

# Children's Health in Care (CHIC)

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## Background

“Looked after Children and young people share many of the same health risks and problems as those who have not been in care. But in addition, they may have been exposed to additional risks to their well-being including poverty, abuse and neglect. They often experience multiple placements and daunting statutory processes which can be detrimental to their emotional and physical well-being whilst in care.

Good health makes an active and enjoyable life possible, as well as underpinning achievement in school and, in due course, the workplace. It is therefore crucial to identify a child or young person’s health needs early in their care planning in order to ensure as far as possible that the health outcomes of Children and young people who are, or have been, looked after will be as good as those who have not.” (Aileen Campbell MSP. Minister for Children and Young People, 2014)

## The Promise

Scotland made [a promise](#) to care experienced children and young people: You **will** grow up loved, safe and respected. And by 2030, that promise **must** be kept.

Page 17 within [Plan 21-24](#) talks about language: “Organisations that have responsibilities towards care experienced children and young people will be able to demonstrate that they are embedding destigmatising language and practices across the way they work.”

## The Definition of a Child in Care

- Provided with accommodation by a local authority under Section 25
- Subject to a Supervision Requirement made by a Children’s Hearing
- Subject to an Order, Authorisation or Warrant by a Justice of the Peace, Children’s Hearing or Sheriff
- Living in Scotland and subject to an order in England, Wales and Northern Ireland
- Subject to a Permanence Order after an application to the Local Authority

## Where do Children in Care live?

When Children are given a legal status (including Section 25) they can live at Home, in Foster Care, in a Residential Setting or with Family/Friends.

*Please note: Children who live with family/friends on an **informal voluntary basis** even if they are supported by Social Work are NOT deemed to be Looked After Children.*

## **What do we know about the Health of Children in Care?**

Children in Care have poorer outcomes in many areas including mental and physical health as well as education and offending rates.

### **The Children's Act and Health**

"Information to be obtained by the local authority in respect of a child to be or being looked after by them

3. (1) This regulation applies where a child is looked after or about to be looked after by a local authority in terms of section 17(6) of the 1995 Act.
- (2) The local authority must–
  - (a) carry out the assessment in accordance with regulation 4; and
  - (b) so far as is reasonably practicable comply with the requirements in paragraph (3).
- (3) The requirements are–
  - (a) to obtain and record in writing the information relating to the child specified in Schedule 1; and
  - (b) to obtain a written assessment of the child's health and their need for health care by a registered medical practitioner or a registered nurse.
- (4) The requirement at paragraph (3)(b) does not apply where an assessment of the child's health and their need for health care has already been made by a registered medical practitioner or a registered nurse within a period of 3 months immediately preceding the date the child began to be looked after by the local authority."

### **Notification of a New Episode of Care**

Although the Children's Act states that notification to the Children's Health in Care team of a new episode is via the Local Authority we are an integrated service ie Health and Social Care and therefore notification can come via the child's Social Worker, the Scottish Childrens' Reporter Administration (SCRA), CareFirst reporting, schools and also by Health Visitors and School Nurses.

Once notified the Admin for the Children's Health in Care team collates a multitude of information from Health, Education and Social Work systems and in turn updates the 'LAC' fields on the Education system as well as sending out a notification to all health professionals, copying in the Social Worker and the CHIC Nurse for information and/or to enable updating their records.

If a new episode of care results with being moved immediately outwith Highland, the CHIC team should be notified straight away as CEL16 guidance must be followed.

**NB:** If you have not received a notification this could mean that the CHIC team have not been notified and you should email [CHIC@highland.gov.uk](mailto:CHIC@highland.gov.uk) asap.

### **Children in Care from Other Authorities**

If you are notified of a Child in Care from outwith Highland being placed in your area email the CHIC team as soon as possible. All future correspondence should also be forwarded to the CHIC team.

### **Miscellaneous Correspondence for Children in Care**

Relevant correspondence received from other sources eg A&E, Child Concern Forms, Discharge letters etc should be scanned and emailed to the CHIC team to ensure the nurses have the most up-to-date health information.

### **Registering with a GP Practice**

Where possible Children in Care should remain with their own GP Practice. If they move away from their main home address for 3 months or more, they should then be registered with a local GP Practice by their carer.

### **Registering with a Dental Practice**

As soon as the CHIC Team are informed that a child has begun a new episode of care Dental Services are contacted and they will forward details to Dental Practices within the area the child has moved to but the carer should ensure registration is completed.

### **HPI Status (Health Plan Indicator)**

All Children in Care should have an 'Additional' Health Plan Indicator. Changes to the HPI status should be made through the Child Health Department, Morven House, Raigmore Hospital, Inverness, IV2 3UJ via paper copy transfer (email is no longer accepted).

## Consent

### ***Who Can Give Consent:***

- Young People if deemed to have Capacity to Consent by Health Professional
- Young People aged 16 and over
- Person with Parental Rights & Responsibility (PRR) – only one signature is required
- Parents should, as far as possible, be consulted prior to treatment or procedures but if a parent cannot be found or it is known they would not refuse consent in an emergency, or where treatment or procedure is minor then Foster or Kinship Carers can give consent
- If on a CPO consent is not required but it is still preferable to gain consent to ensure that once the CPO expires health assessments can be undertaken

### ***When Consent is Refused or Difficult to Obtain by those with PRR note:***

- Consent from Young People with Capacity to Consent or aged 16 or over can overrule parental non-consent
- If on a CSO/ICSO referral to a Children's Hearing by the Social Worker to consider a condition about medical treatment etc would overrule parental non-consent
- A Health Board or another person such as Foster or Kinship carer, but not the local authority, can apply for a "specific issue order" under Section 11 of the 1995 Act to ensure medical examinations and treatments are available to the child

### ***Responsibility for Gaining Consent for Health Assessments***

"As with many things, there isn't a one size fits all approach to consent – I think we need to take a common sense approach which meets the need of the child and family and the legal responsibilities of the service in respect of health" (Jane Park, Strategic Lead, Health, 2018)

Health  
Professional

- Child/Young Person at Home
- Child/Young Person Away from Home with Capacity to Consent

Social Worker

- Child/Young Person Away from Home without Capacity to Consent

## **Health Assessments for Children in Care**

“Undertake an initial comprehensive health assessment (including a mental health assessment) with each looked after child or young person within four weeks of notification from the local authority that the child or young person has become looked after.”

“Provide regular on-going one to one reviews of health assessment (RHA) needs to ensure information recorded in plans is up to date.”

## **Request for Statutory Initial Health Assessment**

As soon as either consent has been gained (by the Social Worker for those living away from home) and/or notification is sent to the health professional nominated to undertake the Statutory Initial Health Assessment the 4 week deadline (Children’s Act) begins.

Feedback to the Statutory Initial Health Assessment will be provided by the Nurse for Children in Care.

NB: All requests for health assessments from other authorities should be forwarded to the CHIC team and current paperwork will be issued.

## **When a Statutory Initial Health Assessment is NOT Required**

- If a newborn (up to 3 months old) begins an episode of care – a birth/health summary is requested from the Health Visitor/Family Nurse Partnership followed by a review health assessment at the 6-8 week visit
- If a health assessment/Child Protection medical etc was undertaken within 3 months of beginning an episode of care
- If an episode of care begins and is discharged from hospital

## **Review Health Assessments**

The Health Assessment forms part of the Child’s Plan and the Child’s Plan should be accurate, up-to-date and reviewed regularly. To enable this it is recommended that Review Health Assessments are undertaken in line with other health boards as follows:

- Preschool – 6 monthly
- Schoolage – annually

### **RCPCH Statutory Guidance:**

*“53. The review of the child’s health plan must happen at least once every six months before a child’s fifth birthday and at least once every 12 months after the child’s fifth birthday.”*

## **Notification of Change of Address**

Notification can come via the child's Social Worker, the Scottish Childrens' Reporter Administration (SCRA), CareFirst reporting, schools and also by Health Visitors and School Nurses.

Once notified the Admin for the CHIC team ensures that the information from Health, Education and Social Work systems held is up-to-date, updating LAC fields on the Education system (if required) and again sends out a notification to all health professionals, copying in the Social Worker and the Nurse for Children in Care for information and/or to enable updating their records.

If a Child in Care moves outwith Highland the CHIC team should be notified straight away as CEL16 guidance must be followed.

**NB:** If you have not received a notification this could mean that the CHIC team have not been notified and you should notify them

## **End of Episode of Care**

Notification can come via the child's Social Worker, the Scottish Childrens' Reporter Administration (SCRA), CareFirst reporting, schools and also by Health Visitors and School Nurses.

Once notified the Admin for the CHIC team ensures that the information from Health, Education and Social Work systems held is up-to-date, updating LAC fields on the Education system (if required) and again sends out a notification to all health professionals, copying in the Social Worker and the Nurse for Children in Care for information and/or to enable updating their records.

When a Child in Care reaches the age of 18 they are automatically classified as no longer being a Child in Care and no notification from the CHIC team is issued.

**NB:** If you have not received a notification this could mean that the CHIC team have not been notified and you should notify them



## References

- Chapter 2 – An Overview of the Looked After Children (Scotland) Regulations 2009 and Guidance
- Scottish Government: Guidance on Health Assessments for Looked After Children in Scotland (16 May 2014)
- NICE guideline: Looked-after Children and young people draft scope for consultation (14 January - 11 February 2019)
- Section 5 – Children (Scotland) Act 1995
- Part II Care Planning' is 'Regulation 3' within the 'Looked After Children (Scotland) Regulations 2009
- GIRFEC Strategy 2015 – early engagement, early permanence and improving the quality of care strategy 2015 (Health section is on page 33)
- <https://www.gov.scot/publications/getting-right-child-childs-plan-leaflet/>
- Guidance on the Looked After Children (Scotland) regulations 2009 and the Adoption and Children (Scotland) Act 2007