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Leicestershire Procedure

Enduring Consent for Health

Applies to-

Children in Care

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3.1 Good Health Assessment and Planning

Role of Social Worker in Promoting the Child's Health

The social worker has an important role in promoting the health and welfare of Looked After Children:

- Regardless of type of placement
- Working in partnership with parents and carers to contribute to the Health Plan;
- Ensuring that consents and permissions with regard to delegated authorities are obtained to avoid any delay. If a child is accommodated under S.20, the local authority cannot consent as it does not have parental responsibility. Parental/carer consent, or child consent depending on age and understanding, is required.

If the child is accommodated under a Care Order, then the local authority does share parental responsibility with the parent or carer and every effort should be made to obtain consent.

If a Placement Order is made, the local authority has parental responsibility and can restrict parent's parental responsibility.

Note: however, should the child require emergency treatment or surgery, then every effort should be made to contact those with parental responsibility to both communicate this and seek medical consent where appropriate. Nevertheless, this must never delay any necessary medical procedure (see **Section 3.5, Consent to Health Care**):

- Ensuring that any actions identified in the Health Plan are progressed in a timely way by liaising with health relevant professionals;
- In recognising that a child's physical, emotional and mental health can impact upon their learning, where this is necessary, liaising with the Virtual School Head to ensure as far as possible this is minimised for the child. (Should there be any delay in the child's Health Plan being actioned, the impact for the child with regard to their learning should be highlighted to the relevant health or education practitioners e.g. in the case of a child having an Education Health and Care Plan);
- Supporting the Looked After Child's carers (whether that be foster care or residential care) in meeting the child's health needs in a holistic way; this includes sharing with them any health needs that have been identified and what additional support they should receive, as well as ensuring they have a copy of the Placement Plan and Care Plan;
- Where a Looked After Child is undergoing health treatment, monitoring with the carers how this is being progressed and ensure that any treatment regime is being followed;

- Communicating with the carer's and child's health practitioners, including dentists, those issues which have been properly delegated to the carers;
- Social workers and health practitioners should ensure the carers have specific contact details and information on how to access relevant services, including CAMHS;
- Ensuring the child has a copy of their health plan.
- The child's social worker and IRO have a role to play in monitoring the implementation of the health plan as part of the wider care plan and placement plan.

It is important that at the point of accommodating a child, as much information as possible is understood about the child's health, especially where the child has health or behavioral needs which potentially pose a risk to themselves, their carers and others. Any such issues should be fully shared with the carers, together with an understanding as to what support they will receive as a result.

The local authority that looks after a child must take all reasonable steps to ensure that the child receives the health care services he or she requires as set out in their health plan. Those services include mental health services, medical and dental care treatment and immunisations

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3.2 Frequency of Health Care Assessments

Each Looked After Child must have a Health Care Assessment at specified intervals as set out below.

- The first Assessment must be conducted before the first placement or, if not reasonably practicable, in time for the Health Care Plan before the child's first Looked After Review (unless one has been done within the previous 3 months) and a written report made available to the local authority;
- For children under five years, further Health Care Assessments should occur at least once every six months;
- For children aged over five years, further Health Care Assessments should occur at least annually.

If a child is transferred from one Looked After Placement to another, it is not necessary to plan an assessment within the first month. In these circumstances, the social worker should furnish the carer/residential staff with a copy of the child's Health Care Plan.

If no plan exists, the social worker should arrange an assessment so that a plan can be drawn up and available for the child's first Looked After Review which will take place within 20 working days.

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3.3 Who carries out Health Assessments?

The first Health Care Assessments must be conducted by a registered medical practitioner. Subsequent assessments may be carried out by a registered nurse or registered midwife under the supervision of a registered medical practitioner, who should provide the social worker with a written report (See Arranging Health Care Assessments).

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3.4 Arranging Health Care Assessments

The Social Worker should liaise with the carer/residential staff to arrange the first assessment with a designated doctor or Designated Nurse for Looked After Children, or in accordance with local arrangements.

Before a Health Assessment takes place, social workers must complete Part A of the CoramBAAF 'Initial Health Assessment Form' to ensure it is available at the time of the appointment.

In order for the Health Assessment to be conducted, the social worker must ensure that the parent(s) have given consent - this will usually be recorded on the Placement Information Record/Initial Health Assessment Form at the point of becoming Looked After.

The health professional conducting the assessment will complete a relevant CoramBAAF Form and a Health Plan, which should be passed to the child's social worker - who should give copies to carers/residential staff.

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3.5 Consent to Health Care Assessments

In order for the Health Assessment to be conducted, the social worker must ensure that those with parental responsibility have given consent by signing the 'On-going Delegated Consent form' – see Appendix 1.

*The Consent form is **enduring** unless withdrawn and should go with the child if he/she changes placement. It should be held in the case file on the child's records in the document area and a case note should be created using the drop-down options a. Health: Enduring consent received or b. Health: Enduring consent denied.*

*Enduring consent cannot be used to access parental information for adoption purposes

*Enduring consent must seek the consent of the young person if they are of an age and understanding to have the ability to consent – this should be a matter for discussion at the LAC Reviews

* Enduring consent should be reviewed at all LAC Reviews.

The following exceptions to enduring consent apply:

- For major planned operation specific consent to that operation **must** be obtained from at least one person with parental responsibility
- Immunisations - the consent form sets out all types of immunisations with a yes/no box next to them so that the person giving the consent has a specific choice over each type of immunisation.
- Signature/consent: at least one person with PR should sign. However, if it is known that there are other persons with PR they should also be given the opportunity of signing the form or at least consulted on its contents.
- Enduring consent cannot be used to access parental information for adoption purposes.

A valid consent will be necessary for a Health Care Assessment. Who is able to give this consent will depend on the age and understanding of the child and the child's legal status. In the case of a very young child, the local authority as corporate parent can give the consent depending on the legal status of the child. Individual's with parental responsibility should be asked to consent. An older child with mental capacity may be able to give their own consent.

Young people aged 16 or 17

Young people aged 16 or 17 with mental capacity are presumed to be capable of giving (or withholding) consent to their own medical assessment/treatment, provided the consent is given voluntarily and they are appropriately informed regarding the particular intervention. If the young person is capable of giving valid consent, then it is not legally necessary to obtain consent from a person with Parental Responsibility.

Children under 16 – 'Gillick Competent'

A child of under 16 may be Gillick Competent to give (or withhold) consent to medical assessment and treatment, i.e. they have sufficient understanding to enable them to understand fully what is involved in a proposed medical intervention.

In some cases, for example because of a mental disorder, a child's mental state may fluctuate significantly, so that on some occasions the child appears Gillick Competent in respect of a particular decision and on other occasions does not.

If the child is Gillick Competent and is able to give voluntary consent after receiving appropriate information, that consent will be valid, and additional consent by a person with parental responsibility will not be required.

Children under 16 - Not 'Gillick' Competent

Where a child under the age of 16 lacks capacity (keeping in mind that capacity is time and decision specific) to consent (i.e. is not Gillick Competent), consent can be given on their behalf by any one person with Parental Responsibility. Consent given by one person with Parental Responsibility is valid, even if another person with Parental Responsibility withholds consent. (However, legal advice may be necessary in such cases). Where the local authority and hold parental responsibility, as corporate parent , is giving consent, the ability to give that consent may be delegated to a carer (foster carer or registered manager of the children's home where the child resides) as a part of 'day-to-day parenting', which will be documented in the child's Placement Plan (see **Delegation of Authority to Foster Carers and Residential Workers Procedure**).

For further information on consent, see **Department of Health and Social Care Reference Guide to Consent for Examination or Treatment** and Health and Well-being of looked after children statutory guidance March 2015.

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