionals – continuation of care promotes stability and trust for vulnerable children. Whenever possible, please facilitate looked after children's appointments with a GP of their choice.

Please take time to find out what looked after children and their carers call each other and the terms they use to describe their relationship, these can include: Mum, Foster-Mum, Carer, Aunty, or their first name. Getting the names wrong can make children feel awkward. Many looked after children do not like being called a looked after child to their face.

Accompanying Adults: It is good practice to record the name and relationship of any accompanying child or adult within a patient's medical records. When consulting with looked after children please be sensitive to the wishes of the child as to whether they want their carer to be present or to leave the room during a consultation or examination.

It is also important to ensure that the statutory health assessments and corresponding health action plans are scanned into a child's medical records reviews and actions, such as specialist referrals must take place and be followed up. It is recommended that looked after children are placed on a practice's register of vulnerable patients.

As looked after children often experience repeated placement moves, the practice has a key role in ensuring children are not lost to follow up by specialist services and are not disadvantaged by repeated placement moves.

After their 18th birthday a looked after child becomes a care leaver. Care leavers can continue to have significant safeguarding and health vulnerabilities compared to the general population, but do not continue to have statutory health assessments. The Primary Care Team are therefore key professionals in ensuring appropriate transition planning into adult services occurs, following up any outstanding health issues on the health care plan and enabling care leavers to have access to health services.

“We want thriving, not surviving”

Caring for better health. The Care Leaver's Association 2017

Produced for the Primary Care Safeguarding Forum by Dr Sharon Kefford and Dr Tamsin Robinson.

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