

1. A child who has been in the care of their local authority for more than 24 hours is known as a Looked After Child. Such children are often referred to as Children Looked After or Children in Care, terms which many children and young people prefer.

It's important that children looked after are provided with the care and support they need to be healthy and safe, have the same opportunities as their peers, and move successfully into adulthood.

The [Children Act 1989](#) underpins the way the care system works in England and Wales.

The [Children and Social Work Act 2017](#) introduced further reforms relating to looked after children, including setting out seven corporate parenting principles around local authorities' responsibilities towards looked after children.

See also Statutory Guidance from 2015 [Promoting the health and wellbeing of looked-after children](#).

7. Voice of the Child

"Nothing about me, without me" UN Convention on the rights of the child (1989) states: - every child has the right to express their views, feelings and wishes in all matters affecting them and have their views considered and taken seriously.

Professionals should utilise opportunities to see a child on their own (where age appropriate) and remain respectfully curious if opportunities to do this appear to be blocked.

6. Was Not Brought

Children Looked After rely on their foster carers/caregivers/support workers to support with access to health services.

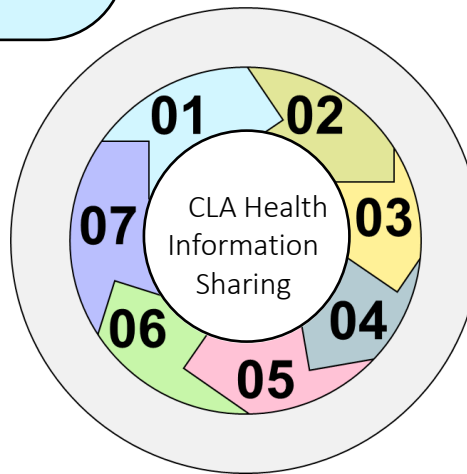
Episodes of non-attendance with colleagues/other agencies and/or erratic attendance evidence of disguised compliance. If you feel there is a potential safeguarding risk, contact the child's parent/carer to;

- enquire why they did not come to the appointment.
- encourage them to rearrange.
- discuss with them any barriers which may have impacted on them attending.
- arrange support to attend future appointments if needed/escalation/discussion in supervision?

Refer to local Was Not Brought Guidance.

2. Children Looked After fall into four main groups:

- **Section 20** - Children who are accommodated under voluntary agreement with their parents or young people who have signed themselves into care.
- **Section 31 and 38** - Children who are the subject of a Full Care Order or an Interim Care Order.
- **Section 44 and 46** - Children who are the subject of Emergency Orders for their protection.
- **Section 21** - Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement. The term also includes:
 - Unaccompanied asylum-seeking children.
 - Children in placements with family members including biological parents.
 - Those children where the Local Authority holds a Placement Order and/or children are in pre-adoptive placements.



5. Information Sharing between Health and Social Care

CP-IS carries information about patients who are Children Looked After (as above only) or have been in the previous 365 days. All health information i.e. discharge summaries, health assessments, clinical diagnostics, should be shared with and between:

- GP, Community, and Acute Trusts
- Child's originating CLA Health Team provider
- Child's Local Authority social worker as Corporate Parent.
- CYP if appropriate for age.

It is the responsibility of the child's Local Authority Social Worker to share health information with parents and carers as appropriate.

3. Consent and Parental Responsibility

Section 20 – Parents.

Section 31 and 38 – Shared between Parents and Local Authority. Contact child's social worker or out of hours duty social work team. Local Authority can override the decision of the parents.

Section 44 and 46 - Parents - however if not contactable medical investigations and treatment to be undertaken in the best interest of the child.

Section 21 - the duty of the authority to receive and provide accommodation for children in police protection, in detention or on remand. Consent & PR - Young person if 16 and over or parents/guardian

Special Guardianship relates to children living with carers who have parental responsibility. If a child was looked after before the Special Guardianship Order was granted, they will no longer be the responsibility of the local authority.

Kinship carers/connected persons relate to informal arrangements between the parents and family/friends.

Private Fostering is where a CYP is looked after for 28 days or more by someone not a parent or close relative.

For a detailed infographic on consent and parental responsibility, see page 2.

4. Information Sharing is essential for keeping children and young people safe and promoting their welfare:

- Data protection law should not be a barrier when it is necessary and justified.
- You must record and share information in a timely manner for the protection and welfare of children and young people.
- London Safeguarding Children Procedures set out guidance on information sharing in full: [CP9. Information Sharing Guidance](#)
- See also "Common myths that hinder effective information sharing guide to information sharing" in [Working together to safeguard children 2023: statutory guidance](#) pages 20-21.

Who has Parental Responsibility (PR)?

V6 Jan 2025
Rev. due Jan 2026

If in doubt or parental responsibility (PR) is unclear: ask to see copies of any legal consent documents / court orders, and take advice from your legal or other advisory service
This is not a comprehensive list of all forms of legal order but covers the main scenarios.

Foster Carers may have *delegated authority* for routine health reviews, emergency healthcare, and to follow parental choice for routine immunisations but NOT give consent for Blood Borne Infection screening / genetic tests / safeguarding examination (non-accidental injury, sexual assault) / surgery / anaesthesia etc.

Separated Migrant Children
(may include UASC/refugee/trafficked & modern slavery) usually **Child In Care Section 20**, but social care can act in best interests as 'corporate parent'. More rarely section 20 is not used so seek advice if required.

Child or Young Person (CYP) has been assessed and is NOT believed competent to give their own consent at this time (e.g. per GMC publication 0-18 years: guidance for all doctors, principles of Gillick competence; for 16 & 17 year olds follow MCA (2005))

Under 16 (<18 if relevant disability) living >28 days with non-direct relative: see [Private Fostering](#)

No legal orders in place irrespective of where CYP is currently / regularly residing

Special Guardianship Order (SGO) or Child Arrangement Order (previously called 'Residence Order')

Child In Care / Looked After Child (e.g. foster care, placed with relative, residential unit, detained, note: can be 'In Care' but still living with birth/usual family)

Birth father*

Birth mother

Same-sex partners

***Father holds PR if:** married to birth mother at time of birth, named on birth certificate, or parental responsibility agreement / order

If civil partners at time of treatment (e.g. fertility), jointly register birth, or parental responsibility agreement / order

PR shared with birth parents, but an SGO holder can override birth parents

Section 20 (Voluntary Placement)

PR remains fully with **birth family** (or SG if was on SGO, adoptive parents if post-adoption etc.)

Birth mother

Birth father*

Interim Care Order (ICO) or Full Care Order (FCO)

SHARED between birth family* and Social Care, but Social Care can potentially limit parental PR or override parents if in CYP's welfare
*or SG if was on SGO, adoptive parents if post-adoption etc.

Social Care, ideally Senior Manager e.g. Service Manager (not foster carer, residential home worker etc.)

Birth mother

Birth father*

Placement Order

SHARED Birth parents, Social Care, and prospective adopters once in placement, but Social Care can limit / override if in CYP's welfare

Post Adoption Order (no longer looked after)

Adoptive Parent(s) only

Emergency Medical Situations (including out of hours) & Deprivations of Liberty for 16- and 17-year-olds

Overriding duty remains to give life-saving emergency treatment in the CYP's best interests

- **Police Powers of Protection:** <72hr and **no change to who holds PR**
- **Emergency Protection Order:** 8d (max 15d) PR **SHARED** between birth family and Social Care but is limited to what is *directly necessary to safeguard the CYP*. Court can grant Social Care ability to limit/override parental PR for CYP's welfare.
- Emergency situations where the decision of a person with PR means the **CYP is at risk of significant harm** (e.g., refusal of essential treatment) take urgent advice from your organisation's **Legal Services / MDU / MPS** and contact **Social Care** – an emergency Court Order may be required.
- **Deprivation of Liberty Safeguards for 16- and 17-year-olds who lack capacity to consent to the care arrangements** - For authorisation make an application to the Court of Protection as per Re D (A Child) ([2019] UKSC 42) except for those detained under the **MHA 1983**. For details see [Deprivation of liberty and 16-17 year olds](#)
- **If the young person has capacity to consent to the confinement and gives their consent, there will be no DoL** - but if they **do not consent to the confinement** the young person will be deprived of their liberty and issues/concerns can be taken to the High Court for adjudication under Inherent Jurisdiction.



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