

Looked after children

Knowledge, skills and competence of health care staff

INTERCOLLEGIATE ROLE FRAMEWORK

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Key definitions

(See footnotes linked to definitions for clarification)

Children and young people

We define children and young people as all those who have not yet reached their 18th birthday¹

Competence

The ability to perform a specific task, action or function successfully

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 for looked after children and to act in the same way as a birth parent would

Designated professional

The term designated doctor or nurse denotes professionals with specific roles and responsibilities for looked after children², including the provision of strategic advice and guidance to service planners and commissioning organisations

Looked after children

This term applies to children currently being looked after and/or accommodated by local authorities/Health and Social Care Trusts, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption³. It does not include those children who have been permanently adopted. In Scotland the term also includes those on home supervision or in kinship care. In Northern Ireland the term could also include children receiving respite care – the content of this Intercollegiate Framework in Northern Ireland is pertinent to looked after children in kinship, non-kinship and residential placements for more than 24 hours, as a result of safeguarding concerns, and not to children subject of respite provision.

1 It is appreciated that there are variations between different sectors (i.e. education, health and social care) and between countries. For example in Scotland a child reaches the age of legal capacity at 16 but is entitled to be cared for & protected up to their 18th birthday.

The definition of a looked after child is set out in section 22(1) of the Children Act 1989. (1)In this Act, any reference to a child who is looked after by a local authority is a reference to a child who is—

(a)in their care; or

(b)provided with accommodation by the authority in the exercise of any functions (in particular those under this Act) which are social services functions within the meaning of] the Local Authority Social Services Act 1970, apart from functions under sections 17, 23B and 24B.

(2)In subsection (1) “accommodation” means accommodation which is provided for a continuous period of more than 24 hours. A child can remain looked after until the age of 18. Care leaver definitions are also relevant:

An eligible child is: a) looked after, b) aged 16 or 17 and c) has been looked after for a period of 13 weeks or periods amounting to 13 weeks, which began after they reached 14 and ended after s/he reached 16.

A relevant child is: a) not looked after, b) aged 16 or 17 and c) was, before s/he ceased to be looked after, an eligible child

A former relevant child is: a) aged 18 or above and either b) has been a relevant child and would be one if s/he were under 18 or c) immediately before s/he ceased to be looked after was an eligible child.

2 In England and Wales Designated Professionals (Doctors and Nurses) are statutory roles. In Wales the designated role includes Safeguarding with the post holders employed by Public Health Wales and specialist advice provided by named doctors and nurses/lead professionals/ Medical Advisers for LAC. In Scotland NHS Health Boards have a nominated Board Director with corporate responsibility for looked after children, young people and care leavers CEL 16 (2009)

3 The term Looked After Children (LAC) is used throughout the document for consistency, recognising that varying terms maybe used. For example in Scotland the term ‘Looked After and Accommodated Children’ is used and in some parts of the UK children and young people have expressed a preference for the term ‘Children in care’.

Specialist Medical, Nursing and Health Advisors for looked after children⁴

These terms refer to registered nurses with additional knowledge, skills and experience, GPs or paediatricians that have a particular role with looked after children and are the health specialist/lead professional for these children.

4 In Scotland titles include Specialist Nurse Looked after Children; Specialist Nurse Looked after and Accommodated Children, Health Liaison Officer, Through Care; Public Health Nurse/Looked after Children; Public Health Nurse/Looked after and Accommodated Children; Public Health Nurse/Through Care and After Care; Through Care/After Care Health Practitioner; Specialist Nurse Through Care/After Care titles include Clinical Nurse Specialist/Co-ordinator Looked after Children; Public Health Facilitator. In Northern Ireland there are lead clinicians and specialist nurses promoting the health and well-being of Looked after Children. In Wales: clinical nurse specialist for Looked after Children, named doctors and nurses/lead professionals and Medical advisers for Looked after Children. In England titles include Named Nurse for Looked After Children, specialist nurse children in care, Nurse Health Advisor Looked after Children.

Foreword

Over recent years there has been a significant rise in the number of children in care across the UK. For the majority this is as a result of abuse or neglect. Looked after children and young people have greater mental health problems, as well as developmental and physical health issues such as speech and language problems, bedwetting, co-ordination difficulties and sight problems.

Health care staff who work with this group of children and their carers⁵ must have the right knowledge, skills, attitudes and values, particularly as access to highly skilled and knowledgeable health practitioners results in improved outcomes, enabling young people to achieve their full potential. In order to achieve the required improvement in outcomes for these vulnerable children and young people, there is a need for dedicated staff working in dedicated roles with looked after children. Such post holders require specific knowledge and skills that are distinct from individuals whose primary focus may be centred on child protection and safeguarding⁶.

The Royal Colleges recognise the importance of education and training to prepare practitioners for the roles and responsibilities entailed in working with looked after children. Recognising work previously undertaken in Scotland⁷, the recent review of *The intercollegiate safeguarding competences framework*⁸ highlighted that whilst many children and young people move in and out of the looked after children system there is a need for a separate, specific framework to be developed for looked after children, outlining key roles, and the knowledge and skills required.

We urge health service planners, commissioners and provider organisations to recognise the importance of enabling staff to access education and training, as well as flexible learning opportunities to acquire and maintain knowledge and skills to improve outcomes for looked after children and young people.

Royal College of Nursing

Royal College of Paediatrics and Child Health

Royal College of General Practitioners

5 GPs are often asked to provide references for those applying to be foster carers. The GMC guidance on writing references applies - GMC (2010) Good Medical Practice http://www.gmc-uk.org/guidance/ethical_guidance/writing_references.asp

6 <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

7 NHS Education Scotland (2009) A capability framework for nurses who care for children and young people who are looked after away from home <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/a-capability-framework-for-nurses-who-care-for-children-and-young-people-who-are-looked-after-away-from-home.aspx>

8 RCPCH, 2010, Safeguarding Children and Young people: roles and competences for health care staff, http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

Background

Since the early 1980's there had been a significant fall in the number of children in care in the UK. However numbers increased by 3% across the UK between 2008 and 2009. This trend has continued, along with a significant increase in care proceedings following the death of baby Peter Connelly⁹. While many children enter the care system for a short period of time (31%)¹⁰, some remain in care for longer periods, with around 13% being in care more than five years¹¹.

On the 31st March 2011 there were over 83,000 looked after children in the UK¹². In England this equated to 65,520 looked after children representing a 2% increase from the previous year¹³ and the highest number since 1987, while on 31st July 2010 in Scotland there were 15,892 (4% increase)¹⁴, 5,160 in Wales (10% increase)¹⁵ and in Northern Ireland 2,606 (6% increase)¹⁶.

The main reason for children and young people being in care is as a result of abuse or neglect¹⁷. A comprehensive study identified six different groups of children:

- *Young entrants (43%)*
- *Adolescent graduates (26%)*
- *Abused adolescents (9%)*
- *Adolescent entrants (14%)*
- *Children seeking asylum (5%)*
- *Disabled children (3%)*¹⁸ (see appendix 3 for further explanatory detail of terms used).¹⁸

Each of the above groups has differing characteristics and needs. In addition to the above, statistics reveal that there are a significant number of teenage mothers in care. In England for example there were 350 mothers aged 12 and over in 2010, representing an 18% increase from 2006.¹²

Although looked after children and young people have many of the same health risks and problems as peers, the extent is often exacerbated due to their experiences of poverty, abuse and neglect. For example in respect of mental health and emotional well-being, looked after children show significantly higher rates of mental health disorders than others (45%, rising to 72% for those in residential care, compared to 10% of the

9 <http://www.cafcass.gov.uk/pdf/Cafcass%20Annual%20Report%20and%20Accounts%202009-10%20web%20pdf.pdf>

10 <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

11 <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchiltsch/111/111i.pdf>

12 http://www.nspcc.org.uk/Inform/resourcesforprofessionals/looked_after_children_statistics_wda79691.html

13 <http://www.education.gov.uk/inthenews/inthenews/a00198585/looked-after-children-statistics-2011>

14 <http://www.scotland.gov.uk/Resource/Doc/342028/0113798.pdf>

15 http://www.statswales.wales.gov.uk/ReportFolders/reportfolders.aspx?IF_ActivePath=P,24604,24605,24606

16 http://www.dhsspsni.gov.uk/microsoft_word_-_1_children_order_statistical_tables_for_northern_ireland_2009-10_-_tab_a.pdf

17 58% of looked after children in England and Wales on 31 March 2010 became looked after because of abuse or neglect.

18 Sinclair I., Baker C., Lee J. and Gibbs I. (2007) *The Pursuit of Permanence: a study of the English Child Care System*. London: Jessica Kingsley Publishers

general population aged 5 to 15) – conduct disorders being the most prevalent, with others having emotional disorders (anxiety and depression) or hyperactivity¹⁹. 11% are reported to be on the autism spectrum and many others have developmental problems. Two thirds of looked after children have been found to have at least one physical health complaint, such as speech and language problems, bedwetting, co-ordination difficulties and eye or sight problems. Generally the health and well-being of young people leaving care has consistently been found to be poorer than that of young people who have never been in care, with higher levels of teenage pregnancy, drug and alcohol abuse clearly evident. The high geographical mobility of the looked after children population, linked with not being registered with a GP and often being educated outside of mainstream schools exacerbates these problems. However whilst looked after children have poorer outcomes²⁰ research also demonstrates that maltreated children who remain in care have better long term outcomes than those who are reunited with their families²¹.

Local authorities and health care planners and commissioners have statutory duties to safeguard and promote the welfare of children that are in their care²², including ensuring their health needs are fully assessed, that they have a health plan in place which is regularly reviewed and that they have access to a range of health services to meet their needs²³. These form key aspects within inspection processes for looked after children's service provision.

Health care professionals have an important role to play in enabling looked after children to overcome disadvantages and to reach their full potential. Evidence highlights that where looked after children have access to specialist health practitioners their health outcomes improved²⁴. It is therefore crucial for all health care staff who come into contact with children that are looked after and their carers to have the right knowledge, skills, attitudes and values, with those in specific roles having the skills and competences to undertake health assessments, contribute to health care planning, ensure clinical governance arrangements to assure the quality of services for looked after children, and co-ordinate care for each young person²⁵. The NHS Education Scotland Capability Framework is a common set of capabilities built around 5 domains for practice enabling the development of knowledge and skills amongst nurses who care for children who live away from home²⁶. To fulfil their role and responsibilities in respect of looked after children, all health staff should have access to appropriate training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

19 <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

20 <https://www.education.gov.uk/publications/eOrderingDownload/SEU-Report.pdf.pdf>

21 Wade, Jim Biehal, Nina, Farrelly, Nicola and Sinclair, Ian (2010) Maltreated children in the looked after system: a comparison of outcomes for those who go home and those who do not (PDF). London: Department for Education.

22 <https://www.education.gov.uk/publications/eOrderingDownload/Cm%207137.pdf>

23 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf

24 <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

25 <http://www.nice.org.uk/nicemedia/live/13244/51173/51173.pdf>

26 NHS Education Scotland (2009) A capability framework for nurses who care for children and young people who are looked after away from home <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/a-capability-framework-for-nurses-who-care-for-children-and-young-people-who-are-looked-after-away-from-home.aspx>

Across the UK, specialist health professionals provide expertise and have specific roles and responsibilities for looked after children²⁷. In England, Northern Ireland²⁸, and Wales, designated professionals, specialist health advisors and lead health professionals perform this function and in Scotland LAAC nurses and lead clinicians fulfil specialist roles. All specialist professionals must be allowed sufficient time and resources to undertake their duties, and their roles and responsibilities should be explicitly defined in job descriptions.

Services and responsibilities for looked after children/looked after and accommodated children are underpinned by legislation, statutory guidance and good practice guidance which include:

UK

- Royal College of Paediatrics and Child Health and The Association of Police Surgeons (April 2002) *Guidance on Pediatric Forensic Examinations in Relation to Possible Child Sexual Abuse*

In England

- Children Act 1989 and 2004
- *Promoting the Health and Well-being of Looked after Children*²⁹
- *Promoting the quality of life of looked after children and young people*³⁰
- *Support and Aspiration: A new approach to special educational needs and disability – a consultation*³¹

In Scotland

- Children (Scotland) Act 1995.
- The Age of Legal Capacity (Scotland) Act 1991.
- *Getting it right for every child* – Scottish Government, 2009
- *These are our Bairns - a guide for community planning partnerships on being a good corporate parent*³² – Scottish Government 2007
- *Looked after children and young people: We can and must do better* – Scottish Government, 2007
- Scottish Executive, 2005 Health for all Children 4

27 There are a variety of posts in place across the UK – the Intercollegiate framework acknowledges that titles may vary

28 Two Trusts in NI have a dedicated LAC service. The position in relation to the remaining Trusts is under review with the functions of supervision and providing specialist advice and support in relation to looked after children sitting within the remit of safeguarding nurses.

29 DH, 2009: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf

30 NICE, 2010: <http://www.nice.org.uk/nicemedia/live/13244/51173/51173.pdf>

31 DfE, 2011: <http://www.education.gov.uk/childrenandyoungpeople/sen/a0075339/sengreenpaper>

32 The Scottish Government 2008 <http://www.scotland.gov.uk/Publications/2008/08/29115839/0>

In Northern Ireland

- Children (Northern Ireland) Order (1995)
- Department of Health, Social Services & Public Safety , 2004 *Protection of Children & Vulnerable Adults (NI) Order (2003)*
- ACPC (2005, amended and added to in 2008) *Regional Child Protection Policy and Procedures*
- DHSSPS (2003) *Co-operating to Safeguard Children*
- DHSSPS (2010) *Healthy Child, Healthy Future*
- DHSSPS Reform Implementation Team UNOCINI *Guidance*
- DHSSPS (2006) *Regional Adoption Policies and Procedures*
- DHSSPS (Draft 2010) *Regional Guidance for Nursing Contact with Guardian Ad Litem*
- Circular: CCPD 01/10, *Guidance on Delegated Authority to Foster Carers In Northern Ireland*

In Wales

- Children Act 1989 and 2004
- *Towards a stable life and a brighter future*³³,

Section A of this document provides a clear framework which identifies the competences required for health care staff from level 3 to level 5. Levels 1 and 2 are already encompassed within *Safeguarding Children and Young people: roles and competences for health care staff*³⁴ and are therefore not repeated in this document. Levels 3, 4 and 5 have specific responsibilities in respect of looked after children and relate to specific roles.

Section B focuses upon education and training for levels 3, 4 and 5, highlighting flexible learning opportunities to enable acquisition and maintenance of knowledge and skills.

Model job descriptions are included in the Appendices. The duties of specialist professionals will vary to some degree between the nations as a result of differences in national policy and structures. The terms 'medical/health advisor' and 'designated' are used throughout this document, but the key functions described should be applicable to all specialist roles across the UK.

33 <http://wales.gov.uk/docs/caecd/publications/110317stableen.pdf>

34 http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

Section A: The Framework

The competences encompassed in the framework are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children and young people in care. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice.

Different staff groups require different levels of competence depending on their role and degree of contact with looked after children and young people, the nature of their work, and their level of responsibility.

This Framework identifies five levels of competence, and gives examples of groups that fall within each of these. The levels are as follows:

- Level 1: Non-clinical staff working in health care settings
- Level 2: Minimum level required for clinical staff who have some degree of contact with children and young people and/or parents/carers
- Level 3: Clinical staff working with looked after children, young people and/or their parents/carers who could potentially contribute to assessing, planning, intervening and evaluating the needs of the child/young person in care
- Level 4: Specialist roles – Medical, Nursing and Health advisors, including lead health professionals
- Level 5: Designated professionals

Those requiring competences at Levels 1 to 5 should also possess the competences at each of the preceding levels.

Level 1: Non-clinical staff working in any health care setting

Competence at this level is about individuals being aware of the processes and terminology relating to looked after children. The knowledge, skills, attitudes and values for staff groups³⁵ at this level can be found encompassed in *The intercollegiate safeguarding competences framework*³⁶. In particular administrators supporting teams who work with looked after children and provide support for fostering/adoption processes will need a greater understanding of issues related to consent, confidentiality and the management of clinical records of looked after children³⁷.

35 For example, receptionists, administrative, catering, transport and maintenance staff

36 RCPCH, 2010, Safeguarding Children and Young people: roles and competences for health care staff, http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

37 Specific training and education will need to be provided for administrative staff to ensure knowledge, understanding, skills and competence required

Level 2: Clinical staff who have contact with children and young people and/or parents/carers

The knowledge, skills, attitudes and values for staff groups³⁸ at this level can be found encompassed in *The intercollegiate safeguarding competences framework*³⁹. Essentially those clinical staff supporting teams who work with looked after children or provide support for fostering/adoption processes will need a greater understanding of issues related to consent, confidentiality, the assessment and the management of clinical care and records of looked after children⁴⁰.

Level 3: All staff working with looked after children, young people and/or their parents/carers

Staff groups

This includes all clinical staff who contribute regularly to addressing the health needs of a looked after child or young person. For example midwives, health visitors, school nurses, children's nurses, child and adolescent health professionals, paediatricians⁴¹, allied health professionals, learning disability nurses and GPs⁴².

Level 3 core competences

Professionals at level 3 should have the core competences, knowledge, skills and attitudes as outlined for levels 1 and 2 encompassed within the *The intercollegiate safeguarding competences framework*⁴³ as well as the specific competences set out below

Specific competences

- Able to respond appropriately to the impact of adverse life events, including how family health history, mental health and parental lifestyle choices impact on the child's health and development
- Able to apply knowledge of the physical, developmental, emotional and mental health needs/risks for looked after children and offer appropriate health promotion advice

38 This includes health care students, clinical laboratory staff, pharmacists, ambulance staff, dentists, dental care practitioners, audiologists, opticians, adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), urgent and unscheduled care staff, allied health care practitioners and all other adult orientated secondary care health care professionals, including technicians

39 RCPCH, 2010, Safeguarding Children and Young people: roles and competences for health care staff, http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

40 Specific training and education will need to be provided for administrative staff to ensure knowledge, understanding, skills and competence required

41 Community paediatricians undertaking initial health assessments for Looked After Children as part of their day to day role will require elements of the knowledge, skills and competence outlined at level 4. Nurses undertaking initial health assessments will need to have successfully completed a paediatric assessment module as part of a paediatric advanced nurse practitioner programme as stated at level 4.

42 Staff who contribute less frequently to the care of looked after children (e.g. GPs who see children as part of their routine care) will have level 1 & 2 and for some level 3 safeguarding training and should know how to seek advice and support from the specialist looked after children health team.

43 RCPCH, 2010, Safeguarding Children and Young people: roles and competences for health care staff, http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

- Able to initiate interventions to improve child resilience and reduce risk of emotional harm
- Able to recognise the potential impact of a parent's/carer's physical and mental health or lifestyle on the wellbeing of a child or young person
- Able to demonstrate an understanding of the interdependence between health, education and social care with regard to looked after children
- Knows own capabilities and when to seek support from the specialist looked after children team
- Able to share information appropriately, taking into account consent and confidentiality issues related to looked after children
- Able to contribute to inter-agency assessments, the gathering of information and where appropriate analysis of risk
- Able and willing to provide empathy and support for the looked after children and their carers

Knowledge

- Understands the impact of ante-natal factors and adverse life events on a child's development, physical health, emotional wellbeing, cognition and behaviour and be able to respond appropriately
- Knows the increased vulnerability of this group to substance misuse, self harm, sexual exploitation, criminality, teenage pregnancy, exclusion from education, mental, emotional and behavioural difficulties
- Understands issues around consent, confidentiality and the implications of data protection relevant to their own role
- Know who to share information with and when, understanding the difference between information sharing on individual, organisational and professional levels
- Understand the specialist role of primary carers who do not hold parental responsibility
- Know the contact details of looked after children's health and social care team locally
- Understands own role within the multi-agency framework, assessment, care planning and monitoring
- Know statutory and non statutory health, education and social care processes and practices relevant to own role

Skills

- Able to conduct developmental assessments and emotional well-being health screening across the age range
- Able to contribute to the statutory health assessment and implementation of health care plans, and when requested contribute via report or attendance at Statutory LAC Review
- Able to identify and advise local authorities in respect of special educational needs
- Able to communicate and engage effectively with looked after children, ensuring that they have the opportunity to participate in decisions affecting them as appropriate to their age and ability
- Able to build positive relationships with parents/carers and be skilled in managing conflict and difficult behaviours
- Able to act as an advocate for the child's rights and welfare
- Able to communicate effectively and share appropriate information with multi-agency colleagues and partners

- Able to identify the need for further specialist support, advice, and supervision in situations where the looked after child's problems require further expertise or intervention such as in relation to sexual health, emotional or mental health, developmental difficulties and/or the disabled children and take appropriate action

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

Level 4: Specialist roles – Medical, Nursing and Health advisors for looked after children^{44,45}

Staff groups

All health professionals who have responsibility for working specifically with looked after children, either full time or as a specifically defined part of another role. For example, this includes groups such as specialist nurses, specialist child psychologists, specialist child psychiatrists, GPs with specialist interests and medical advisors to fostering and adoption agencies.

Core competences

Professionals at level 4 should have the core competences, knowledge, skills and attitudes as outlined for level 3 (including level 1 and 2 encompassed within the *The intercollegiate safeguarding competences framework*⁴⁶). In addition they should be

- Able to undertake statutory looked after children/adoption health assessments⁴⁷, including those with complex healthcare needs⁴⁸
- Able to analyse holistic health chronologies and provide a written comprehensive report detailing the implications of the information for the child's current and future health and wellbeing
- Able to formulate a meaningful individual healthcare plan/adoption report and monitor its implementation
- Able to identify and manage attachment disorder, emotional trauma, and where appropriate the assessment of parental capacity for parents, kinship carers, foster carers and adoptive parents
- Able to initiate interventions to improve child resilience and reduce risk of emotional harm

44 Includes those with specific roles such as Named Looked After Children's Nurses, Named Looked After Children's Doctors, lead LAC health professionals, specialist nurses for Looked After Children

45 See Appendix 2

46 RCPCH, 2010, Safeguarding Children and Young people: roles and competences for health care staff, http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

47 For example physical, psychological, behavioural and emotional assessments related to disability, attachment disorders and unaccompanied asylum seeking children and inter-country adoptions

48 Nurses that have successfully completed a paediatric assessment module as part of a paediatric advanced nurse practitioner programme will have the required knowledge and skills to be able to undertake first medical assessments in line with local clinical governance protocols. Review assessments can be undertaken by an appropriate registered nurse or midwife under supervision.

- Able to act as a key conduit and contact point between the child or young person and their carer, where they have difficulties accessing health services
- Able to demonstrate the ability to work with carers/residential units and families
- Able to work with child mental health services to provide support and interventions to meet the needs of looked after children
- Able to advise other agencies and the foster panel regarding the health management of individual looked after children⁴⁹
- Able to interpret and communicate on a broad range of health information in a social and education context⁵⁰
- Able to contribute to court reports for Care, Placement and Adoption Orders (and equivalent Orders)⁵¹
- Able to confidently manage, provide or ensure supervision is provided from a health perspective for looked after children where safeguarding issues arise within the care system
- Able to address complex issues related to looked after children placed out of area
- Able to teach/train about the health needs of looked after children, and assure the competence of health service and relevant multi-agency personnel in meeting health needs
- Able to act as a resource and source of support for those working at Level 3 and/or supervise staff working with looked after children
- Able to chair and/or contribute to multi-agency meetings or reviews
- Able to interpret regional, national and local policy documents/reports and their implications for looked after children's health and service provision
- Able to work creatively with other specialist areas to deliver high quality services specific to the needs of looked after children
- Able to identify and lead on relevant audits of service provision, including multiagency audits in conjunction with others
- Able to work with multiagency colleagues to support young people leaving care, providing support to access specialist advice on contraception and sexual health⁵², promoting physical and mental health, enabling access to GP services and facilitating transfer of care leavers with complex needs, including those with disabilities to seamlessly transfer to adult services⁵³
- Able to interpret new health information in the birth family such as genetic information, which comes to light after permanent placement and advise on appropriate management

Medical Advisors (for adoption/permanence panels) must also be:

- Able to contribute effectively to adoption panel recommendations, advising the panel on the health management of individual looked after children⁵⁴
- Able to provide advice on adult health assessments (as part of the adoption panel)
- Able to contribute to identification of adoption support needs / services
- Able to discuss the child's health, development, emotional / behavioural presentation, past experiences and intra-utero exposure with prospective adoptive parents, to ensure that the adoptive parents are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop
- Able to meet the requirements as per statutory regulations and guidance for Adoption / Fostering / permanence panels.

49 <http://www.education.gov.uk/childrenandyoungpeople/sen/a0075339/sengreenpaper>

50 For example, this may include provision of advice on prospective carers to an adoption/fostering panel, advice to social worker on impact of living arrangements on health conditions

51 Medical advisers compile court reports for Placement and Adoption orders

52 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf

53 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083593.pdf

54 <http://www.education.gov.uk/childrenandyoungpeople/sen/a0075339/sengreenpaper>

Knowledge

- Understand how birth family health history, mental health and parental lifestyle choices impact on the child's health and development
- Understand how a primary carers (birth parent/foster carer/adopter) health and lifestyle issues impact on children and young people
- Know and understand normal and disordered attachment of babies and the lifelong impact of disordered attachment, including the long-term implications of becoming looked after
- Know about common psychological and emotional disorders, as well as intellectual disability prevalent in looked after children and young people
- Know about the needs of specific groups such as children with disability, those with special educational needs, unaccompanied asylum seekers, minority ethnic groups and adoptees, including inter-country adoptions
- Understand the complexity of healthcare provision and resources required to provide a comprehensive health service for looked after children
- Understand research evidence⁵⁵ and best practice in promoting the health and wellbeing of children in care and those undergoing adoption e.g. NICE/SCIE guidelines
- Understand relevant child-care legislation, information sharing, information governance, confidentiality and consent in relation to looked after children
- Knowledge of relevant regional, national and international issues, policies and implications for practice
- Knowledge of current commissioning and planning of looked after children/ adoption health services and have knowledge of methods for support by other agencies such as Education / Social Care / Disability support locally and nationally
- Understand, lead and contribute to processes for auditing the effectiveness and quality of looked after children/adoption services on an organisational level, including audits against national guidelines
- Understand the needs and legal position of young people, particularly those aged 16 years and over and the transition between children's and adult legal frameworks including respective service provision
- Understand the processes and legislation for looked after children, unaccompanied asylum seeking children and those undergoing adoption including after-care/adoption services
- Have knowledge of the impact of adult health issues on caring/parenting capacity
- Understand relevant aspects of the criminal justice system
- Understand how the changes to the special educational needs and disability assessment and planning frameworks affect looked after children.

Skills

- Able to communicate effectively with children and young people including those with complex needs e.g. language difficulties, learning and behavioural difficulties and where English is not their first language use appropriate resources including interpreters to do so
- Able to effectively engage with birth parents, involving them as appropriate in health assessments alongside foster parents
- Able to adapt and be sensitive and flexible to meet the particular needs of the child and in particular adolescents

55 NHS Education Scotland (2009) A capability framework for nurses who care for children and young people who are looked after away from home <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/a-capability-framework-for-nurses-who-care-for-children-and-young-people-who-are-looked-after-away-from-home.aspx>

- Able to review, summarise and interpret information from a range of sources (e.g. write a chronology/summary for adoption report)
- Able to analyse and evaluate information and evidence to inform inter-agency decision- making across the organisation⁵⁶
- Able to convey complex information in an accessible manner to other professionals and adults involved in the care of looked after/children undergoing adoption
- Able to advise other agencies about the health management of looked after children
- Able to support colleagues in constructively challenging other professionals, when appropriate, in the best interest of children
- Able to contribute effectively to a single assessment and plan for looked after children who are also part of the local / Special Educational Needs process
- Able to give advice about policy and legal frameworks in relation to looked after children
- Able to undertake quality assurance measures and processes
- Able to participate in organisational training needs analysis, and to teach and educate health service professionals and multi-agency partners as part of a team
- Able to review, evaluate and update local organisational guidance and policy in light of research findings
- Able to work effectively with colleagues in wider networks

Competences should be reviewed annually as part of staff appraisal⁵⁷ in conjunction with individual learning and development plan.

Level 5: Designated professionals for looked after children⁵⁸

Staff groups

This level applies to designated doctors and nurses for looked after children⁵⁹

Core competences

Professionals at level 5 should have the core competences, knowledge, skills and attitudes as outlined for level 4. In addition they should be

- Clinically competent in meeting the health needs of looked after children, including those undergoing adoption (If the role encompasses a clinical component)
- Effective strategically, raising key issues with service planners, commissioners and service providers to ensure the needs of looked after children are taken into account locally including those placed out of the area
- Able to clearly articulate and provide sound policy advice across interagency and corporate parenting partnership and appropriate structures such as Health and Wellbeing Boards or equivalents

56 NHS Education Scotland (2009) A capability framework for nurses who care for children and young people who are looked after away from home <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/a-capability-framework-for-nurses-who-care-for-children-and-young-people-who-are-looked-after-away-from-home.aspx>

57 This may require input from the designated professional or another professional in the same discipline competent to comment on specific LAC duties.

58 See appendix 1

- Able to develop, lead and monitor relevant quality assurance processes and service improvement of health services for looked after children across the health community
- Able to influence change across internal and external organisations, as well as allied agencies
- Able to effectively challenge colleagues in health and social care about the health and wellbeing of looked after children
- Able to provide an effective contribution to the strategic corporate parenting agenda and the wider children's plan
- Able to develop robust local looked after children policy guidelines and protocols
- Able to undertake looked after children training needs analysis, commission, plan, design, deliver and evaluate multi-agency and in-house training for staff across the health community in partnership with others
- Able to assess the risk of organisations' ability to improve outcomes for looked after children
- Able to advise and influence commissioners to promote the coordination and delivery of health services for looked after children across professional and geographic boundaries
- Able to influence the local authority in its responsibility to engage and work across boundaries to provide and commission specialist services for looked after children, including those placed out of area
- Able to influence local authority, health service planners and commissioners, as well as providers in the provision of specialist services to meet the needs of looked after children
- Able to ensure mechanisms are in place to effectively enable the consultation, participation and involvement of looked after children/young people and service users in the planning and delivery of services
- Able to effectively provide, support and promote appropriate supervision in respect of the health of looked after children for colleagues across the health community

Knowledge⁶⁰

- In-depth knowledge of relevant local, regional, national and international policies and implications for practice
- Sound understanding of the legal processes underpinning care planning for looked after children and children with an adoption plan and how they relate to other statutory processes such as special educational needs and disability processes
- Know how to lead the implementation of national guidelines and audit the effectiveness and quality of services across the health community against quality standards
- Advanced understanding of management and strategic roles within the corporate parenting partnership and local strategic structures
- Advanced understanding of curriculum planning and effective delivery of training

⁶⁰ *National Workforce Competences*: DANOS BC4 Assure your organisation delivers quality services; PH08.01 Use leadership skills to improve health and well-being; PH02.06 Work in partnership with others to protect the public's health and wellbeing from specific risks; ENTO L4 Design learning programmes (*also HI 39*); ENTO L6 Develop training sessions (*also HI 40*); ENTO L10 Enable able learning through presentations (*also HI 42*); PH 06.01 Work in partnership with others to plan, implement, monitor and review strategies to improve health and well-being

Skills

- Able to develop, implement and undertake quality assurance measures and processes
- Able to lead and participate in training needs analysis across the health community, and to teach and educate health service professionals and multi-agency partners
- Able to develop, implement, review, evaluate and update local guidance and policy in light of research findings
- Able to advise, inform and influence others about regional, national and international issues and policies and the implications for practice
- Able to work effectively across management and strategic roles within the corporate parenting partnership and across organisational boundaries
- Able to access and interrogate relevant health and local authority information systems and database(s) as appropriate, in adherence with information sharing arrangements and legislation in relation to looked after children where it impacts on health provision for looked after children

Competences should be reviewed annually as part of staff appraisal⁶¹ in conjunction with individual learning and development plan.

61 This may require input from another designated professional from the same discipline from another locality

Section B: Education and training

This section outlines key issues related to acquiring and maintaining knowledge and skills. It is appreciated that practitioners work and study in a variety of settings. The following text is intended to provide an outline of the indicative content and time needed by practitioners, particularly in light of the experiences of looked after children exposed to abuse and neglect.

Underpinning principles

- Training needs to be flexible, encompassing different learning styles and opportunities, and where possible provided by or in conjunction with local looked after children's teams.
- Those leading and providing multi-disciplinary and inter-agency training must demonstrate knowledge of the context of health participants' work and should tailor training sessions to the specific roles and needs of different professional groups.
- The effectiveness of training programmes and learning opportunities should be regularly monitored. This can be done by evaluation forms, staff appraisals, e-learning tests (following training and at regular intervals), and auditing implementation as well as staff knowledge and understanding.
- Education and training passports will prevent the need to repeat learning where individuals are able to demonstrate up to date competence, knowledge and skills, except where individuals have been working outside of the area of practice or have had a career break and are unable to do so.
- Health care organisations must ensure all staff are able to access specialist advice and support from a looked after children's team and designated professionals.
- Those working with looked after children and young people and/or parents should take part in clinical governance including holding regular case discussions, critical event analysis, audit, adherence to national guidelines (NSF, NICE, SIGN), analysis of complaints and other patient feedback, and systems of supervision⁶² and/or peer review.

Levels 1 and 2

The knowledge and skills should be developed as part of the safeguarding education and training programme for level 1 and 2 as outlined in *The intercollegiate safeguarding competences framework*⁶³

62 Supervision is a process of professional support and learning, enabling staff to develop competences, and to assume responsibility for their own practice. The purpose of clinical governance and supervision within clinical practice is to strengthen the protection of vulnerable children and young people by actively promoting a safe standard and excellence of practice and preventing further poor practice

63 RCPCH, 2010, Safeguarding Children and Young people: roles and competences for health care staff, http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

Level 3

- Training arrangements should be determined locally based on the development needs of individuals working with looked after children but should encompass programmes to increase knowledge about the effects of abuse and neglect, attachment theories/resilience building, promoting mental health and psychological wellbeing substance abuse/use and sexual health. For doctors, they should be able to demonstrate training to Level 3 Community Child Health competences (http://www.gmc-uk.org/Community_Child_Health_NEW_curriculum_document_June_2010.pdf_34230346.pdf)
- All individuals working with looked after children should have an annual appraisal and education and training identified to develop and maintain knowledge and skills to enable effective and safe practice
- Training and education may be multi-disciplinary or interagency
- All training and education undertaken must be recorded on completion and reviewed at least annually

Level 4

- Specialist professionals should undertake further education, training and learning appropriate to their role. This may include developing knowledge and skills related to motivational interviewing, management of resources, undertaking appraisals and the provision of supervision for level 3 staff. Nurses must successfully complete a paediatric assessment module as part of a paediatric advanced nurse practitioner programme to have the knowledge and skills at the required level to be able to undertake first medical assessments in line with local clinical governance protocols. For paediatricians, they must demonstrate Level 3 Community Child Health competences (http://www.gmc-uk.org/Community_Child_Health_NEW_curriculum_document_June_2010.pdf_34230346.pdf) and additional training/experience in respect of looked after children
- Professionals at level 4 should participate regularly in peer support and education networks for specialist professionals at a local, regional, and national level according to professional guidelines (attendance should be recorded)

Level 5

- Designated professionals should participate regularly in peer support and education networks for specialist professionals at a local, regional, and national level according to professional guidelines (attendance should be recorded)
- An executive level management programme with a focus on leadership and change management⁶⁴ should be completed within three years of taking up post

64 This could be delivered by Health Boards/Authorities, in house or external organisations

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Appendix 1: The role of designated health professionals

Model job description

The designated doctor and nurse role is to assist primary care organisations in fulfilling their responsibilities as commissioner of services to improve the health of looked after children. Any job description should be jointly agreed by the local commissioning/service planning organisation for looked after children, the health organisation from which the doctor or nurse is employed, if different, and the relevant local authority. The designated role is intended to be a strategic one, separate from any responsibilities for individual children or young people who are looked after, although the professionals may also provide a direct service to children and young people outside their designated role.

Person specification

The **designated doctor** will:

- Hold consultant status or a senior post with equivalent training and experience
- Have undergone higher clinical/professional training in paediatrics and adolescent health;
- Have substantial clinical experience of the health needs of looked after children- the designated doctor may have worked or be working as a medical advisor to an adoption and/or fostering agency;
- Be clinically active in community paediatrics in at least part of the geographical location covered by the post
- Have proven negotiating and leadership skills

The **designated nurse**⁶⁵ will:

- Be a senior nurse or health visitor;
- Have substantial clinical experience of the health needs of children and young people and the health needs of looked after children;
- Have undergone training in the specific needs of children and young people and be registered on either Part 1 of the NMC register as a registered children's nurse, or Part 3 as a specialist community public health nurse having completed a specific programme with a child and family focus
- Have completed specific relevant post-registration training at Masters level or equivalent
- Hold a senior level post (equivalent to consultant). It is expected that the post would be within the Band 8 range (the role would be subject to the usual Agenda for Change Job Evaluation process)
- Have proven negotiating and leadership skills

⁶⁵ In addition to assisting service planners and commissioners it is likely to be appropriate for the designated nurse to provide both a direct clinical service to looked after children and to support other nurses and health visitors who will be seeing these children and their carers

Job description

1. At all times and in relation to the roles and responsibilities listed, lead and support all activities necessary to ensure that organisations within the health community meet their responsibilities for looked after children
2. Advise and support all specialist LAC professionals across the health community
3. Be responsible to and accountable within the managerial framework of the employing organisation

The designated doctor and nurse work together to fulfil the following functions:

Inter-agency responsibilities

- Be a member of the Corporate Parenting Board in conjunction with other health service planners/commissioners
- Provide health advice on policy and individual cases to statutory and voluntary agencies, including the Police and Children's Social Care

Leadership and advisory role

- Provide advice to the service planning and commissioning organisation and to the local authority, on questions of planning, strategy, commissioning and the audit of quality standards including ensuring appropriate performance indicators are in place in relation to health services for looked after children
- Work with all health care organisations to monitor performance of local health services for looked after children and young people
- Ensure expert health advice on looked after children is available to children's social care, health care organisations, residential children's homes, foster carers, school nurses, clinicians undertaking health assessments and other health staff;
- Advise colleagues in health and children's social care on issues of medical confidentiality, consent and information sharing
- Work with health service planners and commissioners to ensure there are robust arrangements to meet the health needs of looked after children placed outside the local area and ensure close working relationships with Local Authorities to achieve placement decisions which match the needs of children
- Work with local service planners and commissioners to advocate on behalf of and ensure looked after children benefit as appropriate from the implementation of wider health policies such as in England - any qualified provider, personal health budgets
- Work with commissioners and providers to gain the best outcome for the child/young person within available resources.

Governance: Policy and procedures

- Work with other professionals taking a strategic overview of the service to ensure robust clinical governance of local NHS services for looked after children
- Work with commissioners to ensure quality assurance and best value of placements including processes of audit, follow up, and review
- Contribute to local children and young people's strategies to ensure there is a system in place to check the implementation and monitoring of individual health plans
- Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited
- Work with provider health organisations across the health community to ensure that appropriate training is in place to enable health staff to fulfil their roles and responsibilities for looked after children

Co-ordination, communication and liaison

- Work with other professionals to agree team responsibilities
- Work closely with other designated looked after children professionals locally
- Liaise with, advise, and support looked after children specialist health staff across the health community
- Maintain regular contact with the local health team undertaking health assessments on looked after children
- Liaise with health boards, children's social care and other service planning and commissioning organisations over health assessments and health plans for out of area placements
- Liaise with the health boards/authority child protection and safeguarding lead
- Complete and present annual report as outlined in statutory guidance

Monitoring and information management

- Provide advice to all organisations across the health community on the implementation of an effective system of audit, training, and supervision
- Provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for looked after children including systems and records to:
 - ensure the quality of health assessments carried out meet the required standard
 - ensure full registration of each looked after child – and all care leavers – with a GP and dentist and optometric checks undertaken
 - ensure that sensitive health promotion is offered to all looked after children and young people
 - ensure implementation of health plans for individual children;
 - ensure an effective system of audit is in place
- Undertake an analysis of the range of health neglect and need for health care for local looked after children – i.e. case mix analysis to inform service planning; contributing to the production of health data on looked after children across the health community
- Analyse the patterns of health care referrals and their outcomes; and evaluate the extent to which looked after children and young people's views inform the design and delivery of the local health services for them
- Use the above to influence local service planning and commissioning decisions

Training responsibilities

- Advise on training needs and the delivery of training for all health staff across the health community including those GPs, paediatricians and nurses undertaking health assessments and developing plans for looked after children
- Participate (as appropriate) in local undergraduate and postgraduate paediatric training to ensure health including mental health of looked after children is addressed
- Play an active part in the planning and delivery of multi-disciplinary training

Supervision

- Provide advice including case-focused support and supervision for health staff at all levels within organisations across the health community that deliver health services to looked after children
- Produce a supervision strategy for the health community which provides direction and options for supervision models, as appropriate to need
- Provide supervision for looked after children named specialist professionals across the health community, or ensure they are receiving appropriate supervision from elsewhere

Personal development

- Attend relevant regional and national continuing professional development activities in order to maintain knowledge and skills. This includes meeting professional organisation requirements as well as receiving specific training that relates to specialist activities
- Receive supervision from outside the employing organisation (this should be funded by the employing organisation and be provided by someone with relevant expertise)

Appraisal

- Receive annual appraisal⁶⁶. Appraisal should be undertaken by someone of appropriate seniority with relevant understanding such as a board level director with responsibility for looked after children, Medical or Nurse Director and/or via an equivalent arrangement as agreed locally⁶⁷

Accountability

- Designated professionals should be performance managed in relation to their designated functions by a person of appropriate seniority such as a board level director who has executive responsibility for looked after children as part of their portfolio of responsibilities
- Be accountable to the chief executive of their employing body
- Report to the nominated director within the organisation with primary responsibility for children's services⁶⁸

Authority

- Should have the authority to carry out all the above duties on behalf of the employing body and be supported in so doing by the organisation and by colleagues

Resources required for post

- Professional roles should be explicitly defined in job descriptions, and sufficient time and funding should be allowed to fulfil specialist responsibilities effectively
- The time required to undertake the tasks in this job description will depend on the size and needs of the looked after children population, the number of staff, the number of health care organisations covered by the role, and the level of development of local structures, process and functions
- The employing body should supply dedicated and effective secretarial support
- Given the stressful nature of the work, the employing body must ensure that focused supervision and support is provided⁶⁹

66 For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework

67 This may require input from another designated professional from the same discipline from another locality

68 Designated professionals should be performance managed in relation to their designated functions by a board level director who has executive responsibility for children and/or safeguarding as part of their portfolio of responsibilities

69 Organisations should put in place formal arrangements which may include other designated doctors or nurses from other trusts/ employing organisations to provide supervision / peer review for each other

Appendix 2: The role of specialist Medical, Nursing and Health advisors for looked after children⁷⁰

Model job description

The job descriptions of specialist professionals should reflect an appropriate workload, covering both roles and responsibilities for looked after children and for the rest of their work. Job descriptions should be agreed by the employing organisation

Person specification

The **specialist doctor** should:

- Hold consultant status or a senior post with equivalent training and experience
- Have completed higher professional training (or achieved equivalent training and experience) in paediatrics, community child health and looked after children
- Have considerable clinical experience of assessing and examining children and young people as appropriate to the role
- Be currently practising (or have held an active clinical position in the previous two years) and be of good professional standing⁷¹

The **specialist nurse** should:

- Hold a senior level post. It is expected that the post would be at Band 7 dependent on the precise responsibilities outlined in the role description (the role would be subject to the usual Agenda for Change Job Evaluation process)
- Have completed specific training in the care of babies/children and young people and be registered on either Part 1 of the Nursing and Midwifery Council (NMC) register as a registered children's nurse or mental health nurse (in mental health organisations) or Part 3 as a specialist community public health nurse having completed a specific programme with a child and family focus
- Have completed specific post-registration training relevant to looked after children prior to commencement in the post (including law, policy, and practice at Level 2 or Post Graduate Diploma (PGDip))
- Have a minimum of three-years experience related to caring for babies/children and young people and relevant experience with looked after children and young people

Job description for all specialist LAC health professionals

- Support all activities necessary to ensure that the organisation meets its responsibilities to looked after children
- Be responsible to and accountable within the managerial framework of the employing organisation
- At all times and in relation to the roles and responsibilities listed, work as a member of the organisation's looked after children health team

Inter-agency responsibilities

- Advise local police, children's social care and other statutory and voluntary agencies on health matters with regard to individual looked after children
- Liaise closely with other specialist services such as CAMHS, sexual health, and services for disabled children

70 Includes those with specific roles such as Named Looked After Children's Nurses, Named Looked After Children's Doctors, lead LAC health professionals, specialist nurses for Looked After Children

71 Added footnote - Refers to doctors who are on the GMC register and who are up to date with their professional CPD - <http://www.gmc-uk.org/>

Leadership and advisory role

- Support and advise the board of the health care organisation about looked after children
- Contribute to the planning and strategic organisation of provider services for looked after children
- Work with other specialist and designated professionals on planning and developing strategy for services for looked after children
- Ensure advice is available to the other professionals across the organisation on day to-day issues about looked after children and their families

Clinical role

- Undertake health assessments for looked after children and provide written reports on the health of prospective carers as appropriate
- Support and advise colleagues in the clinical assessment and care of children and young people, whilst being clear about others personal clinical professional accountability
- Provide advice and signposting to other professionals about legal processes, key research and policy documents

Co-ordination and communication

- Work closely with other specialist and designated looked after children professionals locally, regionally and nationally
- Work closely with the lead for children and/or safeguarding within the health care organisation
- Liaise with professional leads from other agencies, such as Education and Children's Social Care

Governance: policies and procedures

- Ensure that the health care organisation has relevant policies and procedures in line with legislation and national guidance
- Contribute to the dissemination and implementation of organisational policies and procedures
- Encourage case discussion, reflective practice, and the monitoring of significant events at a local level

Training

- Work with specialist and designated looked after children professionals locally to agree and promote training needs and priorities
- Support the designated professionals to ensure that there is an organisational training strategy in line with national and local expectations
- Contribute to the delivery of training for health staff and inter-agency training
- Evaluate training and adapt provision according to feedback from participants
- Tailor provision to meet the learning needs of participants

Monitoring

- Advise employers on the implementation of effective systems of audit
- Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards

Supervision

- Provide/ensure provision of effective appraisal, support and supervision for colleagues in the team/organisation
- Contribute to individual case supervision

Personal development

- Meet the organisation's requirements for training attendance
- Attend relevant local, regional, and national continuing professional development activities to maintain competence
- Receive regular supervision and undertake reflective practice
- Recognise the potential personal impact of working with looked after children on self and others, and seek support and help when necessary

Appraisal

- Receive annual appraisal⁷² from a professional with specialist knowledge of looked after children and with knowledge of the individual's professional context and framework⁷³

Accountability

- Be accountable to the chief executive of the employing body
- Report to the medical director, nurse director or board lead with primary responsibility for children's services and looked after children within the organisation

Authority

- Should have the authority to carry out all of the above duties on behalf of the employing body and should be supported in so doing by the organisation and by colleagues

Resources required for the post

- Professionals' roles should be explicitly defined in job descriptions, and sufficient time and funding must be allowed to fulfil their responsibilities effectively
- The time required to undertake the tasks outlined in this job description will depend on the size and needs of the looked after children population, the number of staff, the number and type of operational units covered by the health care organisation, and the level of development of local structures, process and function
- The health care organisation should supply dedicated secretarial and effective support
- Given the stressful nature of the work, the health care organisation should provide focused support and supervision for the specialist professional

72 For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework

73 The appraiser should consult with someone with specialist knowledge and experience

Appendix 3: Reasons children are in care⁷⁴

Sinclair I. Et al ⁷⁵ identified six different groups of children:

- *Young entrants* (43%) These children were under the age of 11, and became looked after primarily due to abuse and neglect.
- *Adolescent graduates* (26%). These young people had first entered the system under 11 for similar reasons, but were now older. They tended to have more difficulties at home, at school and with behaviour.
- *Abused adolescents* (9%). These young people were first admitted over the age of 11 for reasons of abuse or neglect. On average their behaviour was significantly more challenging than that of the adolescent graduates and they were also doing much worse at school.
- *Adolescent entrants* (14%). Also first admitted over the age of 11, but usually because relationships at home had broken down. Their families had fewer problems in themselves than those of the previous groups, but the young people showed challenging behaviour and were often doing badly at school.
- *Children seeking asylum* (5%) were almost always over the age of 11, and became looked after because they had no families rather than because their families had problems. They tended to do comparatively well at school and displayed less challenging behaviour than any other group.
- *Disabled children* (3%) were recorded as looked after because of disability (social workers reported that a much higher proportion of looked after children, 16%, had a disability, but this had not been recorded as their primary 'need code'). These children had comparatively high levels of challenging behaviour, were on average older than other groups and had been looked after for longer.

The main reason children are in care is as a result of abuse or neglect⁷⁶.

74 Taken from <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf> page 5-7

75 Sinclair I., Baker C., Lee J. and Gibbs I. (2007) *The Pursuit of Permanence: a study of the English Child Care System*. London: Jessica Kingsley Publishers

76 58% of looked after children in England and Wales on 31 March 2010 became looked after because of abuse or neglect.
