Children in Care receiving hospital treatment and/or discharged from hospital

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Ratified by:	**GCSNHST Policy Group**
Date ratified:	**November 2015**
Originator/author:	**Designated Nurse for Children in Care**
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Executive lead:	**Sue Field**
Date issued:	**November 2015**
Review date:	**November 2017**

THIS IS A CONTROLLED DOCUMENT

Whilst this document may be printed, the electronic version maintained on the Gloucestershire Care Services NHS Trust intranet is the controlled copy. Any printed copies of this document are not controlled. It is the responsibility of every individual to ensure that they are working to the most current version of this document.

DOCUMENT CONTROL SHEET

Purpose of document:	To improve the understanding for staff involved in the care of vulnerable children and babies who are in care or who are being discharged into care, including the implications for the provision of health care.
Dissemination:	The guideline will be communicated to staff via line managers following the approved process. The guideline will be made available on the organisations intranet and it will also be highlighted in team meetings. Information on who to contact for access to the guideline from outside the organisation is available on the Internet.
Scope:	All health and social care colleagues working with children and young people including social workers and foster carers
Review:	This document will be reviewed on November 2017 or before that date if there are significant policy changes
This document supports:	**Statutory Guidance on Promoting the Health and Well-being of Looked after Children**, Department for Education/Department of Health 2015 **National Institute for Health and Clinical Excellence** (2010) Promoting the Quality of Life of Looked after Children and Young People, http://guidance.nice.org.uk/PH28
Key related documents:	Other organisational documents that need to be used in conjunction with this policy: Children receiving outpatient care in adult areas Consent to examination or treatment Safeguarding children policy Resolution of professional differences Parental Substance Misuse protocol Unborn baby protocol 2013 This policy is mirrored by a similar document used by staff employed by GHNHSFT
Quality and Equality	A quality and equality impact assessment completed. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group.
Consultation:	Partners in GHNHSFT, GCC, colleagues in CYPS GCSNHST
Financial implications:	No expected financial implications

Version Control Information	
Summary of Key Changes	**Previous Version Archive Date**
This guidance has been updated to reflect national changes and guidance	January 2016

Contents:

Abbreviations Used Within Document

Abbreviation	Full Description
CiC	Children in Care
LA/GCC	Local authority/Gloucestershire County Council
LAC	Looked after Children
EDD	Expected date of delivery
GCSNHST	Gloucestershire Care Services NHS Trust
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
PR	Parental Responsibility

1. Introduction

1.1 There has been an increase in the numbers of babies and young children being taken into care in Gloucestershire. This is a trend which is reflected nationally and is in part due to the growing recognition of the devastating effect of long term neglect on the health and development of young children and the consequent focus on early intervention (Brown & Ward 2012). It is essential that all professionals involved have:

- A common understanding about what it means for a child to be in care
- A clear understanding of their own contribution to safeguarding and promoting the health of children in care
- A clear understanding of the roles and responsibilities of other professionals involved

Foster carers themselves need up to date knowledge and skills to care for infants and children who are often more vulnerable due to an ante natal history of parental substance misuse or who have other complex health needs.

All staff must be aware of the issues around consent and parental responsibility (PR) for individual children and this should be documented this should also be checked before each episode of care. Staff should feel confident in challenging decisions that they feel are not in the best interests of the child and where necessary follow the resolution of professional disagreements policy.

There is also a need for clear communication between hospital and community health services and local authority partners.

Most children in care in Gloucestershire are looked after by foster carers, but some are also living in residential placements.

Notes:

- The terms ‘looked after children’ and ‘children in care’ are used interchangeably in this policy. Looked after children is a legal term according to the Children Act 1989, but children in care in Gloucestershire have told us that they prefer to be known collectively as ‘children in care’
- In this document, as in the Children Acts 1989 and 2004 respectively a child is anyone who has not yet reached their eighteenth birthday.

1.2 This policy is mirrored by a similar document used by staff employed by GHNHSFT

Other organisational documents that need to be used in conjunction with this policy

Children receiving outpatient care in adult areas
Consent to examination or treatment
Safeguarding children policy
Resolution of professional differences
Parental Substance Misuse protocol
Unborn baby protocol 2013

2. Purpose

2.1 To improve the understanding for staff involved in the care of vulnerable children and babies who are in care or who are being discharged into care, including the implications for the provision of health care.

2.2 To improve the understanding of processes involved when children are having health care delivered in a hospital setting

2.3 To ensure a smooth transition when children move into foster care

2.4 To improve the knowledge and skills of foster carers in the care of infants and vulnerable children.

2.5 To ensure clear lines of communication between partners in hospital and community health services and the local authority

3 Definitions

3.4 See the glossary in appendix 1

4 Roles and Responsibilities

4.1 General Roles Responsibilities and Accountability

Gloucestershire Care Services NHS Trust aims to take all reasonable steps to ensure the safety and Independence of its patients and service users to make their own decisions about their care and treatment.
In addition GCSNHST will ensure that;

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of, and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participates in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they;

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GCSNHST policy.
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2007).

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- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2007).

5 Policy Guidelines

5.1 Legal Considerations

The term looked after child applies to children currently being looked after or accommodated into local authority care including unaccompanied asylum seeking children and those children where the agency have the authority to place them for adoption.

5.2 Parental Responsibility and Consent

Children can be looked after under a voluntary arrangement whereby parental responsibility (PR) stays with the birth parent. Children may also be looked after under an interim or full care order obtained through the courts. In these cases PR will be shared with the local authority. If it is in the best interests of the child, parental consent may be overridden by the local authority. All health professionals delivering care to looked after children should be clear about consent and PR and who holds it, this should also be documented in the child's record. It is always good practice to involve birth parents in decisions about the child's care unless this is not possible (ie if there are continuing safeguarding concerns). Children deemed competent to give their own consent to treatment using the Fraser guidelines are able to do so in the same way that their peers who are not in care can.

Birth parent(s) retains PR (shared with the local authority as above if a care order is in place) unless a child is adopted when the child is no longer looked after and the adoptive parents will hold PR.

Foster carers **do not** have PR but consent for some interventions can be 'delegated' to the carers, this is documented in the delegation of authority form which is discussed and agreed with the birth parent/s and which they will sign. The child's social worker should ensure that all carers have an up to date and valid copy of the delegation of authority form for each child in their care. Foster carers are encouraged to give a copy of the health section to the child's GP and take a copy with them to health appointments.

Children in private fostering arrangements are not looked after children and PR is retained by birth parents (see glossary appendix 1).

5.3 **Information sharing and confidentiality**

All children in care are entitled to the same level of confidentiality as any other child or young person would expect.

Staff should not include third party (particularly foster carers) information within the child's clinical record for confidentiality and security reasons; such information should be kept in the confidential section of the record. Third party information ie names and addresses must not be included in the child's personal health record or shared without explicit permission to do so.
See appendix 2 for process for sharing information with health services when it is planned that a baby will come into care from birth/hospital and appendix 3 for a copy of the key contacts form.

5.4 **Children placed in Gloucestershire from other areas**

Children in care are sometimes placed in Gloucestershire by other local authorities in foster placements independent residential units or with prospective adoptive parents. These children may often have more complex needs. The responsibility for these children stays with the placing authority social worker.

5.5 **Health Plan**

All children in care are required to have regular statutory health assessments which result in a health plan within the care plan

5.6 **Inequalities in Health**

Children in care and care leavers are a marginalised group who often come into care from a background of abuse and neglect. They often miss out on routine preventative care and may have unmet health needs. They are more likely than their peers to have mental health problems which can impact on their life outcomes. Children in care and care leavers are overrepresented in other vulnerable groups in society ie young offenders, prison population, and the homeless.

Children in Care and care leavers require the combined efforts of statutory agencies working together to ensure that their health needs are addressed and met and that information is shared appropriately with those responsible for their care.

5.7 **Children receiving care in hospital settings**

When children in care are receiving treatment and care in hospital settings, staff should be clear about who has PR and who can consent to treatment. The name and contact details of the child's social worker should be available and the social worker should be kept up to date with decisions about the care of the child.

5.8 **Discharge**

Health colleagues should be aware that some foster carers, particularly those newly approved, may not have attended any training. Staff should therefore ensure that the foster carers are given any necessary advice and information before discharge, particularly in relation to infants Staff on the maternity unit will need to be made aware of any support/advice needed by the foster carers and this should be made clear at the discharge planning meeting. The carers may be Fostering to adopt – that is adopters who are approved to care for the infant as foster carers awaiting the application for the Placement Order and

then Adoption Order. They are likely to have very little fostering experience. – see glossary

Hospital staff has a responsibility to ensure that:

- The standard "LAC parenting information pack" is provided to foster carers prior to the discharge of infants from birth or from the neonatal unit and that there is an opportunity to ask questions or receive further parenting support where this is required. At minimum information in the pack contains generic information on; feeding and preparation of feeds, safe sleeping, car safety, recognition of the unwell child.
- Hospital staff should request a copy of the health section of the delegation of authority form from the foster carer or social worker and retain a copy in the child's record. This should be checked at the discharge planning meeting.
- Staff should also ensure that there is clear communication with community health colleagues to ensure continuity of care.
- Hospital staff should ensure that valid photo ID is checked when foster carers and social workers present in the hospital setting, particularly before the child is discharged home from hospital. Foster carers and social workers will not be allowed onto the ward or department without valid photo ID. Children will not be discharged into the care of substitute parents without evidence of valid photo ID
- Hospital staff should attend any training and updates provided regarding children in care and if they have concerns or difficulties (that are not of a safeguarding nature) can contact the paediatric liaison health visitor or the nurses for children in care for advice.
- Concerns about safeguarding must be escalated as per organisational and the GSCB safeguarding policies.

5.9 **The role of Social Workers**

Social workers should liaise with hospital staff regarding the care of the child and ensure that information is shared with foster carers and where necessary with community health colleagues. They should ensure that any relevant family history is shared with health professionals with appropriate consent from the family.

Social workers should clarify with hospital staff who has PR and can consent to treatment. They should ensure that a copy of the health section of the delegation of authority form is given to the hospital staff to be filed in the child's record.

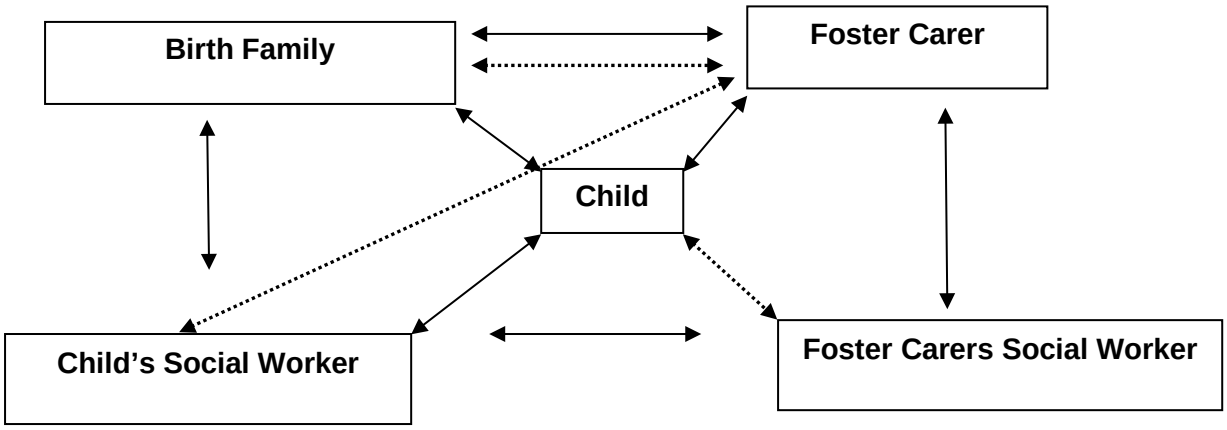
Social workers should also ensure that where necessary they introduce foster carers to the hospital staff so that discussions can take place at the earliest opportunity for any additional necessary training to be arranged before discharge, ie if a baby is being cared for in the neonatal unit or for a child with complex health needs.

Social workers should also ensure that the child has a personal health record (red or blue book) or that if this has been lost that it is reissued according to local guidance. This ensures that information is recorded and shared as necessary and that the child has a permanent record of their health care.

Fostering social workers should ensure that foster carers are equipped with any necessary information and training and that they feel confident to care for the child safely on discharge home.

Social workers should ensure that they make staff aware of any potential conflicts or history of violent or aggressive behaviour and agree how this should be managed should this arise ie supervised visits and handovers.

Social workers and children in care



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5.10 **The role of Foster Carers**

Foster carers are often very experienced in the fostering role. However they should ensure that they follow any advice and information given to them by health professionals which may differ from their previous experience and should be based on the best available evidence. Foster carers should attend any necessary training needed to care for the child safely on discharge home. All foster carers approved for this age group of children should attend the infant care training for foster carers delivered by the health visiting service.

Foster carers should ensure that they have valid photo ID when attending hospital appointments, visits or when collecting children for discharge from hospital. Failure to do so may result in the carer being denied access to the ward or department. Children will not be discharged to the care of substitute parents without valid photo ID.

Foster carers should ensure that they take a copy of the health section of the delegation of authority form to any health appointments and that the GP surgery has a copy of this. They should also take the personal health record along to any health appointments so that any relevant information can be completed by health professionals to ensure that the record is kept up to date.

5.11 **Discharge/Placement Planning meeting**

This is a multi-agency meeting convened to discuss the child's needs, plans for placement and whether foster carers require any additional support to care for the child safely. It is good practice for both the child's and the fostering social worker to be in attendance to ensure that all involved are getting consistent messages about the needs of the child and arrangements for their care. The foster carer should be given a copy of the placement plan which will detail where the child is to be discharged and to whom; this should be signed by the child's social worker. The foster carer should ensure that they take this

with them, along with their ID badge to show to the hospital staff when the child is being handed over for discharge.

If staff have concerns regarding the foster carers ability to provide safe, evidence based care they should in the first instance contact child's social worker. All foster carers have a supervising social worker who should also be made aware of any difficulties.

5.12 **The role of Community Health Services**

Information regarding the care of children in hospital and plans for discharge should be shared with community midwives, community children's nurses, health visitors and school nurses (as appropriate) at or before discharge to ensure smooth transition from hospital to home and that any on-going needs are met.

Community midwives, children's nurses and health visitors should not make assumptions about the level of knowledge and skills of foster carers until they are satisfied that the foster carer has the necessary knowledge, skills and competence to deliver safe evidence based care. Any concerns about skills or behaviour should be challenged, documented and if necessary discussed with the fostering social worker, and/or designated nurse and if necessary escalated through the line management structure.

The health professionals should update the personal health record, third party information ie names and addresses must not be included in the child's personal health record.

Community health staff should liaise with the child's social worker to keep them updated with any significant concerns or information.

6 Consultation

There has been consultation with colleagues in community health, hospital and partners in Gloucestershire County Council in the production and review of this guidance

7 Resources

7.1 There are no anticipated cost implications to the introduction of this policy

8 Training

8.1 Service leads and team managers can liaise with the designated nurse for children in care if they require information, or for the provision of awareness raising sessions for staff.

All staff working with children and young people in Gloucestershire can contact the children in care health team for additional support or information as required.

9 Implementation

9.1 The guideline will be communicated to staff via line managers following the approved process.

9.2 The guideline will be made available on the organisations intranet and it will also be highlighted in team meetings.

9.3 Information on who to contact for access to the guideline from outside the organisation is available on the Internet.

10 Audit

10.1 Incident reporting

Health and social care organisations within Gloucestershire will follow their own internal processes for incident reporting.

GCSNHST staff will follow the process for reporting clinical incidents using the datix reporting system where there have been incidences of near misses or untoward incidents in relation to children discharged from hospital, the lessons learnt from these incidents will help to identify areas of concern and inform future practice.

GCSNHST use the Sudden Untoward Incident (SUI) Reporting Process to ensure that any incidents relating to safeguarding issues within Care Services are fully investigated and the lessons learnt are cascaded to practitioners via the Safeguarding Children Operational Group and the Clinical Quality Assurance Group. This process is also linked to the Child Death Review Process.

10.2 Complaints

Complaints regarding children receiving hospital care or discharged from hospital and into care will be handled through each organisations complaints procedures.

10.3 Case note reviews

The designated doctor and nurse for children in care will undertake case note reviews bi-annually to identify areas for improvement or concern for children in care receiving hospital care or discharged from care into hospital

11 Equality Impact

11.1 This policy has been subjected to a Quality and Equality Impact Review. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group.

12 Quality Impact

1.1 This policy has been subjected to a Quality and Equality Impact review. This concluded that the policy will not negatively impact upon the quality of health and social care services provided by the Trust.

13 Review

13.1 November 2017

14 References, Bibliography and Acknowledgements

Brown R and Ward H 2012 Decision making within a child's time frame: an overview of current research evidence for family justice professionals concerning child development and the impact of maltreatment. Childhood wellbeing research centre. London

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181533/CWRC-00117-2012.pdf

Department for Education /Department of Health 2015 Statutory Guidance on Promoting the Health and Well-being of Looked after Children,

Appendix 1

Glossary

Adoption

A child may be placed with adoptive parents before the adoption order is made. During this time and until the adoption order is final the child will remain as a looked after child and subject to all the statutory requirements in place for looked after children.

Once a child is adopted parental responsibility is transferred to the adoptive parent(s) and removed from birth parent(s) or anyone else who previously has parental responsibility.

Care Leaver

A care leaver is a young person who was previously looked after by the local authority and is entitled to a package of support according to their needs. Care leavers as a group are known to be overrepresented in other vulnerable group's ie young parents, youth offenders, homeless and prison population

Care Plan

All children in care will have a care plan which sets out the arrangements for the child's care and how their needs will be met including health and education. It is the responsibility of the child's social worker to write and update the care plan working with partner agencies

Children's Social Worker

All children in care will have a named social worker who is responsible for ensuring that the child is in a safe and nurturing environment which meets their needs.

Corporate Parenting

The term in England set out in the Children Act 2004 refers to the collective responsibility of the local authority to provide the best possible care and protection in the way that any good parent would.

Delegation of Authority/Consent

Delegated authority is the term used when the responsibility for making day to day decisions about a child has been passed to the foster carer. This can include decisions around activities, haircuts and overnight stays amongst other things. This helps to 'normalise' every day decisions about children in care.

Consent for health interventions would normally be given by a person with parental responsibility. All foster cares should be issued with a copy of the 'delegation of authority form' for each child in their care, which includes a health section and clarifies who has consent for what with regards to health interventions. The foster carer should make available a copy of the health section of the delegation of authority form to health professionals including the child's GP.

Foster carers **do not** have parental responsibility for looked after children in their care.

Emergency Protection Order

Removes the child to a place of safety and takes 1 day to apply for, it lasts for 7 days. It is granted by the courts where there is evidence of the child being in imminent danger. Parental responsibility remains with the birth parents.

Foster carers

Children in care are usually looked after by foster carers in the family home. Foster carers can either be approved by their local authority or by an independent fostering agency. Children may be placed in emergency, short term, respite, long term, remand placements.

Fostering Social Worker

Every foster carer has their own named supervising social worker who will make regular visits to the placement and ensure that the foster carers are providing safe care. The fostering social worker will ensure that the foster carers have attended any relevant training and provide support.

Fostering to Adopt

The carers may be Fostering to adopt – that is adopters who are approved to care for the infant as foster carers awaiting the application for the Placement Order and then Adoption Order. They are likely to have very little fostering experience.

Full Care Order

A full care order places the child in the care of the local authority where parental responsibility is shared between parents and the local authority. The wishes of the parents can be overridden if it is thought to be in the child's best interests. A care order will last until the child reaches their eighteenth birthday or until an adoption, special guardianship, supervision or residence order is made or until the court decides it is no longer necessary.

Interim care order

The court may make an interim care order for up to eight weeks and can be renewed every four weeks after that while further investigations are made. Parental responsibility is shared between the parents and the local authority

Kinship care

Where children are in care, but looked after by family or friends.

Looked after Children

This term refers to children who are currently being looked after and/or accommodated by the local authorities/health and social care trusts including unaccompanied asylum seekers and those children where the agency has the authority to place the child for adoption. It does not include those children who have been permanently adopted. The term children in care may also be used and some children have expressed a preference for this rather than looked after children.

Parental Responsibility

A mother always has parental responsibility. A father has parental responsibility if he is married to the mother, or his name is on the birth certificate (from December 2003), or has a parental responsibility order from the court.

Parental responsibility for children who are adopted transfers to the adoptive parents.

Foster carers **do not** have parental responsibility for looked after children in their care.

Placement Order

This is an order authorising a local authority to place a child for adoption where there is no parental consent, or where consent should be dispensed with.

Police Powers of Protection

Police will place the child in a place of safety; this lasts 72 hours and is used where there is insufficient time to apply for an emergency protection order. Parental responsibility remains with the birth parents.

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity). The local authority should be made aware of private fostering arrangements in the area and have a duty to visit.

In a private fostering arrangement parental responsibility remains with the birth parent(s).

Residence Order

These orders decide where the child is to live and with whom. The granting of a residence order to someone automatically gives him or her parental responsibility for the child if they do not already have it. Parental Responsibility obtained as a result of a Residence Order will continue until the order ceases.

A Residence Order lasts until the child is 16 or 18 if the circumstances of the case are exceptional and the court has ordered that it continue for longer.

Residential Placements

Most children in care in Gloucestershire are looked after by foster carers, but may sometimes be placed in residential care. There are several independent residential homes in Gloucestershire and most of the children in these homes are placed from areas outside Gloucestershire. The children placed here often have more complex needs. Some of the independent residential units specialise in a particular field ie deliberate self-harm. Educational facilities are often included ‘in house’.

Short-breaks/Respite - where children with disabilities, special needs or behavioral difficulties enjoy a short stay on a pre-planned, regular basis with a new family, and their parents or usual foster carers have a short break for themselves.

Special Guardianship Order

A Special Guardianship Order grants an individual (or more than one person) certain rights in relation to children named in the order including parental responsibility

Staying Put

This is a new duty on local authorities which came into force in 2014 through the Children and Families Act. It means that young people in foster carer should be supported to stay in their placement until they reach the age of 21, where both they and their foster carers want this unless the local authority consider that this is not consistent with the welfare of the young person.

Supported Accommodation

An arrangement whereby the young person in care or care leaver is provided with accommodation which includes support towards independence depending on their needs

Voluntary Accommodation

This refers to a voluntary agreement (S.20 Children Act 1989) with parents, whereby children are accommodated into the care of the local authority. Parental responsibility remains with the birth parent(s).

Appendix 2

Process for sharing information with health services when new-borns and infants are taken into care

Plan for child to come into care on discharge from hospital

Placement finding officer (from GCC fostering services) completes all sections of infant and baby key contacts form (overleaf) password protected and sends to Children in Care health team at:

CiChealthteam@glos-care.nhs.uk

Fostering social worker will give relevant infant care leaflets and information to foster carer

↓

Children in Care health team sends key contacts form – if possible before EDD (password protected) to midwifery services at:

Kay.davis@glos.nhs.uk
And
SLMS@glos.nhs.uk
And
Relevant health visiting team, and copy to the Locality service lead

(the nurses for children in care may also contact the health visitor by phone if necessary to discuss specific issues)

↓

Midwifery manager alerts maternity services (hospital and community) and NNU if needed of the plan, who will liaise with relevant health visitor and where needed the child's social worker and the designated nurse for children in care

Following the birth the maternity services will contact the child's social worker by phone to confirm that the baby has been born.

The discharge and placement planning meeting should take place prior to discharge and **must** be attended by the child's social worker/duty social worker, foster carer and fostering social worker – a discussion will take place within this meeting of the parent education needs of the foster carer

Foster carers should be introduced to NNU staff and baby (with relevant consent from birth parent where necessary) and supported with the particular care needs of the child

Leaflets and supporting information (as agreed) should be given by the maternity services to the foster carer on discharge

FOSTER CARERS ID MUST BE CHECKED

Health visiting service liaise with relevant midwife/maternity service/NICU child's social worker and the designated nurse where necessary, to ensure that adequate support is in place upon discharge

Health visitor may also make a visit to the foster home before the child is discharged

Planning must be informed by the pre-birth plan made jointly with social care teams due to any risk of significant harm. There must be written authorisation from the child's social worker given to the foster carers for the baby to be released into foster or alternative care ie copy of the placement plan

Appendix 3

Infant and Baby placement key contacts form

To be shared with health services when it is planned that a child will come into come into care from birth or directly from hospital

Birth Mother Name ***(Please provide at least 2 identifiers of birth mum to ensure accuracy ie name, DOB, NHS No, address)***	
DOB Birth Mother	
Address Birth Mother	
Social Worker for Birth Mother	
Social Worker contact details including team manager	
Social Worker for Baby	
Social Worker contact details including team manager	
Fostering social worker name and contact details including team manager	
Foster Carer Name	
Foster Carer Contact details including phone number	
Foster carers GP & surgery	
Expected date of delivery/DOB	
Baby's name (if known)	
Baby's DOB	
Expected date of discharge (if known)	

This information is for medical records and should be filed in the confidential section of the maternal record

The placement finding officer should complete this form as fully as possible and send to: CiChealthteam@glos-care.nhs.uk

Children in care health team

Tel: 0300 421 8164