



Looked after children: Knowledge, skills and competences of health care staff

INTERCOLLEGIATE ROLE FRAMEWORK
March 2015

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Key definitions

Care Leavers

The Children (Leaving Care) Act 2000 states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday.

Children and young people

We define children and young people as all those who have not yet reached their 18th birthday¹. The changing scope of service provision increasingly however encompasses care leavers and young people in education, as well as young adults up to the age of 25 years².

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 and partner agencies to provide the best possible care and protection for looked after children and to act in the same way as a birth parent would.

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- 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 and 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 HM Government. Care Leaver Strategy. A cross-departmental strategy for young people leaving care. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266484/Care_Leaver_Strategy.pdf

Designated professional

In England the term designated doctor or nurse denotes professionals with specific roles and responsibilities for looked after children, including the provision of strategic advice and guidance to service planners and commissioning organisations. In England Designated Professionals (Doctors and Nurses) are statutory roles. In Wales professionals for Safeguarding (and LAC) are employed by Public Health Wales. The strategic overview of health services for looked after children within each Health Board is fulfilled by the Named Doctors for LAC with additional responsibility (Named Doctor for LAC, strategic role). In Scotland specialist paediatricians, GPs and nurses deliver services for looked after and accommodated children/young people, including health assessments and provide medical advice to Fostering and Adoption panels. The lead paediatrician for each area has a strategic overview and responsibility. In addition NHS Health Boards have a nominated Board Director with corporate responsibility for looked after children, young people and care leavers CEL 16 (2009).

Looked after children

In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.

Looked after children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (section 20);
- Children who are the subject of a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for their protection (section 44 and 46);
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, 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 or who are on a special guardianship order.

In Scotland the term 'looked after children' is defined in law under the Children (Scotland) Act 1995, section 17(6).

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'.

Looked after children fall into four groups:

- Children for whom the local authority are providing accommodation under section 25 of this Act (a voluntary arrangement);
- Children who are subject to a compulsory supervision order or an interim compulsory supervision order (under the Children's Hearings (Scotland) Act 2011);
- Children who are subject to an order made in England, Wales or Northern Ireland which the Scottish Local Authority has responsibilities for by virtue of Regulation
- Children who are subject to a valid permanence order under section 80 of the Adoption and Children (Scotland) Act 2007

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.

Specialist Medical, Nursing and Health Professionals for looked after children, including Named Nurse/Doctor and Nurse Specialists⁴

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

In England the term Named Doctor/Nurse denotes an identified Doctor or Nurse with additional knowledge, skill and experience in working with looked after children who is responsible for promoting good professional practice within their organisation, providing supervision, advice and expertise for fellow professionals, and ensuring that 'Looked After Children Awareness Training' is in place.

The term Nurse Specialist denotes a nurse with additional knowledge skill and experience in working with looked after children responsible for assessing and promoting wellbeing in the looked after child population.

The term Medical Advisor for Fostering and Adoption denotes a doctor with additional knowledge, skills and experience who is a paediatrician or General Practitioner that has a particular role in assessing the wellbeing of looked after children and providing medical advice to the local authority and other agencies regarding matters of adoption and fostering

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/Coordinator 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 looked after children across the UK. The number of looked after children has increased steadily each year and is now higher than at any point since 1985⁵. For the majority this is as a result of abuse or neglect, although there is an increasing number of unaccompanied asylum seekers and children who have been trafficked from abroad. 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, coordination difficulties and sight problems.

Healthcare staff working with this group of children and their carers⁶ 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 continues to be the need for health staff working in dedicated roles for looked after children at specialist, named and designated level. Such post holders require specific knowledge and skills that are distinct from individuals whose primary focus may be centred on child protection and safeguarding⁷.

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 and care leavers. Recognising work previously undertaken in Scotland⁸, the review of The intercollegiate safeguarding competences framework⁹ 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

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- 5 Department for Education. SFR 36/2013. Statistical First Release. Children looked after in England (including adoption and care leavers) year ending 31 March 2013. September 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244872/SFR36_2013.pdf
 - 6 GPs are often asked to provide detailed health information to contribute to the health assessment 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
 - 7 Mooney A, Statham J, Monock E. Looked after children: a study to inform revision of the 2002 guidance. Institute of Education, University of London. 2009. <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>
 - 8 NHS Education Scotland. A capability framework for nurses who care for children and young people who are looked after away from home. 2009. http://www.nes.scot.nhs.uk/media/245237/nurses_caring_for_children_away_from_home_framework_jan_2009.pdf
 - 9 RCPCH. Safeguarding Children and Young people: roles and competences for healthcare staff 3rd Ed. 2014. http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Compentences_for_Healthcare_Staff_02_0....pdf

Background

Following a significant fall in the number of children in care over the past 30 years, numbers increased across the UK between 2008 and 2012. The number of looked after children has increased steadily each year and is now higher than at any point since 1985¹⁰. The trend has been accompanied by a significant increase in care proceedings following the death of baby Peter Connelly¹¹. While many children enter the care system for a short period of time (31%)¹², some remain in care for longer periods, with around 13% being in care more than five years¹³.

On 31 March 2013 there were 92,728 looked after children in the UK¹⁴. In England this equated to 68,110 looked after children representing a 1.6% increase from the previous year¹⁵ and the highest number since 1987, while on 31st July 2013 in Scotland there were 16,041 (1.3% decrease)¹⁶, 5,770 in Wales (0.8% increase)¹⁷ and in Northern Ireland 2,807 (5.8% increase)¹⁸.

The main reason for children and young people being in care is as a result of abuse or neglect¹⁹. Over half of looked after children in England and Wales became looked after because of abuse or neglect. A comprehensive study identified six different groups of children:

- Young entrants (43%)
- Adolescent graduates (26%)
- Abused adolescents (9%)

10 Department for Education. SFR 36/2013. Statistical First Release. Children looked after in England (including adoption and care leavers) year ending 31 March 2013. September 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244872/SFR36_2013.pdf

11 Children and Family Court Advisory and Support Service (CAFCASS). Annual Report & Accounts 2012-13. 2013. http://www.cafcass.gov.uk/media/167815/cafcass_annual_report_1213_final.pdf

12 Mooney A, Statham J, Monock E. Looked after children: a study to inform revision of the 2002 guidance. Institute of Education, University of London. 2009. <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

13 House of Commons. Children, Schools and Families Committee. Looked-after Children Third Report of Session 2008-09 Volume I. 2009. <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/111i.pdf>

14 NSPCC. Children in care statistics. http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/statistics_wda88009.html

15 Department for Education. SFR 36/2013. Statistical First Release. Children looked after in England (including adoption and care leavers) year ending 31 March 2013. September 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244872/SFR36_2013.pdf

16 Scottish Government. Children's Social Work Statistics Scotland, 2011-12. 2013. <http://www.scotland.gov.uk/Resource/0041/00416522.pdf>

17 Stats Wales. Children looked after at 31 March by local authority, gender and age. Welsh Government. 2014 <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/ChildrenLookedAfterAt31March-by-LocalAuthority-Gender-Age>

18 Department of Health, Social Services and Public Safety. Children's social care statistics in Northern Ireland: financial year ending March 2014. <https://www.gov.uk/government/statistics/childrens-social-care-statistics-in-northern-ireland-financial-year-ending-march-2014>

19 58% of looked after children in England and Wales on 31 March 2010 became looked after because of abuse or neglect.

- Adolescent entrants (14%)
- Children seeking asylum (5%)
- Disabled children (3%)¹⁸ (see appendix 3 for further explanatory detail of terms used)²⁰

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 2006.¹⁴

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 wellbeing, 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 general population aged 5 to 15) – conduct disorders being the most prevalent, with others having emotional disorders (anxiety and depression) or hyperactivity²¹. 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, coordination 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 outcomes²² research also demonstrates that maltreated children who remain in care have better long-term outcomes than those who are reunited with their families²³.

Local authorities and healthcare planners and commissioners have statutory duties to safeguard and promote the welfare of children that are in their care²⁴, including ensuring their health needs are fully assessed, that they have a health plan in place which is regularly reviewed and that they

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

21 Mooney A, Statham J, Monock E. *Looked after children: a study to inform revision of the 2002 guidance*. Institute of Education, University of London. 2009.
<https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

22 Office of the Deputy Prime Minister. *A better education for children in care*. Social Exclusion Unit Report. 2003. <http://webarchive.nationalarchives.gov.uk/20130401151715/>
<http://www.education.gov.uk/publications/standard/Safeguardingchildren/Page7/SEU-Report>

23 Wade J, Biehal N, Farrelly N, Sinclair I. *Maltreated children in the looked after system: a comparison of outcomes for those who go home and those who do not*. 2010. London: Department for Education.
<https://www.gov.uk/government/publications/maltreated-children-in-the-looked-after-system-a-comparison-of-outcomes-for-those-who-go-home-and-those-who-do-not>

24 Department for Education and Skills. *Care Matters: Time for Change*. 2007.
<http://webarchive.nationalarchives.gov.uk/20130401151715/>
<http://www.education.gov.uk/publications/eOrderingDownload/cm%207137.pdf>

have access to a range of health services to meet their needs²⁵. These will form key aspects within inspection processes for looked after children's service provision²⁶.

Healthcare 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 improved²⁷. It is therefore crucial for all healthcare 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 healthcare planning, ensure clinical governance arrangements to assure the quality of services for looked after children, and coordinate care for each young person²⁸. 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 home²⁹. 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.

Across the UK, specialist health professionals provide expertise and have specific roles and responsibilities for looked after children³⁰. In England, Northern Ireland³¹, and Wales, Specialist Nurses, Named Professionals, Medical Advisors for Fostering and Adoption and Designated 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:

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- 25 Department of Health, Department for Education. Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. 2015.
 - 26 Ofstead. Integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspections of the Local Safeguarding Children Board: Consultation document. June 2014. <http://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/integrated-inspection-consultation.pdf>
 - 27 Mooney A, Statham J, Monock E. Looked after children: a study to inform revision of the 2002 guidance. Institute of Education, University of London. 2009. <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>
 - 28 NICE. Looked-after children and young people. Public health guidance 28. 2010 (modified April 2013). <http://www.nice.org.uk/guidance/ph28>
 - 29 NHS Education Scotland. A capability framework for nurses who care for children and young people who are looked after away from home. 2009. http://www.nes.scot.nhs.uk/media/245237/nurses_caring_for_children_away_from_home_framework_jan_2009.pdf
 - 30 There are a variety of posts in place across the UK - the Intercollegiate framework acknowledges that titles may vary.
 - 31 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.

In England

- Children Act 1989 and 2004
- Promoting the health and welfare of looked after children³²
- NICE Public health guidance, Looked after children and young people³³
- NICE Quality standard for the Health and wellbeing of looked after children³⁴
- Children and families Act 2014³⁵
- Working Together to safeguard children and young people 2013³⁶
- Care Leaver Strategy³⁷

In Scotland

- Looked After Children (Scotland) Regulations³⁸
- Children and Young People (Scotland) Act 2014.
- CEL 16 (2009)³⁹
- Children's Hearings (Scotland) Act 2011
- Guidance on Health Assessments for Looked After Children and Young People in Scotland, Scottish Government May 2014⁴⁰
- Capability Framework for Nurses who care for Children and Young People who are Looked After Away from Home

In Northern Ireland

- Children (Northern Ireland) Order (1995)
- Department of Health, Social Services and Public Safety , 2004 Protection of Children and 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

32 Department of Health, Department for Education. Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. 2015.

33 NICE. Looked-after children and young people. Public health guidance 28. 2010 (modified April 2013). <http://www.nice.org.uk/guidance/ph28>

34 NICE. Quality standard for the health and wellbeing of looked-after children and young people. NICE quality standards [QS31]. April 2013. <https://www.nice.org.uk/guidance/qs31>

35 Children and Families Act 2014. <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

36 HM Government. Working Together to Safeguard Children. March 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf

37 HM Government. Care Leaver Strategy. A cross-departmental strategy for young people leaving care. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266484/Care_Leaver_Strategy.pdf

38 www.legislation.gov.uk/ssi/2009/210/contents/made

39 www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf

40 www.scotland.gov.uk/publications/2014/05/9977

- 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 future⁴¹

Section A of this document provides a clear framework which identifies the competences required for all healthcare staff. Levels 1-3 relate to different occupational groups, while level 4 and 5 are related to specific roles. **The 2014 version of the framework also includes specific detail for Chief Executives, Chairs, Board members including executives, non-executives and lay members.**

Section B focuses upon education and training, 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 Looked After Children professionals will vary to some degree between the nations as a result of differences in national policy and structures. The terms 'Nurse Specialist,' Medical Advisor for Fostering and Adoption, 'Named' and 'Designated' are used throughout this document, but the key functions described should be applicable to all specialist roles across the UK.

41 Welsh Assembly. Towards a Stable Life and a Brighter Future. June 2007.
<http://wales.gov.uk/docs/caecd/publications/110317stableen.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, health and wellbeing of looked after children and young people, as well as care leavers. 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, young people and care leavers, the nature of their work, and their level of responsibility⁴².

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

Level 1: All staff including non-clinical managers and staff working in healthcare settings⁴³

Level 2: Minimum level for all non-clinical and clinical staff who may have some contact with children, young people and/or parents/carers

Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the health needs of a looked after child/young person or care leaver

Level 4: Specialist medical, nursing and health professionals for looked after children, including Named professionals and Medical Advisors for Fostering and Adoption

Level 5: Designated Professionals

In addition this version of the framework also provides specific detail for Chief Executives, Chairs, Board members including executives, non-executives and lay members.

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

Annual appraisal is crucial to determine individuals' attainment and maintenance of the required knowledge, skills and competence. Employers and responsible officers should assure themselves that appraisers have the necessary knowledge, skills and competence to undertake appraisals and in the case of medical or nursing staff to oversee revalidation. This may involve engaging expertise from outside of organisational boundaries.

⁴² Department of Health, Department for Education. Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. 2015.

⁴³ This is the minimum entry level for all staff working in healthcare settings.

Level 1: All staff working in healthcare settings⁴⁴

Competence at this level is about all clinical and non clinical staff being aware of the processes and terminology relating to looked after children.

Staff groups

This includes, for example, Board level Executives and non-executives, lay members, receptionists, administrative⁴⁵, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, including those non clinical staff working for independent contractors within the NHS such as GPs, optometrists, contact lens and dispensing opticians, dentists and pharmacists, as well as volunteers across healthcare settings and service provision.

Core competences

Competence at this level is about individuals having an understanding of whom looked after children, young people and care leavers are and understanding their role in working together with other professionals to meet the needs of this group of vulnerable children and young people.

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

Knowledge, skills, attitudes and values

All staff at Level 1 should be able to demonstrate the following:

Knowledge

- Know and understand the legal definition/term of who looked after children, young people and care leavers are
- Know about the impact of neglect, physical sexual and emotional abuse on looked after children, young people and care leavers
- Awareness that children in care may still be vulnerable and at risk of abuse and/or neglect
- Know what to do if there are safeguarding concerns about a looked after child, young person or care leavers including local policies and procedures around who to contact, where to obtain further advice and support.
- Know about the importance of sharing information (including the consequences of failing to do so)
- Know what to do if they feel that their concerns are not being taken seriously or they experience

44 This is the minimum entry level for all staff working in healthcare settings and is encompassed within training and education to safeguard children and young people.

45 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, adoption processes and the management of clinical records of looked after children. Specific training and education will need to be provided for administrative staff to ensure additional knowledge, understanding, skills and competence required .

any other barriers in reporting their concerns about a looked after child, young person or care leaver

- Know the risks associated with the internet and online social networking in particular the increased vulnerability of looked after children and young people

Skills

- Able to seek appropriate advice and report concerns, and feel confident that they have been listened to

Attitudes and values

- Willingness to listen to looked after children, young people and care leavers and to act on issues and concerns

Criteria for assessment

- Demonstrates an awareness and understanding of looked after children, young people and care leavers
- Demonstrates an understanding of appropriate referral mechanisms and information sharing i.e. Knows who to contact, where to access advice and how to report

Level 2: All non-clinical and clinical staff who have some degree of contact with looked after children, young people/care leavers and/or parents/carers

Staff groups

This includes administrators for looked after children and safeguarding teams⁴⁶, healthcare students, clinical laboratory staff, phlebotomists, pharmacist, ambulance staff, orthodontists, dentists, dental care professionals, audiologists, optometrists, contact lens and dispensing opticians adult physicians, surgeons, anaesthetists, radiologists, nurses working in adult acute/community services (including practice nurses), allied healthcare practitioners and all other adult orientated secondary care healthcare professionals, including technicians.

Core competences

- As outlined for Level 1
- Uses professional and clinical knowledge, and understanding of who constitutes a looked after child, young person and care leaver and is able to identify any healthcare issues that relate to previous maltreatment or life experience
- Able to identify and refer a looked after child, young person and care leaver suspected of being a victim of trafficking or child sexual exploitation; at risk of FGM or having been a victim of FGM, at risk of exploitation by radicalisers
- Acts as an effective advocate for the looked after child, young person or care leaver
- Recognises the potential impact of previous maltreatment on the health and wellbeing of a looked after child, young person, or care leaver including possible speech, language and communication needs
- Clear about own and colleagues' roles, responsibilities, and professional boundaries, including raising concerns about the care received by the looked after child, young person or care leaver
- As appropriate to role, able to refer to social care if a safeguarding/child protection concern identified in relation to a looked after child, young person or care leaver (aware of how to refer even if role does not encompass referrals)
- Documents safeguarding/child protection/care concerns in relation to the looked after child, young person or care leaver in order to be able to inform the relevant staff and agencies as necessary, maintains appropriate record keeping, and differentiates between fact and opinion
- Shares appropriate and relevant information with multi-disciplinary professionals
- Acts in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act

Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan. Annual appraisal is crucial to determine individuals' attainment and maintenance of the required knowledge, skills and competence.

⁴⁶ 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, adoption processes and the management of clinical records of looked after children.

Knowledge, skills, attitudes and values

All staff at Level 2 should have the knowledge, skills, attitudes and values outlined for Level 1 and should be able to demonstrate the following:

Knowledge

- Awareness of the normal development of children and young people and the impact of previous abuse and neglect, including the short and long term impact of domestic violence on the child's behaviour and mental health, as well as maternal mental and physical health. Speech, language and communication needs could be an indication of the impact of previous abuse, particularly neglect.
- Understand the public health significance of child maltreatment including epidemiology and financial impact
- Understand that certain factors may be associated with child maltreatment, such as child disability and preterm birth, and living with parental mental health problems, other long-term chronic conditions, drug and alcohol abuse, and domestic violence
- Understand the increased needs and vulnerability of looked after children, care leavers and youth offenders and their increased risk of further maltreatment such as child sexual exploitation and children who go missing
- Awareness of the legal, professional, and ethical responsibilities around information sharing, including the use of electronic records, local authority databases, directories and assessment frameworks
- Know best practice in documentation, record keeping, and understand data protection issues in relation to information sharing for safeguarding purposes and in order to promote the health and wellbeing of looked after children, young people and care leavers
- Understand the purpose and guidance in relation to looked after children, young people and care leavers around conducting serious case reviews/case management reviews/significant case reviews, individual management reviews/individual agency reviews/internal management reviews, and child death review processes
- Understand the paramount importance of the looked after child, young person or care leavers' best interests as reflected in legislation and key statutory and non-statutory guidance (including the UN Convention on the Rights of the Child and the Human Rights Act)

Skills

- Able to document health and wellbeing/safeguarding/child protection concerns, and maintain appropriate record keeping, differentiating between fact and opinion
- Able to share appropriate and relevant information between teams – in writing, by telephone, electronically, and in person
- Able to identify where further support is needed, when to take action, and when to refer to managers, supervisors or other relevant professionals, including referral to social services

Attitudes and values

- Recognises how own beliefs, experience and attitudes relating to the life experiences of looked after children, young people, and care leavers might influence professional involvement in caring for this vulnerable group.

Criteria for assessment

- As outlined for Level 1
- Demonstrates awareness of the need to alert primary care professionals (such as the child's GP) and universal services (such as the child's health visitor or school nurse) of health and wellbeing/safeguarding concerns
- Demonstrates accurate documentation of concerns
- Demonstrates an ability to recognise and describe a significant event for the looked after child, young person or care leaver in child protection/safeguarding to the most appropriate professional or local team

Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a looked after child/young person or care leaver

Staff groups

This includes all clinical staff who may 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, allied health professionals, paediatricians⁴⁷ learning disability nurses and GPs⁴⁸.

Core competences

- As outlined for Level 1 and 2
- Able to respond appropriately when working with looked after children 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 as appropriate to role
- Able to initiate interventions to improve child resilience and reduce risk of emotional harm as appropriate to role
- 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

47 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. The legal position in England states that all initial health assessments must be undertaken by a medical practitioner. If healthcare providers under clinical governance processes delegate to registered nurses to undertake initial health assessments the Royal College of Nursing and the Royal College of Paediatrics and Child Health state they must have successfully completed a paediatric assessment module as part of a paediatric advanced practitioner programme as stated at level 4, thereby demonstrating attainment of the required knowledge, skills and competence.

48 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 and 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.

Knowledge, skills, attitudes and values

All staff at Level 3 should have the knowledge, skills, attitudes and values outlined for Level 1 and 2 and should be able to demonstrate the following:

Knowledge

- Understands as appropriate to role, 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 as appropriate to role
- Able to contribute to the statutory health processes and implementation of healthcare plans, undertaking review health assessment when delegated by a lead health professional (a looked after children specialist nurse/Named nurse for looked after children/paediatrician) for the area 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 as appropriate to role
- 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 multiagency 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

Attitudes and values

- As outlined in level 1 and 2

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

Criteria for assessment

- As outlined for Level 1 and 2
- Demonstrates knowledge of patterns and indicators of child maltreatment
- Demonstrates understanding of appropriate information sharing in relation to child protection, children in need and looked after children
- Demonstrates an ability to assess risk and need and instigates processes for appropriate interventions
- Demonstrates knowledge of the role and responsibilities of each agency, as described in local policies and procedures
- Demonstrates critical insight of personal limitations and an ability to participate in peer review

Level 4: Specialist Medical, Nursing and Health professionals for looked after children, including Named professionals and Medical Advisors for Fostering and Adoption^{49, 50}

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 specialist nurses⁵¹, specialist child psychologists, specialist child psychiatrists, named nurses and doctors, GPs with a defined role⁵² 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 1, 2 and 3.

- Able to undertake statutory looked after children/adoption health assessments⁵³, including those with complex healthcare needs⁵⁴
- 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
- 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

49 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

50 See Appendix 1 and Appendix 2

51 The specialist nurse role may provide specific duties for example to residential homes, secure children's homes as well as foster carers

52 GPs who provide health assessments to potential foster parents, GPs who carry out Looked After Children initial and review health assessments, fostering and adoption medical examinations, and review health assessments.

53 In England, the legal position states that all initial health assessments must be undertaken by a medical practitioner. If healthcare providers under clinical governance processes delegate to registered nurses to undertake initial health assessments the Royal College of Nursing and the Royal College of Paediatrics and Child Health state they must have successfully completed a paediatric assessment module as part of a paediatric advanced practitioner programme as stated at level 4, thereby demonstrating attainment of the required knowledge, skills and competence. Review assessments can be undertaken by an appropriate registered nurse or midwife under supervision.

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

- 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 children⁵⁵
- Able to interpret and communicate on a broad range of health information in a social and education context⁵⁶
- Able to contribute to court reports for Care, Placement and Adoption Orders (and equivalent Orders)⁵⁷
- 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 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 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 health, 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 services⁵⁸

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 children⁵⁹
- 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
- 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

55 Department for Education. Statutory guidance SEND code of practice: 0 to 25 years. 2014
<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

56 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

57 Medical advisers compile court reports for Placement and Adoption orders

58 Department of Health, Department for Education. Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. 2015.

59 Department for Education. Statutory guidance SEND code of practice: 0 to 25 years. 2014
<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

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.

Knowledge, skills, attitudes and values

All staff at Level 4 should have the knowledge, skills, attitudes and values outlined for Level 1, 2 and 3 and should be able to demonstrate the following:

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 evidence⁶⁰ and best practice in promoting the health and wellbeing of children in care and those undergoing adoption e.g. NICE/SCIE and SIGN 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

⁶⁰ NHS Education Scotland. A capability framework for nurses who care for children and young people who are looked after away from home. 2009. http://www.nes.scot.nhs.uk/media/245237/nurses_caring_for_children_away_from_home_framework_jan_2009.pdf

- 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
- 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 organisation⁶¹
- 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
- 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

Named professionals for looked after children

Staff groups

This level applies to named doctors and nurses for looked after children

These roles move beyond generic care to a higher level of operational expertise achievable through

⁶¹ NHS Education Scotland. A capability framework for nurses who care for children and young people who are looked after away from home. 2009. http://www.nes.scot.nhs.uk/media/245237/nurses_caring_for_children_away_from_home_framework_jan_2009.pdf

extensive experience and a higher level of education. The named nurse/doctor seeks to improve the health outcomes for looked after children and care leavers by working with the individual, their carers, the corporate family and the wider community to affect change via innovative practice and collaborative working to stimulate the awareness of the health needs of this client group, influencing policies that affect health and the facilitation of health enhancing activities.

The Named nurse/doctor role includes the provision of specialist advice and supervision to staff who have direct contact with looked after children and care leavers. The post holder will ensure a high standard of care is achieved and maintained within their organisation demonstrating effective management and leadership skills.

Additional Competencies

Named professionals should have the core competences, knowledge, skills and attitudes as outlined for level 4. In addition they should be able to

- Engage in effective strategic planning of services for looked after children
- Identify and take responsibility for developing, implementing and reviewing policies, procedures and quality standards that reflect statutory requirements and recommendations of national guidance for looked after children^{62, 63, 64}
- Monitor trends, quality and appropriateness of referrals and identify gaps, duplications, and blockages to systems and take appropriate action.
- Attend appropriate strategy meetings and planning meetings to provide an expert assessment of health risk for looked after children and ensure effective multi-agency working.
- Be able to work effectively on an inter-professional and interagency basis
- Be able to identify unmet health needs/gaps in service provision and promote innovative service solutions.
- Know how to ensure legal processes and requirements for looked after children including after care are appropriately taken.
- Be able to advise other agencies about the health management of Looked after children
- Be able to apply lessons learnt from audit, case management reviews, significant case reviews to improve practice.
- Be able to participate in and chair multi-disciplinary meetings as required.

Attitudes and values

- As outlined in level 1, 2 and 3

62 NICE. NICE public health guidance 28: Looked-after children and young people. April 2013. <http://www.nice.org.uk/guidance/ph28>

63 Department of Health, Department for Education. Promoting the health and welfare of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. 2015.

64 Department of Education. Statutory guidance, Children Act 1989: care planning, placement and case review. April 2014. <https://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review>

Competences should be reviewed annually as part of staff appraisal⁶⁵ in conjunction with individual learning and development plan.

Criteria for assessment

- As outlined for Level 1, 2 and 3
- Demonstrates completion of a teaching and assessment programme⁶⁶ within 12 months of appointment
- Demonstrates an understanding of appropriate and effective training strategies to meet the competency development needs of different staff groups
- Demonstrates completion of relevant specialist looked after children education within 12 months of appointment
- Demonstrates understanding of professional body registration requirements for practitioners
- Demonstrates an understanding and experience of developing evidence-based clinical guidance
- Demonstrates effective consultation with other healthcare professionals and participation in multi-disciplinary discussions
- Demonstrates participation in audit, and in the design and evaluation of service provision, including the development of action plans and strategies to address any issues raised by audit and serious case reviews/internal management reviews/significant case reviews/other locally determined reviews related to looked after children
- Demonstrates critical insight of personal limitations and an ability to participate in peer review
- Demonstrates practice change from learning, peer review or audit.
- Demonstrates contributions to reviews have been effective and of good quality.
- Demonstrates use of feedback and evaluation to improve teaching in relation to looked after children

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

66 This programme could be provided by a professional organisation or a Higher Education Institution

Level 5: Designated professionals for looked after children⁶⁷

Staff groups

This applies to designated doctors and nurses for looked after children.^{68,69,70}

Core competences

- As outlined for Level 1, 2 3 and 4
- Clinically competent in meeting the health needs of looked after children, including those undergoing adoption as *appropriate to role*
- 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
- Gives appropriate advice to looked after children professionals working within organisations delivering health services and to other agencies
- Takes a strategic and professional lead across the health community on all aspects of looked after children
- Provides expert advice to increase quality, productivity, and to improve health outcomes for looked after children and care leavers.
- 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
- 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 provide, support and ensure contribution to the appraisal of health professionals for looked after children and appropriate supervision for colleagues across the health community
- Able to conduct training needs analysis, and commission, plan, design, deliver, and evaluate looked after children training and teaching for staff across the health community
- Able to lead innovation and change to improve looked after children services across the health economy
- Able to provide expert advice to service planners and commissioners, ensuring all services commissioned meet the statutory requirement to promote the welfare of looked after children to include:

67 See appendix 3

68 In Wales, this term refers to the Named Doctor for LAC strategic role. There is no Named Nurse identified.

69 In Wales, the Designated Nurses and Doctors for Safeguarding (including LAC) have all Wales responsibilities for LAC from safeguarding Children Service within Public Health Wales.

70 In Scotland this would refer to the lead paediatrician for LAAC/Clinical Nurse Specialist

- taking a strategic professional lead across every aspect of health service contribution to looked after children within all provider organisations which are commissioned to undertake this service,
 - ensuring robust systems, procedures, policies, professional guidance, training and supervision are in place within all provider organisations commissioned to undertake this service, in keeping with Statutory Guidance recommendations
 - provide specialist advice and guidance to the Board and Executives of commissioner organisations on all matters relating to looked after children including regulation and inspection,
 - be involved with commissioners, providers and partners on the direction and monitoring of looked after children standards and to ensure that looked after children standards are integrated into all commissioning processes and service specifications.
- Able to monitor services across the health community to ensure adherence to legislation, policy and key statutory and non-statutory guidance
 - 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
 - Able to provide an effective contribution to the strategic corporate parenting agenda and the wider children's plan
 - Able to advise and influence service planners/commissioners to promote the coordination and delivery of health services for looked after children across professional and geographic boundaries
 - 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
 - Ensure robust governance arrangements are in place for commissioning of specialist placements where a child or young person is placed away from the responsible local authority to provide continuity of healthcare⁷¹.
 - Have expert knowledge regarding quality of practice and the looked after children journey for looked after children and care leavers.
 - Ensure systems for individual children and young people placed both locally and out of the area are consistent with the guidance on establishing the responsible commissioner.

Knowledge, skills, attitudes and values

Level 5 professionals should have the knowledge, skills, attitudes and values outlined for Levels 1, 2, 3, 4, and be able to demonstrate the following:

⁷¹ In Scotland LAAC health teams often retain responsibility for their out of area placements to ensure continuity. The child will be registered with local GP etc and can access other local services if required. However LAAC overview remains with area of origin. Similarly in England LAC teams maintain an overview of children placed out of area.

Knowledge⁷²

- Advanced and in-depth knowledge of relevant national and international policies and implications for practice
- Advanced expert knowledge regarding quality of practice and the journey for looked after children and care leavers.
- Advanced 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
- Advanced understand of the processes and legislation for looked after children, care leavers, unaccompanied asylum seeking children and those undergoing adoption including after-care/ adoption services
- 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

Skills

- Able to develop, implement and undertake quality assurance measures and processes
- Able to plan, design, deliver and evaluate inter-agency looked after children training for staff across the health community, in partnership with colleagues in other organisations and agencies
- 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
- Able to oversee looked after children quality assurance processes across the whole health community
- Able to reconcile differences of opinion among colleagues from different organisations and agencies
- Able to proactively deal with strategic communications and the media on looked after children across the health community
- Able to work with public health officers to undertake robust looked after children population-

⁷² *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

based needs assessments that establish current and future health needs and service requirements across the health community

- Able to provide an evidence base for decisions around investment and disinvestment in services to improve the health of looked after children and care leavers, and articulate these decisions to executive officers
- Able to deliver high-level strategic presentations to influence organisational development
- Able to work in partnership on strategic projects with executive officers at local, regional, and national bodies, as appropriate
- Able to produce Board level annual reports outlining key performance indicators, gaps in service and information to inform the commissioning cycle
- Able to influence and negotiate collaborative approaches to development of service/ programme areas working in partnership with key stakeholders.
- Able to develop standards, quality assurance and performance frameworks.
- Able to contribute to the strategic local children and young people's plan and the Joint Strategic Needs Assessment for looked after children.

Attitudes and values

- As outlined in Level 1, 2, 3 and 4

Competence should be reviewed annually as part of staff appraisal⁷³ in conjunction with individual learning and development plan.

Criteria for assessment

- As outlined in Level 1, 2, 3 and 4
- Demonstrates advanced knowledge of national looked after children practice and an insight into international perspectives
- Demonstrates contribution to enhancing looked after children practice and the development of knowledge among staff
- Demonstrates knowledge of strategies for looked after children management across the health community
- Demonstrates an ability to conduct rigorous and auditable support and peer review for looked after children professionals, as well as appraisal and supervision where provided directly
- Demonstrates critical insight of personal limitations and an ability to participate in peer review

Designated professionals working within commissioning organisations in England

- Demonstrate knowledge of relevance of looked after children commissioning processes
- Ensures a looked after child focus is maintained within strategic organisational plans and service delivery

⁷³ This may require input from another designated professional from the same discipline from another locality

Board Level for Chief Executive Officers, Trust and Health Board Executive⁷⁴ and non executive directors/members, commissioning body directors

The roles of Chair, CEOs, Executive Board Leads and Board members will be described separately:

Chair

The Chair of acute, mental health and community Trusts, Health Boards and commissioning bodies (and equivalent healthcare bodies throughout the UK) are responsible for the effective operation of the Board with regard to Child Protection and Safeguarding children and young people, looked after children and care leavers

Key Responsibilities for Chairs:

- To ensure that the role and responsibilities of the NHS organisation board in relation looked after children are met
- To promote a positive culture of safeguarding looked after children across the Board through assurance that there are procedures for safer recruitment; whistle blowing; appropriate policies for safeguarding and child protection and that these are being followed; and that staff and patients are aware that the organisation takes child protection and looked after children seriously and will respond to concern about the welfare of children
- To ensure that there are robust governance processes in place to provide assurance on safeguarding and child protection and looked after children
- To ensure good information from and between the organisation board or board of directors, committees, council of governors where applicable, the membership and senior management on safeguarding and child protection'

Chief Executive Officer (CEO)

The CEO of acute, mental health and community Trusts, Health Boards and commissioning bodies (and equivalent healthcare bodies throughout the UK) must provide strategic leadership, promote a culture of supporting good practice with regard to child protection/safeguarding and looked after children within their organisations and promote collaborative working with other agencies.

Key Responsibilities of CEOs

- To ensure that the role and responsibilities of the NHS board in relation to and looked after children are met
- To ensure that the organisation adheres to relevant national guidance and standards for looked after children
- To promote a positive culture of safeguarding children to include: ensuring there are

⁷⁴ In Scotland there is a nominated Board Director in each area with responsibility for Looked After Children (LAC Director). There is also a Child Health Commissioner appointed in every Health Board, many of whom lead on Board wide looked after children health strategy.

procedures for safer staff recruitment whistle blowing; appropriate policies for safeguarding and child protection (including regular updating); and that staff and patients are aware that the organisation takes child protection and looked after children's issues seriously and will respond to concern about the welfare of children

- To appoint an Executive Director lead for looked after children
- To ensure good child protection and safeguarding practice throughout the organisation
- To ensure there is appropriate access to advice from Named and Designated professionals for looked after children
- To ensure that operational services are resourced to support/respond to the demands of safeguarding/child protection needs of looked after children effectively
- To ensure that an effective safeguarding/child protection, looked after children training and supervision strategy is resourced and delivered
- To ensure and promote appropriate, safe, multiagency/interagency partnership working practices and information sharing practices operate within the organisation

Executive Director Lead

There should be a nominated Executive Director board member who takes responsibility for child protection/safeguarding and looked after children issues. The Executive Director lead will report to the NHS Board on the performance of their delegated responsibilities and will provide leadership in the long term strategic planning for safeguarding/child protection, looked after children services for children across the organisation supported by the Named and Designated professionals.

Boards should consider the appointment of a Non-Executive Director (NED) board member to ensure the Organisation discharges its safeguarding and looked after children responsibilities appropriately and to act as a champion for children and young people.

Key Responsibilities of the Board Executive Director lead

- To ensure that looked after children are positioned as core business in strategic and operating plans and structures
- To oversee, implement and monitor the ongoing assurance of looked after children arrangements
- To ensure the adoption, implementation and auditing of policy and strategy in relation to looked after children
- Within commissioning organisations to ensure the appointment of Designated looked after children Professionals
- Within commissioning organisations to ensure that provider organisations are quality assured for their looked after children arrangements
- Within both commissioning and provider organisations to ensure support of named/designated lead professionals across primary and secondary care and independent practitioners to implement looked after arrangements
- To ensure that there is a programme of training and mentoring to support those with responsibility for looked after children.
- Working in partnership with other groups including commissioners/providers of healthcare (as appropriate), local authorities and police to secure high quality, best practice in safeguarding/

child protection for looked after children

- To ensure that serious incidents relating to safeguarding are reported immediately and managed effectively

Key Responsibilities of the Non-Executive Director Board lead

- To ensure appropriate scrutiny of the Organisation's safeguarding performance
- To provide assurance to the Board of the Organisation's safeguarding performance

Core competences

All Board members/commissioning leads should have Level 1 core competencies in safeguarding/ Looked after children and must know the common presenting features of abuse and neglect and the context in which it presents to healthcare staff. In addition Board members/commissioning leads should have an understanding of the statutory role of the Board in safeguarding and looked after children including partnership arrangements, policies, risks and performance indicators; staff's roles and responsibilities for looked after children; and the expectations of regulatory bodies for looked after children and care leaving services. Essentially the board will be held accountable for ensuring looked after children and young people in that organisation receive high quality, evidence based care and are seen in appropriate environments, with the right staff, who share the same vision, values and expected behaviours.

Competences should be reviewed annually as part of appraisal.

Knowledge, skills, attitudes and values

In addition to Level 1 Board members/commissioning leads should have the following:

Knowledge

- Knowledge of public health consequences and financial cost to the health economy of child maltreatment, care of survivors into adulthood and looked after children
- Knowledge of agencies involved in child protection/safeguarding and the care of looked after children and care leavers, their roles and responsibilities, and the importance of interagency co-operation.
- Knowledge about the statutory obligations to work with the local or area child protection committee/safeguarding children's board and other safeguarding agencies and corporate parenting partners including the voluntary sector.
- Knowledge of the ethical, legal and professional obligations around information sharing related to looked after children.
- Knowledge about the statutory obligation to be involved, participate and implement the learning from Serious or Significant Case Reviews (SCRs) and other review processes
- Knowledge about the principles and responsibilities of the organisation's/staff's participation with the Child Death Review Process.
- Knowledge about the need for provision of and compliance with staff training regarding looked after children both within commissioning and provider organisations as an organisational necessity

- Knowledge about the importance of looked after children policies with regard to personnel, including use of vetting and barring and safe recruitment and the requirement for maintaining, keeping them up to date and reviewed at regular intervals to ensure they continue to meet organisational needs
- Knowledge about the regulation and inspection processes for looked after children's services and implications for the organisation if standards are not met by either commissioners or providers
- Knowledge about the importance of regular reporting and monitoring of looked after children's arrangements within provider organisations.
- Knowledge about Board level risk relating to looked after children and the need to have arrangements in place for rapid notification and action on Serious Untoward Incidents
- Knowledge and awareness about the requirement of the Board to have access to appropriate high quality medical and nursing advice on looked after children from lead/ Named/Designated and nominated looked after children specialist professionals

Skills

- To be able to recognise possible signs of child maltreatment as this relates to their role
- To be able to seek appropriate advice and report concerns
- To have the appropriate Board level skills to be able to challenge and scrutinise looked after children information to include performance data, Serious Incidents/serious case reviews (SCRs), partnership working and regulatory inspections to enable appropriate assurance of the organisation's performance in regard of looked after children and care leavers .

Attitudes and values

- Willingness as an individual to listen to looked after children and young people and to act on issues and concerns, as well as an expectation that the organisation and professionals within it value and listen to the views of looked after children and young people.
- Willingness to work in partnership with other organisations/patients and families to promote safeguarding
- Willingness to promote a positive culture around safeguarding within the organisation

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.

Ultimately employing organisations are responsible for assuring that their employees have the knowledge, skills and competence to undertake their roles. Organisations can if they wish seek accreditation from a professional body for any programme of study, however they must assure themselves that any externally contracted provider of safeguarding and looked after children education and training explicitly states how any course or learning opportunity meets the required intercollegiate framework level. Employers must also give consideration to assessing and learning and the long term impact of education and training provided.

Underpinning principles

- Training needs to be flexible, encompassing different learning styles and opportunities, and where possible provided by or in conjunction with local safeguarding and 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.
- Healthcare 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 (NICE, SIGN), analysis of complaints and other patient feedback, and systems of supervision⁷⁵ and/or peer review.

⁷⁵ 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

Levels 1 and 2

The knowledge and skills should be developed as part of the safeguarding education and training programme for level 1 and 2.⁷⁶

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. Paediatricians should be able to demonstrate training to Level 3 Community Child Health competences⁷⁷ and GPs should demonstrate the requirements encompassed within the RCGP framework⁷⁸
- 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, with practitioners accessing relevant training provided by local authorities
- All training and education undertaken must be recorded on completion and reviewed at least annually

Level 4

- Named professionals should attend a **minimum** of 24 hours⁷⁹ of education, training and learning over a three-year period⁸⁰. This could include non-clinical knowledge acquisition such as management or resources, appraisal, and supervision training, as well as skills based such as motivational interviewing⁸¹.
- Training and education may be multi-disciplinary or interagency, with practitioners accessing relevant training provided by local authorities

76 see RCPCH. Safeguarding Children and Young people: roles and competences for healthcare staff 3rd Ed. 2014. http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competerences_for_Healthcare_Staff_02_0....pdf

77 General Medical Council. Community child health curriculum. <http://www.gmc-uk.org/education/25364.asp>

78 Knowledge of child development and child health as described in RCGP curriculum statement <http://www.rcgp.org.uk/gp-training-and-exams>; Knowledge of safeguarding and child protection to level 3 and level 2 of Community Child Health competences in Child Public Health, Behavioural paediatrics and Safeguarding.

79 Equivalent to six Pas/sessions

80 Training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach

81 Those undertaking level 4 training do not need to repeat level 1, 2 or 3 training as it is anticipated that an update will be encompassed in level 4 training

- Named professionals responsible for the training of doctors are expected to have appropriate education for this role
- Named professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines (attendance should be recorded).
- Named professionals should complete a management programme with a focus on leadership and change management⁸² within three years of taking up their post
- Training at level 4 will include the training required at level 1-3 and will negate the need to undertake refresher training at levels 1-4 in addition to level 4.
- In England the legal position states that all initial health assessments must be undertaken by a medical practitioner. If healthcare providers under clinical governance processes delegate to registered nurses to undertake initial health assessments the Royal College of Nursing and the Royal College of Paediatrics and Child Health state they must have successfully completed a paediatric assessment module as part of a paediatric advanced practitioner programme as stated at level 4, thereby demonstrating attainment of the required knowledge, skills and competence. For paediatricians, they must demonstrate Level 3 Community Child Health competences⁸³ and additional training/experience in respect of looked after children.

Level 5

- Designated professionals should attend a **minimum** of 24 hours⁸⁴ of education, training and learning over a three-year period⁸⁵. This could include non-clinical knowledge acquisition such as management or resources, appraisal, supervision training, and the context of other professionals work⁸⁶.
- Training and education may be multi-disciplinary or interagency, with practitioners accessing relevant training provided by local authorities
- Designated professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and National level, according to professional guidelines (attendance should be recorded).
- An executive level management programme with a focus on leadership and change management⁸⁷ should be completed within three years of taking up post
- Training at level 5 will include the training required at level 1-4 and will negate the need to undertake refresher training at levels 1-4 in addition to level 5.

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

83 General Medical Council. Community child health curriculum.
<http://www.gmc-uk.org/education/25364.asp>

84 Equivalent to six Pas/sessions

85 Training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach

86 Those undertaking level 5 training do not need to repeat level 1, 2, 3 or 4 training as it is anticipated that an update will be encompassed in level 5 training

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

Board Level for Chief Executive Officers, Trust and Health Board Executive and non executive directors/members, commissioning body directors

This will require a tailored package to be delivered which encompasses level 1 knowledge, skills and competencies, as well as that specific to Board level in order to acquire the knowledge, skills and competences to fulfil their role and responsibilities.

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Appendices

Appendix 1: The role of specialist Medical, Nursing and Health advisors for looked after children^{88, 89}

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

1. Person specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (Named and Designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The **specialist doctor**⁹⁰ 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 and be of good professional standing⁹¹

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))

88 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

89 Should be read in conjunction with Level 4 competencies, knowledge and skills outlined within the document

90 Could undertake Medical Adviser role for adoption and fostering

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

- 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

2. Job description for all specialist LAC health professionals

- Support the named nurse and doctor 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

3. 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

4. Leadership and advisory role

- Support the named nurse and doctor to advise the board of the healthcare organisation about looked after children
- Contribute to the planning and strategic organisation of provider services for looked after children
- Work with named 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, including involvement in fostering and adoption panels according to local arrangements

5. 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

6. Coordination and communication

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

7. Governance: policies and procedures

- Support the named nurse and doctor to ensure that the healthcare 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

8. Training

- Work with named and designated looked after children professionals locally to agree and promote training needs and priorities
- Support the named and 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
- Support the named and designated professionals to evaluate training and adapt provision according to feedback from participants
- Tailor provision to meet the learning needs of participants

9. Monitoring

- With the named nurse/doctor 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

10. Supervision

- Engage in appraisal, support and supervision for colleagues in the team/organisation
- Contribute to individual case supervision

11. Personal development

- Meet the organisation's requirements for training attendance
- Attend relevant 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

12. Appraisal

- Receive annual appraisal⁹² from a professional with specialist knowledge of looked after children and with knowledge of the individual's professional context and framework⁹³

⁹² For nurses, midwives, health visitors and relevant health staff reference should be made to the NHS Knowledge and Skills Framework

⁹³ The appraiser should consult with someone with specialist knowledge and experience

13. Accountability

- Be accountable to the chief executive of the employing body
- Report to the named nurse/doctor with primary responsibility for children's services and looked after children within the organisation

14. 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

15. 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 healthcare organisation, and the level of development of local structures, process and function
- The healthcare organisation should supply dedicated secretarial and effective support
- Given the stressful nature of the work, the healthcare organisation should provide focused support and supervision for the specialist professional

The tables below are a minimum guide to the resources required for the roles.

Medical Adviser for Fostering and Adoption

A minimum of 2 sessions/PAs (8 hours or 0.2 whole time equivalent) for approximately 400 children per medical advisor. This would include undertaking a medical, preparing reports and attending fostering/adoption panel.

Looked after children's Specialist Nurse

A minimum of 1 WTE* specialist nurse per 100 looked after children

*The required number of looked after children's specialist nurses will also depend on the complexity of caseload, geography, population and size of the catchment area served.

Appendix 2: Named Nurse and Named Doctor for looked after children^{94, 95}

All healthcare staff need education, support and leadership both locally and nationally in order to fulfil their duties to meet the needs of children and young people.

This section provides additional guidance and aids interpretation of the competence statements in the Competency Framework.

The generic model job descriptions can be amended as appropriate according to national and local context

It should be noted that the Named and Designated professional are distinct roles and as such should ideally be separate post holders to avoid potential conflict of interest.

Model job description

The job descriptions of Named 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

1. Person Specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (Named and Designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

The **named nurse** should:

- Hold a senior level post. 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 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 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

94 Includes those with specific roles such as Named Looked After Children's Nurses/doctors in England, lead LAC health professionals, specialist nurses for Looked After Children

95 Should be read in conjunction with Level 4 competencies, knowledge and skills outlined within the document

The **named 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 and be of good professional standing⁹⁶

2. Duties for all named professionals

The **Named professionals** will:

- Support all activities necessary to ensure that the organisation meets its responsibilities for looked after children and young people
- 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's health team

3. Inter-agency responsibilities

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

4. Leadership and advisory role

- Support and advise the board of the healthcare organisation about looked after children and young people
- Contribute to the planning and strategic organisation of provider services for looked after children
- Work with other named, specialist and designated professionals to plan and develop the healthcare organisations strategy for services for looked after children
- Ensure advice is available to other professionals and services across the organisation on day to-day issues about looked after children and their families, including involvement in fostering and adoption panels according to local arrangements

5. Clinical role

- When required 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

⁹⁶ Refers to doctors who are on the GMC register and who are up to date with their professional CPD - <http://www.gmc-uk.org/>

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

6. Coordination and communication

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

7. Governance: policies and procedures

- Work with the specialist and Designated professionally to ensure that the healthcare 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

8. 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
- Support the specialist and designated professionals in the evaluation of training and adapt provision according to feedback from participants
- Tailor provision to meet the learning needs of participants

9. 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

10. Supervision

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

11. 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

12. Appraisal and Job Planning

- Receive annual appraisal⁹⁷ from a professional with specialist knowledge of looked after children and with knowledge of the individual's professional context and framework⁹⁸

13. 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 looked after children's services within the organisation

14. 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

15. 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 healthcare organisation, and the level of development of local structures, process and function
- The healthcare organisation should supply dedicated secretarial and effective support
- Given the stressful nature of the work, the healthcare organisation should provide focused support and supervision for the specialist professional

The tables overleaf are a minimum guide to the resources required for the roles.

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

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

Named Doctor for Looked after Children

Minimum requirement includes one administration session per clinic (see British Association of Community Child Health guidance). Up to four looked after children for health assessment per clinic. 42 clinics scheduled per annum.

Minimum of 1 PA (equivalent to 0.1 WTE or 4 hours per week) for named doctor role per 400 looked after children. This would include training, audit and supervision.

Named Nurse for Looked after Children

A minimum of 1 dedicated WTE Named Nurse for looked after children for each looked after children provider service.

If the Named Nurse has a caseload the maximum caseload should be no more than 50* looked after children in addition to the operational, training and education aspects of the role

A minimum of 0.5WTE dedicated administrative support

*The precise caseload of looked after children held by the Named Nurse will be dependent on the complexity, geography, population and size of the catchment area served

Appendix 3: The role of designated health professionals⁹⁹

Model job description

The designated doctor and nurse role is to assist service planning/ and in England to advise clinical commissioning groups in fulfilling their responsibilities as commissioner of services to improve the health of looked after children^{100,101}. 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.

It should be noted that the Named and Designated professional are distinct roles and as such should ideally be separate post holders to avoid potential

The designated role is intended to be a strategic one, separate from any responsibilities for individual children or young people who are looked after conflict of interest.

1. Person specification

The post holder must have an Enhanced Criminal Records Bureau Check/Enhanced Disclosure. (Named and Designated professional posts comprise a registered activity under the Disclosure and Barring Service (DBS) for England and Wales, Disclosure Scotland (for Scotland) and Access Northern Ireland in Northern Ireland.

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 nurse¹⁰²** will:

- Be a senior nurse or health visitor;

99 Should be read in conjunction with Level 5 competencies, knowledge and skills outlined within the document

100 In Wales, this term refers to the Named Doctor for LAC strategic role. There is no Named Nurse identified.

101 In Wales, the Designated Nurses and Doctors for Safeguarding (including LAC) have all Wales responsibilities for LAC from safeguarding Children Service within Public Health Wales.

102 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

- 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

2. Job description

- 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
- Advise and support all specialist LAC professionals across the health community
- 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:

3. Inter-agency responsibilities

- Be a member of the Corporate Parenting Board, Health and Wellbeing/Children's Trust Board and Local Safeguarding Children's Board or equivalents in NI, Scotland and Wales
- Provide health advice on policy and individual cases to statutory and voluntary agencies, including the Police and Children's Social Care

4. 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 healthcare 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, healthcare 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, including involvement in fostering and adoption panels according to local arrangements

5. 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

6. Coordination, 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

7. 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 healthcare 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 healthcare 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

8. Training responsibilities

- Advise commissioning bodies' 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 and multi-agency training

9. 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

10. 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)

11. Appraisal

- Receive annual appraisal¹⁰³. 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 locally¹⁰⁴

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

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

12. Accountability

- Designated professionals should report to the Safeguarding Executive Lead for the Clinical Commissioning Group¹⁰⁵ and the employing Health Organisation if different from the Clinical Commissioning Group, the Public Health lead for children in the local authority, and the Corporate Parenting Board
- Designated Professionals should be performance managed as above 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

13. 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

14. 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 healthcare 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 provided¹⁰⁶

The tables below are a minimum guide to the resources required for the roles.

Designated Doctor for looked after children

A minimum of 8 hours per week or 0.2 WTE per 400 Looked after children population (excluding any operational activity such as health assessments). Activities include provision of strategic advice to commissioners/service planners, preparation of annual health report along with designated nurse, advice regarding policies, adverse events, training and supervision.

¹⁰⁵ 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

¹⁰⁶ 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

Designated Nurse for looked after children

A minimum of 1 **dedicated** WTE* Designated Nurse Looked After Children for a child population of 70,000

A minimum of 0.5WTE dedicated administrative support to support the Designated Nurse Looked After Children

*While it is expected that there will be a team approach to meeting the needs of looked after children and young people the minimum WTE Designated Nurse Looked After Children may need to be greater dependent upon the number of Local Safeguarding Children's Boards, sub group committees, unitary authorities and clinical commissioning groups covered, the requirement to provide Looked After Child supervision for other practitioners, as well as the geographical areas covered, the number of children looked after and local deprivation indices

Appendix 4: Reasons children are in care¹⁰⁷

Sinclair *et al*¹⁰⁸ 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 neglect¹⁰⁹.

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

108 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

109 58% of looked after children in England and Wales on 31 March 2010 became looked after because of abuse or neglect.



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