

Looked After Children & Young People GP and Practice Staff Resource Pack



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**Produced by the Designated Doctor for Looked After
Children and Designated Nurses for Looked After Children
(NHS Shropshire, Telford and Wrekin CCG)**

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What is a Looked After Child?

A child is looked after by a local authority if they are in the care of the local authority by reason of a Care Order (where the local authority shares parental responsibility with the parent) or if they are being provided with accommodation under the Section 20 of the 1989 Children Act (i.e. voluntary care, where the local authority does not have parental responsibility for the child). See “Categories of Looked after Children” for more details.

Primary Care plays a vital role in improving health and well-being for Looked After Children.

In conjunction with local authorities, health services hold a ‘corporate parenting responsibility’ for children in care.

There were 80,080 children in care of Local Authorities on 31st March 2020 an increase from 78,150 children on 31st March 2019 and 75,370 on the 31st March 2018 demonstrating a 5% increase. On 31st March 2017 this figure was 72,670; depicting an increasing number of children entering care year on year.

The rate of looked after children per 10,000 under 18 years on 31st March 2020 was 67 an increase from 65 in 2018, and from 64 in 2018 and 60 in the previous four years.

The term ‘looked after children and young people’ refers to those who have become the responsibility of the Local Authority. It includes children subject to a care order; those temporarily looked after for short breaks or respite care; and those who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

The most common reason for children and young people coming into care is abuse or neglect while in the care of their own family.

The majority will be placed with foster carers (including family members who have been approved as ‘kinship’ or ‘family and friends’ foster carers). A small proportion will be placed in residential or secure children’s homes, other specialist residential care homes or remain living with their parents while subject to a Care Order.

Older young people may be placed in independent, ‘semi-independent’ or supported accommodation.

At the end of end of January 2021 there were 427 looked after children in Telford & Wrekin and 494 in Shropshire; the numbers of Looked After Children have increased locally during the last year; nationally the numbers have also seen a considerable increase. Children placed into Shropshire from other areas total 529 and into Telford & Wrekin 249.

Why is Statutory Guidance needed for the care of Looked After Children in General Practice?

Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect (Promoting the Health of looked after Children 2015).

Looked after children show significantly higher rates of mental health issues including anxiety, depression; emotional disorders such as attachment disorder, hyperactivity and autistic

spectrum disorder conditions. They also have lower immunisation rates when they become looked after, and are more likely to have missed routine health and development checks.

Two thirds of looked after children have been found to have at least one physical health complaint, such as speech and language problems, coordination difficulties, bedwetting, and eye or sight problems. They are more likely to have poorly treated complaints (eg eczema / asthma) and poor dental health.

Looked after children have lower educational achievement and two thirds have special educational needs. There are more children with disabilities and learning difficulties in care compared to the general population.

The health and wellbeing of young people leaving care is poorer than their peers:

- Almost half of young women leaving care become pregnant within 18 to 24 months.
- Care leavers are at increased risk of substance misuse, mental health problems and offending with 23% of the adult prison population having been in care.

The fact that longer-term outcomes for Looked After Children remain far worse than those of their peers, is evidence of an important health inequality.

Primary Care Services have an important role to play in the identification of the individual health care needs of children and young people who are looked after. They often have prior knowledge of the child or young person looked after, of the birth parents and of carers, helping them to take a holistic and child-centred approach to health care decisions and may also have continuing responsibility for the child or young person when they return home.

This guidance is based on the following key documents:

[Statutory Guidance: Promoting the Health and Welfare of Looked After Children 2015](#)

Keep On Caring: Supporting Young People from Care to Independence HM Government 2016

<https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence>

NICE Guidance: Looked After Children and Young People Public Health Standard 2010 updated 2015. <http://www.nice.org.uk/guidance/PH28>

NICE Guidance: Looked After Children and Young People Quality Standard 2013 [Looked-after children and young people | Guidance and guidelines | NICE](#)

Additional advice and practice guidance on promoting the health and wellbeing of Looked After Children can be found in [Section 7 of the RCGP/NSPCC Safeguarding Children & Young People Toolkit for General Practice \(2014\)](#)

What are Primary Care Services Statutory Responsibilities to Looked After Children?

(Promoting the health and wellbeing of looked after children 2015)

- To provide health summaries for initial and review health assessments to ensure that a holistic assessment can be carried out. (You will be sent an email request by the Shropshire Community Health Trust LAC team and asked to complete a simple proforma which was devised by the Team on EMIS). This will also happen for Care Leavers who also require an EMIS summary to be completed; this enables robust information to be provided to a child leaving care.
- To maintain a record of the LAC health assessment and contribute to any relevant action within the health care plan.
- To ensure timely, sensitive access to a GP or other appropriate health professional when a looked after child requires a consultation.
- To ensure that referrals to specialist services are made in a timely manner as often looked after children have frequent placement moves.
- To ensure that the GP record is updated and shared with relevant health professionals to ensure that they have an overview of the child's health needs, and what health care decisions have been planned and implemented.
- To act as an advocate for the health of looked after Children.
- Looked after Children should be registered as permanent patients where possible, enabling the GP to have the best possible access to the relevant medical records.
- To deliver the best possible medical care to the child or young person, General Practice needs to have the best possible access to the relevant medical records. Treating a patient as a temporary resident is not ideal as the medical record is not available to the treating practitioner. In these circumstances, the treating practitioner will normally wish to talk to the child or young person's registered practitioner to avoid treating the patient "blind". It should be remembered that temporary registration is for those who intend to be in an area for less than three months and where there is any doubt over the potential length of stay it would be advisable to opt for full registration.

Guidelines for the Care of Looked After Children in General Practice

At Registration

A child may be identified as Looked After through the Young Persons Registration form, information volunteered by a Carer or Social Worker, on receipt of Statutory Health Review report or following enquiry by the practice when a child (other than a new born baby) is registered within an existing household.

Once Looked After Status is confirmed the practice should:

- Accept the child / young person as a fully registered patient wherever practicable and if not possible eg. if a child is on holiday with foster carer then register as temporary patient but ensure that lead professional (see below) contacts the registered GP.
- Ensure that the following essential information is gathered and recorded in an easily retrievable manner:

- Name of Carer/s
 - Name and contact details for their allocated Social Worker
 - Parental Responsibility (in order to clarify any consent issues)
 - Other agencies involved
- This information may need to be obtained from the Carer at this stage as previous records may not be available. Advice and information may also be available from the Health Professional with responsibility for Looked After Children (see Key Contacts).
 - Highlight the medical record in such a way as to ensure that all team members are aware of the child/young person's Looked After status and adding the Looked After Child read code to the summary screen.
 - Request previous records urgently and summarise them as a priority ensuring that all relevant health and social information is added to the summary screen.
 - Identify a lead professional within the practice who will be responsible for reviewing the record on a quarterly basis to ensure all identified health needs are being addressed and for providing reports for statutory reviews when requested.
 - Invite the child/young person to a new patient medical with an appropriate professional. For all children this will serve to open communication with them and their carer including ascertaining whether they have delegated authority to consent and is an opportunity to identify any unmet need while awaiting previous records. For older children it will also provide a valuable health promotion opportunity including contraceptive and sexual health advice as appropriate and additionally review immunisation status.
 - Any young person who is LAC is alerted to this via the CP-IS on the summary care record which GPs have access to.
 - The GP and LAC Health Team are notified of All LAC attending SATH either as an inpatient / or via the Emergency Department.

Accessing Healthcare

Continuity of care is particularly pertinent to this group of children and wherever possible they should be seen by the same GP / Practice Nurse and should not be seen by locum staff.

Record Keeping

The lead health record for the looked after child should be the GP held record. A copy of the health assessment and multi-agency care plan should be part of this.

Children placed into Shropshire / Telford from other areas

Currently there are 529 children placed into Shropshire from other areas and 249 placed into Telford & Wrekin.

The Designated Nurses, Doctor, Looked After Children Health Team, BeeU often engage in work around children and young people placed into the pan-Shropshire area.

Within Shropshire, Telford & Wrekin there are over 100 settings where children could be placed. West Mercia Police have dedicated Police staff and ensure links are established with settings across the area.

The Health staff; often liaise with placing areas in to ensure completion of statutory health assessments when requested and often in times of crisis of children to ensure that children are able to access local services whilst in the Shropshire area. Children and young people should be able to access service provision wherever placed so it is important to ensure that the Health Team are aware of children within the area, If you are concerned about a child placed into the area and are unsure if the LAC Health Team are aware; please ensure you contact;

shropcom.shropshirelachealthteam@nhs.net

The LAC Health Team in Shropshire Community Health Trust ensure that when we receive notifications of children placed into the area; this information is entered on the Health system to ensure that a robust set of information is available pertaining to children placed.

Information Sharing

The lead professional will ensure that the relevant information is provided in a timely manner when requested for statutory review of the health multi-agency care plan.

As central record holder it is imperative that all relevant information is passed on to facilitate holistic care and effective risk assessment and this should include information from secondary care, casualty departments and so forth as well as consultations at the practice.

- ***Ensure that upon request from Shropshire Community Health Trust Looked After Children staff that the GP EMIS proforma requesting information to contribute to a child young / health assessment or care leaver summary is completed and returned within a 5 working day period.***

Referrals

The practice will ensure that all referrals highlight the Looked After Status of the child / young person to allow any mechanisms in place in the receiving organisation to respond (some departments have the ability to prioritise these referrals for looked after children).

Advocacy

The practice (most likely in the form of the lead professional) will at all times act as advocate for the child/young person and liaise with appropriate professionals to ensure all their needs are identified and addressed.

Independent Advocates / Independent Visitors

In addition to the important advocacy role that health practitioners play, local authorities can provide specialist Independent Advocates for Looked After Children and Young People. They can support the child or young person at important meetings and/or if they feel that they have a concern or need to make a complaint.

Consent and Parental Responsibility

Each and every healthcare intervention requires the health practitioner to discuss the risks and benefits of the prescribed treatment and seek the patients consent to that treatment.

Where a child is not considered able to give consent for a planned procedure or intervention, the practice must ensure that they have consent from an individual holding Parental Responsibility (PR) and should ensure that this is recorded clearly in the notes.

Definition of PR: "All the rights, powers and duties of parents in relation to a child and his property"

According to Section 3, Children Act 1989:

- PR is 'shared' between parents and the local authority if the child is cared for under an order imposed by the courts, i.e. Section 31 Full Care Order or Section 38 Interim Care Order, or a Section 44 Emergency Protection Order.
- Birth parents retain full PR if child is cared for under a Section 20 Voluntary Agreement.

Clarification of PR for the child should have been gathered at the time of registration (see pg.4), but where there is any doubt the procedure should be deferred and the child's allocated Social Worker contacted for clarification.

As described above, consent in relation to a child can only be given by the person who holds Parental Responsibility (PR) for the child except in a situation where:

- **The child's life is threatened and emergency treatment is needed - in an emergency situation health professionals are allowed to act in the child / young person's best interest.**

In addition, prescribing health practitioners may decline to provide treatment if they consider that the person who holds PR, or the child if aged 16 or 17 years, does not have the capacity (Mental Capacity Act 2005). Under these circumstances, other routes to obtaining consent may be taken, such as seeking the decision of a court of law.

In terms of consent and confidentiality for a competent Looked after Child, it is the same GMC guidance followed as all other children: If the child refuses consent to share

information with Social Worker or Carer, unless there is safeguarding concerns we do not share the information with Social Services or carers. This is why we have the Part B and C in Coram BAAF (B is for health professionals, Part C is for carers and SW).

Delegated Authority

Carers (foster carers, residential children's home staff etc.) do not automatically have PR for a Looked After Child and therefore cannot be presumed to be able to provide consent.

However, in a bid to ensure that Looked After Children receive as 'normal' a childhood as possible, delegated authority is used by the local authority to give carers as much responsibility as possible for day to day decision making for children in their care. So, for example, foster carers no longer have to request permission from the child's Social Worker for the child to be allowed to stay over at a friend's house, or to leave the child with a trusted babysitter, when they go out for the evening etc. When children are placed 'permanently' with a foster carer it is expected that the foster carer will take more responsibility for decision making. So, for example, they may be given the responsibility for deciding what school the child attends.

The birth family share parental responsibility with the local authority when the child is Looked After under any care order, therefore the extent of authority 'delegated' to a foster carer will need to be negotiated with the birth family and may differ for different children. There should be a clear agreement in place clarifying who is able to make decisions regarding the child's care.

In relation to the child's health, delegated authority for carers will usually cover routine developmental, dental, hearing and optician checks and the provision of simple over the counter medications where appropriate and safe for the individual child.

Carers are also able to give consent for emergency medical treatment if the child's life is threatened.

However, Delegated Authority does not cover routine medical treatment; consent for this should always have been obtained by completion of the local authority's medical consent form, which is signed by the birth family at the beginning of the child's placement.

In cases where need arises for planned treatment including surgical interventions or anaesthetic the child's Social Worker will seek consent from the birth family and/or Social Care Service Manager.

The child's allocated Social Worker will have details of the delegated authority agreement and consent for routine medical treatment. Where there is any doubt, the procedure should be deferred and the child's allocated Social Worker contacted for clarification.

Looked After Children's Health Reviews

Initial Health Assessments

An initial health assessment should be undertaken within 20 working days of the child becoming looked after. It is undertaken by the Community Paediatric Team.

Annual Review Health Assessments and Care Leaver Health Assessments

Specialist Nurses from the Children and Young People's Health Service for Looked After Children undertake all subsequent Annual (or bi-Annual for 0-5's) Review Health Assessments for Looked After Children and Care Leavers unless it has been deemed necessary for a child to have their assessment completed by a doctor or other health professional. This should include a dental check, or an oral check for 0-5's.

The Nurse Specialist and Nurse Advisors from the Looked After Children Health Team offer all Shropshire and Telford & Wrekin Local Authority Care Leavers a Leaving Care Health Summary (Health Passport) prior to their 18th birthday.

Looked After Children's Emotional and Mental Health

The Emotional Well Being and Mental Health Service BeeU <https://camhs.mpft.nhs.uk/beeU> provides a range of information, support, assessment and intervention for children and young people and their carers.

The service can work directly with the child / young person and help them understand, come to terms and find ways to cope with their feelings, behaviours or mental health difficulties. They aim to provide the best possible outcomes for these children and their needs are central to all services provided by the team. Information about emotional health and well-being and online support can also be accessed online via www.kooth.com.

Where it is identified that a young person has mental health concerns or complex need an initial assessment is undertaken. The assessment will either be in the form of a multi-agency consultation for carers and professionals to formulate the needs of the young person and to develop a multi-agency plan or via a direct assessment with the young person and those working with them.

Depending on need a range of therapeutic interventions can be provided including attachment based therapy, counselling, EMDR, systemic psychotherapy and cognitive behavioural therapy with the child or young person and/or carer when appropriate.

Categories of Looked After Children

- A child or young person is 'Looked After' under the **Children Act, 1989** if he/she is accommodated by the local authority:
- Under a **Section 20 Voluntary Agreement** with parental consent or own consent if aged 16 or 17.
- Subject to a care order imposed by the courts (**Section 31 Full Care Order** or **Section 38 Interim Care Order**).
- Subject to a **Section 44 Emergency Protection Order** while a **Section 47 Child Protection Investigation** take place.
- Is remanded (awaiting criminal trial or sentencing) to a local authority placement (foster home, supported lodgings etc.) or youth detention accommodation (**Section 21**).

- Subject to a Secure Order (**Section 25**) and placed in secure accommodation. Home Office approval is required for children under 12 years of age.

Any young person who has been in care at any time during their childhood is considered to be vulnerable and at greater need until at least their 21st birthday (24 if in education or disabled).

In relation to out of area looked after children (children placed from another area into Telford & Wrekin and Shropshire); the process wholly remains the same in terms of referral; however funding reference needs to be established; once this occurs the service proceeds with the referral.

Care Leavers

A Care Order can last until the child is aged 18. When Looked After Children reach the age of 16, they begin preparing to leave the care system as young adults.

During this crucial period of transition from 'care' to independence, services aim to prevent or reduce the long-term negative impact of a traumatic transition, providing support with:

- finding a suitable place to live
- securing and sustaining constructive education, training or employment
- establishing and maintaining supportive relationships

Without support, care leavers are at increased risk of homelessness, mental health problems, substance misuse and entering the criminal justice system.

As GPs you will be asked to provide an EMIS summary for Care Leavers; this assists the LAC Health Team in providing important information to a young person as part of their care journey. **See section on information sharing.**

Children Who Do Not Have 'Looked After' Status

Children and young people are **not** Looked After if:

- They are living with their parents or a close family member (unless they are subject to a care order and/or it's a kinship or 'family and friends' placement under Section 20)
- They are subject to Team Around the Child Plan, Child Protection Plan or are receiving Section 17 Child in Need Services from the local authority. This includes if they are receiving **Respite Care** (a series of short-term breaks), unless the child receives substantial packages of short breaks, sometimes in more than one setting, and belongs to a family who may have difficulties providing support to their child while they are away from home or monitoring the quality of care received, in which case the child will be accommodated under Section 20 of the 1989 Children Act.
- They have been **adopted** (see 'Adoption'), or the person whom they live with has been granted one of the following Court Orders:

A **Child Arrangement Order (CAO)** replaces Residence and Contact Orders (Children and Families Act 2014). It is a private law order that regulates

arrangements relating to with whom a child is to live, spend time or otherwise have contact, usually following divorce or separation of the parents.

A **Special Guardianship Order (SGO)** is a private law order appointing one or more individuals to be a child's 'Special Guardian', often a grandparent, aunt or uncle. It is made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure arrangement with another family member. An SGO enable a child to remain in his or her family as, unlike adoption, it does not end the legal relationship between the child and his or her birth parents. **Any child who was previously Looked After will cease to be looked after when a SGO is made.**

Adoption

According to the **Adoption and Children Act 2002**, children may be placed for permanent adoption with either:

- The consent of their birth parents. Placement by consent is the free unconditional agreement of the parent or guardian of a child to that child's adoption. The consent can be withdrawn at any time up and until an adoption order is made.
- The agreement of a court under a **Placement Order**.

Prospective adoptive parents initially gain shared Parental Responsibility with the local authority and the birth parents and the child remains Looked After until the **Adoption Order** is made final.

The **Adoption Order** severs all legal ties with the birth family and confers parental rights and responsibilities on the new adoptive family. The birth parents no longer have any legal rights over the child and they are not entitled to claim the child back.

When a child is adopted a new NHS number is created; this goes to Child Health and Practices are informed. The GP will not have access to the child's old notes but will have access to the Adoption Medical Report.

Private Fostering

Private fostering is when a child or young person under 16 years old (or under 18 if disabled) goes to live with someone for 28 days or more by private arrangement (without the involvement of a local authority) with someone who is **not** their parent, guardian or close relative (a close relative may be a brother, sister, half-sibling, aunt, uncle, grandparent or step parent).

If the person looking after the child is an approved foster carer or the arrangement has been made by the local authority it is not private fostering.

There can be lots of reasons for being privately fostered, the most common reasons are:

- The young person is a teenager and there are lots of rows at home, so goes to stay with a friend's family until the problems can be sorted out.

- A mother or father is ill and cannot look after the child so the child goes to stay with a neighbour or friend.
- A child from overseas is staying with a host family while attending a language school or overseas students at boarding school who stay with a host family during the holidays.
- A teenager living with a friend's family because they don't get on with their own family.
- Children living with a friend's family because their parents' study or work involves unsociable hours, which make it difficult to use ordinary day care or after-school care.
- Children staying with another family because their parents have separated or divorced.

By law you must inform the relevant local authority about any private fostering situations you become aware of.

If the child is not, as yet, living with the private foster carers the local authority need to be notified six weeks beforehand if this is known. If the arrangement is that the child is to be living with private carers before six weeks, notify the local authority straight away.

If you know someone who is being privately fostered or, indeed, you are a professional who thinks they have a patient who is being fostered privately then you need to contact the relevant local authority.

Key Contacts

Shropshire Community Health Trust

The Head of Safeguarding at Shropshire Community Health Trust oversees the Health Services for Looked After Children; the Nurse Specialist for Looked After Children can be contacted on:

Office Number at Shrewsbury; Tel: 01743 450823

For Shropshire and Telford Local Authority children in care and children who are placed into Shropshire and Telford please contact the LAC Health Team on the email below:

Shropcom.ShropshireLACHealthteam@nhs.net

Telford & Wrekin Family Connect

01952 385 385 (Monday to Friday 9am to 5pm)
for out of hours call 01952 676500

Shropshire Compass

0345 678 9021

West Mercia Police Public Protection Unit

If you have concerns about a child:

If you think that a child is in immediate danger please dial 999, or you can call Warwickshire Police or West Mercia Police on the non-emergency police number, 101, about a child you believe to be at risk.

Access arrangements for the 0-25 Emotional Health and Wellbeing Service; BeeU

BeeU Contact Details

BeeU Emotional Health and Wellbeing Service

BeeU Access team 0300 124 0093 option 1
Langley School 0300 124 0093 option 2
Severn Fields 0300 124 0093 option 3

Severn Fields Health Village, Sundorne Road, Shrewsbury SY1 4RQ
Langley School, Duce Drive, Dawley, Telford, TF4 3JS

<https://camhs.mpft.nhs.uk/beeU>

The access team is available between 9am and 5pm Monday to Friday to receive referrals for young people. The arrangements apply to all referrals across Shropshire, Telford & Wrekin. Referrals can be received **electronically** by secure email to 025SPA@sssft.nhs.uk or

by phoning 0300 124 0093 (Option 1).

Who can you refer into the service?

All young people who originate from Shropshire, Telford & Wrekin and are under 18 can be referred to the service. Looked After Children from other areas can be referred into the service but before a referral can be accepted there must be funding authorisation in place from the placing CCG. The service will also be able to signpost and support young people to access other services such as Kooth and The Children's Society which are part of the 0-25 Emotional Health and Wellbeing offer which is available up to the age of 25. The access team can also be contacted for advice for young people who are 18 and over. We encourage the Social Worker who supports the young person in care to have a consultation with the Community Mental Health Practitioner for Looked After Children within The Young People and Families Mental Health Service before the referral is made except in an urgent situation where normal access arrangements apply.

Young People Mental health Services

- A young person may need to be referred to the specialist Young People and Families Mental Health Service. The service provides the specialist mental health element of Bee U which includes a broad spectrum of community-based mental health services, ranging from early intervention through to specialist treatment and crisis resolution for young people with mental health problems.
- They have a multi-disciplinary team of professionals trained to deliver a range of therapeutic support, working together as a team to understand and support the needs of individual children and families.

These are some of the people you might meet at the service:

- Mental health worker
- Psychologist
- Therapist
- Psychiatrist
- Nurse Specialist

You may also be supported to access therapy from Healios

Telephone [0300 124 0093](tel:03001240093) or visit <https://camhs.mpft.nhs.uk/beeU>

There are also websites that have lots of helpful suggestions:
Young Minds <https://youngminds.org.uk/find-help/>

Access & Mental Health Help line

Telephone 03001240365 (option 1)

This is a 24/7 service referral and helpline for all ages in relation to mental health

Managing in Times of Crisis

The Urgent Helpline offers a listening ear, advice, support and signposting for adults, children and their carers.

The Urgent Helpline operates 24 hours a day, and 7 days a week.

A young person or parent / carer can contact if there are concerns regarding the young person's mental health and wellbeing. Experienced call handlers and clinicians will listen to the worries and concerns and try to help in the best possible way. During the call they may advise the young person or your parent / carer about local services that you can access and contact directly.

Contact by calling [0808 196 4501](tel:08081964501) (option 1 for under 18's, option 2 for over 18's).

Young people under 18 years of age are able to contact the service directly for support and urgent advice.

Please be aware that the service would not be able to process a referral to Children's and Family Mental Health services (CAMHS) over the phone. A young person will have to speak to the GP or School in the first instance who can make a professional referral via BeeU Access Team. They will be able however to speak to the right team on your behalf if a young person feels as if they are in crisis

Beam

Emotional wellbeing drop-in service for children & young people under the age of 25, ran by The Children's Society.

Beam will:

- Listen, and work with young people to help them understand feelings and emotions;
- Give helpful, relevant advice, information and signposting;
- Promote emotional wellbeing, helping young people to develop new ways to cope with life's challenges;
- Provide workshops where young people can receive support in a group setting.

How to contact: AskBeam@childrenssociety.org.uk

Kooth

- An anonymous 24-hour online service offering peer support, self-help and have trained counsellors to talk to.
- Anyone aged 11-25, living in Shropshire and Telford & Wrekin, can register to access this service and young people don't need to be referred or have an appointment.
- Whilst the website is available 24 hours, there will be someone to talk to online at the following times:

12:00 to 22:00 (Monday to Friday)

18:00 to 22:00 (Saturday, Sunday and Bank Holidays)

For more information visit Kooth – www.kooth.com

Healios

Specialist online provider of mental health and neurodevelopmental services to support children and families.

- Healios uses technology with clinical evidence-based techniques and trained clinicians to deliver assessments, evidence-based psychological therapies, and earlier intervention in a unique online experience on any device connected to the internet.
- Healios provide psychological therapies online which are delivered by qualified practitioners (the same kind as those based in the Young People and Families Mental Health Service).
- Healios' has been established on evidence based best practice.
- Healios work as part of the Young People and Families Mental Health Team to offer online, Cognitive Behavioural Therapy (CBT), Family Based Therapy (FBT) for eating disorders and specific post diagnostic interventions following a diagnosis of Autism Spectrum Condition (ASC) or Attention Deficit Hyperactivity Disorder (ADHD).

For help go to www.healios.org.uk

Looked After Children Practitioners in Bee U

There are 2 LAC practitioners covering both Telford & Wrekin and Shropshire.

They can help with:

- Advice and Support to professionals and carers working with CIC & Care Leavers aged 16 to 18 years.
- Easy access to temporary support to information and guidance.

- Space for Conversation consultation with professionals and carers to enable shared decision making.
- Psycho-education around needs of looked after children and young people / focus on strengths and resilience.
- LAC practitioners advise & support sitting within Placement Stability meetings and with virtual school to promote school attendance, raising awareness and insight into impact on mental health.
- They can also attend professional and care planning meeting; providing advice and support around mental health risk management.
- They will also liaise with the LAC physical health nurse.
- They can also work with the Bee U Crisis and Home Treatment Team if a young person is in crisis.
- If agreed interventions are in place they can continue working with a young person beyond 18 to ensure work is completed and prevent where possible a referral into any adult mental health service.

Telford & Wrekin IAPT: Psychological Therapies for Low Mood, Depression and Anxiety

- The Telford & Wrekin IAPT Service is a free NHS Service, providing a range of recommended therapies for common mental health problems, such as anxiety and depression. We are made up of a range of specially trained Mental Health Practitioners, and we offer information, guidance and talking therapies in a variety of different formats.
- **For further information visit: twiapt.mpft.nhs.uk you can self-refer online via our website or call us on 01952 457415**

What are the out of hours arrangements?

The existing arrangements remain for out of hours support through the on-call psychiatrists.

Full Web Links

Department of Health, 2015 'Statutory Guidance on Promoting the Health and Well-Being of Looked after Children

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf

The Safeguarding Children Toolkit for General Practice RCGP/NSPCC 2014

<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/thercgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx>

DfE First Statistical Release: Children looked after in England (including adoption and care leavers) year ending 31 March 2014 (2014).

Accessed:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359277/SFR36_2014_Text.pdf

Keep On Caring: Supporting Young People from Care to Independence HM Government 2016

<https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

NICE Guidance: Looked After Children and Young People Public Health Standard 2010 updated 2015. <http://www.nice.org.uk/guidance/PH28>

<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

NICE Guidance: Looked After Children and Young People Quality Standard 2013 [Looked-after children and young people | Guidance and guidelines | NICE](#)

Calm Harm

<https://calmharm.co.uk> Resources available to support with self harming behaviour for people aged 13+

Shout Crisis Text line

If you are struggling with suicidal thoughts and keeping yourself safe, text shout to 85258 and someone will call you back

Papyrus

Support for young people at risk of suicide. Available 10am-10pm Mon-Fri, 2pm-10pm weekends and Bank holidays. [0800 068 4141](tel:08000684141)

Crisis and Home Treatment Team

https://www.mpft.nhs.uk/application/files/3816/0811/0884/Crisis_team_leaflet.pdf

ADHD Pathway

https://www.mpft.nhs.uk/application/files/1916/0820/1488/ADHD_Pathway.pdf

Autism Services

The Shropshire family service is funded by Shropshire Council. Families must live in the Shropshire Council area, and have children under 18 years old, with autism / autistic traits. An autism diagnosis is not needed. [Information about the Shropshire family service](#).

The Telford Autism Hub provides support for those 18 years and above without a learning disability. [Information about the Telford Autism Hub](#).

Autism West Midlands is the service available locally for support with autism and autistic traits. They provide peer support for families, advice and workshops. A diagnosis is not needed to access support. [Information about Autism West Midlands](#).

Additional Resources

<https://www.autism.org.uk>

<https://thegirlwiththecurlyhair.co.uk>

The Young People Community Eating Disorders Service (YP-CEDS)

Provides specialist outpatient assessment and treatment for young people suffering from an eating disorder in Shropshire, Telford & Wrekin.

The service provides an evidence-based approach to helping young people restore physical health whilst helping them to improve their emotional health and wellbeing through therapy and guidance, focusing on positive and effective ways to manage eating difficulties.

We work with young people suffering with:

- Anorexia Nervosa
- Bulimia Nervosa

and those who have difficulties with eating that don't match those above called Other Specified Feeding and Eating Disorders (OSFED).

Accessing the service

Our contact number is [0300 124 0093](tel:03001240093), option 3 (Shropshire)

Please note that we are not a crisis service, therefore if your query is urgent or out-of-hours we would advise that you contact your GP surgery or [NHS 111](https://www.nhs.uk) for initial advice.

At present we only accept referrals from a professional (a GP or school nurse). However, school teachers and dance / sport coaches can also refer into the service. We would advise if your child has not been seen by your / their GP recently, that an appointment is made to see the GP in order that any physical cause for their symptoms can be excluded and also to provide us with information that will help us assess the risk and urgency of the referral. The referral can still be made to us at the same time as arranging an appointment with the GP.

If you are unsure whether the referral is appropriate, or if you have other questions then please call and ask to speak with the duty clinician.

Occasionally, the underlying issue may not be an eating disorder. In this instance, the team may recommend referral to a more appropriate team or service.

What treatment is offered?

The team is multi-disciplinary and include a psychiatrist, a systemic family practitioner, a specialist dietician, and nurses. We also work closely with the paediatric department at Princess Royal Hospital, Telford.

We offer:

- Assessment, diagnosis and interventions on a range of suspected and confirmed eating disorders
- Evidence-based treatments including systemic therapeutic interventions, Cognitive Behaviour Therapy
- Intensive support is available for those children and young people whose eating disorder is causing significant concern
- A comprehensive transition support package to those young people who are approaching their 18th birthday and may need continuing support as adults

Eating disorders can often effect those people closest to us, causing distress. Education and guidance will be offered to you, along with your family / carers.

We also offer training, consultation, support and advice to frontline staff working with young people with eating disorders.

[Young Persons Community Eating Disorder Leaflet](#)

To Find Out More:

B-Eat are a charity with great information about eating difficulties <https://www.beateatingdisorders.org.uk/types>

[Guide for friends and family](#)

[Caring for someone with an eating disorder](#)

Books, Websites and Helplines

[List of Useful Eating Problems & Disorder Resources](#)

[School Guidance on Eating Disorders](#)

NSPCC Training Link:

Looked after children | NSPCC Learning:

<https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children>

Shropshire Council

<https://www.shropshire.gov.uk/looked-after-children/leaving-care/health-and-wellbeing/>

Telford Council

https://www.telford.gov.uk/info/20650/children_in_care_and_care_leavers/3871/leaving_care

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020>

<https://westmidlands.procedures.org.uk/>