

<b>POLICY TITLE:</b>	<b>Looked After Children and Previously Looked After Children</b>
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<b>Ratified by:</b>	Carol Stevenson, Group Policy, IG & Accreditation Manager
<b>Responsible signatory:</b>	David Watts, Director of Risk Management
<b>Outcome:</b>	<p>This policy:</p> <ul style="list-style-type: none"> <li>• aims to ensure that Looked After Children and Previously Looked After Children placed within Priory Group provisions fulfil their potential in terms of education, health and wellbeing and social relationships and to ensure that they have access to the same opportunities as their peers</li> <li>• describes the role of the designated lead for Looked After Children and Previously Looked After Children</li> </ul>
<b>Cross Reference:</b>	H38 <a href="#">Missing Informal Service Users</a> ECS06 <a href="#">Running Away or Missing</a> OP06 <a href="#">Safeguarding Children</a> OP05.1 <a href="#">Gillick Competency to Consent in a Healthcare Setting</a>
<b>EQUALITY AND DIVERSITY STATEMENT</b>	
Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail [RARHelpdesk@priorygroup.com](mailto:RARHelpdesk@priorygroup.com)

# LOOKED AFTER CHILDREN AND PREVIOUSLY LOOKED AFTER CHILDREN

## 1 INTRODUCTION

- 1.1 Priory Group is committed to ensuring Looked After Children, Previously Looked After Children, and young people placed within Priory Group sites and services fulfil their potential in terms of education, social relationships, health and wellbeing. We are also committed to promoting their educational achievement and welfare by ensuring that they have access to the same opportunities as their peers through the delivery of services in accordance with the NICE Quality Standards for Looked After Children.
- 1.2 Joint research by Social Services Inspectorate and Ofsted has found that care and education systems were failing to promote the educational achievement of children in care, or previously in care, and drew attention to:
- (a) Poor exam success rates in comparison with the general population
  - (b) A high level of disruption and change in school placements
  - (c) Lack of involvement in extracurricular activities
  - (d) Inconsistent or no attention paid to homework
  - (e) Underachievement in further and higher education.
- 1.3 Looked After Children and Previously Looked After Children should expect to have the same opportunities as other children, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood.
- 1.4 Looked after Children are particularly vulnerable to poorer health outcomes than their peers. A significantly high proportion of Looked After Children are reported to have emotional and mental health problems, around four times the rate for children generally.
- 1.5 The health needs of this group of children and young people are often linked to their life experiences, including the circumstances through which they became looked after and their experience of care. Looked After Children and Previously Looked After Children are more likely than their peers to have experienced the death of a parent or sibling.
- 1.6 Because of their complex needs and experiences, Looked After Children and Previously Looked After Children may need particular help to look after their own health:
- (a) They are more likely than their peers to have learning difficulties, which for many will have implications for how they are best supported to understand health messages, manage risk, and be engaged in decisions about their health
  - (b) They are more likely to drink regularly and more likely to smoke than their peers. They are around four times more likely to simultaneously be a smoker, regular drinker and drug user
  - (c) Risky behaviours such as unprotected sex also appear to be particularly prevalent. Both looked after young women and young men are more likely to become teenage parents than their peers
  - (d) Children's charities have found that nearly one-third of children who are sexually exploited in England are Looked After Children.
- 1.7 It is, therefore, essential that homes, schools and hospitals promote the achievement of such vulnerable children by considering the following principles:
- (a) Put the voices of children, young people and their families at the heart of service design and delivery
  - (b) Have robust and consistent safeguarding systems in place
  - (c) Deliver services that are tailored to the individual and diverse needs of children and

young people by ensuring effective joint commissioning and integrated professional working

- (d) Develop services that address health and wellbeing and promote high-quality care
- (e) Encourage warm and caring relationships between child and carer that nurture attachment and create a sense of belonging so that the child or young person feels safe, valued and protected
- (f) Help children and young people to develop a strong sense of personal identity and maintain the cultural and religious beliefs they choose
- (g) Ensure young people are prepared for and supported in their transition to adulthood
- (h) Support the child or young person to participate in the wider network of peer, school and community activities to help build resilience and a sense of belonging
- (i) Ensure children and young people have a stable experience of education that encourages high aspiration and supports them in achieving their potential.

## 2 TERMINOLOGY

- 2.1 The Children Act (1989) introduced changes in terminology. The term 'in care' now refers solely to children who are subject to Care Orders. Children who are cared for on a voluntary basis are 'accommodated' by the local authority. Both these groups are said to be 'looked after children' (LAC) or children in care or 'children looked after' (CLA) by the local authority. Accommodated children also include those in receipt of respite care if it exceeds 20 days in one episode or over 120 days a year.
- 2.2 It is important not to confuse a young person's legal status with their living arrangements. For example, a child on a Care Order can be living with:
- (a) Foster carers
  - (b) In a children's home
  - (c) In a residential school
  - (d) With relatives
  - (e) With parents – under supervision of Children, Schools and Families (CSF).
- 2.3 Similarly, an 'accommodated' child can be living:
- (a) In foster care
  - (b) In a children's home
  - (c) In a residential school.
- 2.3.1 **NB:** A previously looked-after child is one who is no longer looked after in England and Wales because s/he is the subject of an adoption, special guardianship or child arrangements order which includes arrangements relating to with whom the child is to live, or when the child is to live with any person, or has been adopted from 'state care' outside England and Wales.
- 2.4 This policy incorporates requirements set out in the statutory guidance on the duty on local authorities to promote the educational achievement of Looked After Children and Previously Looked After Children under section 52 of the Children Act 2004, and the NICE Quality Standard 31 for the Health and Well-being of Looked After Children.

## 3 INDIVIDUAL PLANNING

- 3.1 Priory Group is committed to ensuring that Looked After Children and Previously Looked After Children are supported as fully as possible and will ensure that the following are in place, and are working effectively. At the core of our approach is the individual assessment, care, placement and healthcare planning systems which enable us to meet every individual's needs appropriately.

- 3.1.1 A Previously Looked After Child potentially remains vulnerable and all colleagues should have the skills, knowledge and understanding to keep Previously Looked After Children safe. When dealing with looked after children and Previously Looked After Children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.
- 3.2 **Consent** - It is important to remember that while parental responsibility for the young person normally lies with the Local Authority and/or the parents, responsibility for day to day decisions is often delegated to the foster carers or colleagues at the residential home. It is therefore important to ascertain who holds parental responsibility and what, if any, authority has been delegated to carers as soon as possible. Each case will be different as to who will have responsibility and who will need to be kept informed.
- 3.3 **Looked After Children Status** – In order to alert members of the multidisciplinary team (MDT) in Healthcare CAMHS units to a child's looked after status, an alert will be set on CareNotes (electronic health record) that will appear when the electronic health record is opened. This will alert colleagues to the need for special considerations for Looked After Children, such as consent (and Gillick competency), parental responsibility, visitors who are allowed, etc.

#### **4 SITE PROVISIONS**

- 4.1 Schools will have:
- (a) Regard for the designated teacher for looked after and Previously Looked After Children Statutory (Statutory for maintained schools only) guidance, February 2018
  - (b) A Designated Teacher for Looked After Children, and Previously Looked After Children
  - (c) Personal Education Plans for all Looked After Children and Previously Looked After Children
  - (d) Colleagues who have a clear understanding of confidentiality and issues that affect Looked After Children and Previously Looked After Children delivered through an effective training programme
  - (e) Effective strategies that support the education and welfare of this vulnerable group.
- 4.2 Children's Homes and Fostering Services will have:
- (a) A Designated person for Looked After Children
  - (b) Copies of Personal Education Plans for all Looked After Children
  - (c) Colleagues who have a clear understanding of confidentiality and issues that affect Looked After Children delivered through an effective training programme
  - (d) Effective strategies that supports the education and welfare of this vulnerable group.
- 4.3 Hospitals will have:
- (a) A Designated Safeguarding Officer for Children at the site will also perform the role of Person for Looked After Children
  - (b) Copies of Personal Education Plans for all Looked After Children
  - (c) Colleagues who have a clear understanding of confidentiality and capacity/consent issues that affect Looked After Children
  - (d) Effective strategies that support the health and wellbeing of this vulnerable group.
- 4.3.1 All sites have the responsibility in liaison with the local authority to ensure that the healthcare needs of Looked After Children are met whilst in their care e.g. arranging access to relevant immunisations, screening programmes, medical examinations, dental and eye checks as required.

- 4.4 See **Appendix 1** for details of the role of the designated person for Looked After Children and Previously Looked After Children.
- 4.5 **Governance and Quality Assurance** - Each division is responsible for the regular monitoring and overview of provisions and outcomes in relation to Looked After Children, reporting to the Priory Group Safeguarding Committee on a quarterly basis.

## **5 REFERENCES**

- 5.1 Children Act 2004  
Children and Families Act 2014  
DH (2013) Children and Young People's Health Outcomes Forum: Recommendations to improve children and young people's health results  
NICE (2010) Public Health Guidance. Looked-after Children and Young People. PH28  
NICE (2013) Quality Standard. Health and Wellbeing of Looked-after Children and Young People. QS31  
DfE (2014) Promoting the Education of Looked After Children (updated 2018)  
DfE (2016) Outcomes for Children Looked After by Local Authorities in England  
DfE (2018) Keeping Children Safe in Education  
Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of GPs (2015) Looked After Children: Knowledge, skills and competences of health care staff. Intercollegiate Role Framework  
CQC (2016) Not Seen, Not Heard: A review of the arrangements for child safeguarding and health care for looked after children in England

### **Appendices:**

- Appendix 1** - The Role of the Designated Person for Looked After Children and Previously Looked After Children

## Appendix 1

### THE ROLE OF THE DESIGNATED PERSON FOR LOOKED AFTER CHILDREN AND PREVIOUSLY LOOKED AFTER CHILDREN

#### 1 INTRODUCTION

- 1.1 In order to achieve the required improvement in outcomes for Looked After Children, Previously Looked After Children, and young people, there is a need for colleagues working in dedicated roles that are distinct from the role of safeguarding lead. On some sites (such as hospitals) the role of the designated lead for Looked After Children and Previously Looked After Children is covered by the safeguarding lead. Where this is the case, there are specific additional duties to those covered by the role of safeguarding lead (refer to OP06 Safeguarding Children).

#### 2 SPECIFIC TO EDUCATION SERVICES

- 2.1 The role and responsibilities of the designated person for Looked After Children and Previously Looked After Children for Education Services is:
- (a) To ensure that the educational achievement of each child looked after, or Previously Looked After, on roll is monitored, tracked and promoted and where relevant, accelerated
  - (b) To ensure that all colleagues, both teaching and non-teaching, are aware of the difficulties and educational disadvantage faced by children and young people in care, or previously in care and understand the need for positive systems of support to overcome them
  - (c) To inform colleagues of the general educational needs of children who are in care, and to promote the involvement of these children in school homework clubs, extracurricular activities, home reading schemes, school councils, etc.
  - (d) To act as an advocate for children and young people in care, or previously in care
  - (e) To liaise with carers and colleagues in Children's Services
  - (f) To hold a supervisory brief for all children in care, e.g. to ensure all relevant education and care information is available to school colleagues where relevant and carer(s), and that this information is kept up to date
  - (g) To track the educational progress of all children who are looked after, or previously looked after, in order to inform the school's development plan. Previously looked after children do not need to be accounted for as a separate cohort.
  - (h) To intervene if there is evidence of individual underachievement, absence from school or internal truancy
  - (i) To liaise in relation to the transition planning for children in care
  - (j) To ensure that the educational targets within the Personal Education Plan are implemented fully and that all relevant colleagues are aware of them
  - (k) To report centrally as requested at least on an annual basis (preferably each term) on the outcomes for children looked after or previously looked after.
  - (l) In schools - to support the Quality Assurance process.
- 2.2 **Work with Individual Children:**
- (a) To work with individual children, possibly alongside a carer, to arrive at a statement about their care arrangements and circumstances that they would be happy to share with colleagues and/or pupils
  - (b) To enable the child to make a contribution to the educational aspects of their Care Plan
  - (c) To implement the Personal Education Plan for each child and review it as required in

the notes of guidance as this will contribute to the educational component of their care plan

- (d) To ensure that a Home-School Agreement is drawn up with the primary carer and signed by the social worker
- (e) To supervise the smooth induction of a new Looked After Child, or Previously Looked After Child into the site as appropriate to their needs

2.3 **Liaison:**

- (a) To liaise with the colleague responsible for monitoring children on the Child Protection Register
- (b) To help communication with Children's Services colleagues so that the Personal Education Plan is supported by the child's Care Plan
- (c) To attend, arrange for someone else to attend, or to contribute in other ways to care planning meetings and statutory reviews
- (d) To be named contact for colleagues in Children's Services
- (e) To ensure the prompt transfer of information between agencies and individuals, and report on the progress of all children in care as requested
- (f) To liaise with the Designated Safeguarding Officer on site.

**3 SPECIFIC TO HEALTHCARE**

3.1 The role and responsibilities of the designated person for Looked After Children and Previously Looked After Children for Healthcare is covered by the Designated Safeguarding Officer. However, this may be delegated to someone at site with a background in working with children/young people if the Designated Safeguarding Officer's experience is mainly adult related. However, the oversight still needs to sit with the Designated Safeguarding Officer.

3.2 The following duties are additional to those covered by the role of safeguarding lead (refer to OP06 Safeguarding Children (Anyone under the age of 18)):

- (a) Support all activities necessary to ensure that the site meets its responsibilities to Looked After Children, and Previously Looked After Children.
- (b) Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to individual looked after children
- (c) Liaise closely with other specialist services such as sexual health and services for disabled children
- (d) Ensure advice is available for colleagues on the day-to-day issues about looked after children, Previously Looked After Children, and their families
- (e) Work with other specialist and designated professionals on planning and developing services for Looked After Children and Previously Looked After Children.
- (f) Support and advise colleagues in the clinical assessment and care of children and young people, whilst being clear about others personal clinical professional accountability
- (g) Liaise with professional leads from other agencies such as Education and Children's Social Care
- (h) Contribute to the development, dissemination and implementation of policies and procedures
- (i) Encourage case discussion, reflective practice, and the monitoring of significant events at a local level.