



Middlesbrough Primary Care Trust
Redcar and Cleveland Primary Care Trust
Middlesbrough, Redcar and Cleveland
Community Services

TRUST POLICY

MIDDLESBROUGH PRIMARY CARE TRUST/ REDCAR AND CLEVELAND PRIMARY CARE TRUST/ MIDDLESBROUGH, REDCAR & CLEVELAND COMMUNITY SERVICES

HEALTH ASSESSMENTS FOR CHILDREN IN CARE (CiC) of the local authority

POLICY REF:

SUMMARY:	This policy has been developed in partnership with the 2 local authorities, South Tees Acute NHS and MRCCS. It provides guidance on the statutory requirements that all agencies have in terms of children in care.
CONSULTATION:	Middlesbrough and Redcar & Cleveland Local authorities, STHT and MRCCS Health visitors & school nurses.
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ISSUED BY: Chief Executive

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1 INTRODUCTION

- 1.1 Middlesbrough Primary Care Trust, Redcar and Cleveland Primary Care Trust and Middlesbrough, Redcar and Cleveland Community Services herein after referred to as 'the Trust' have a duty to have in place robust arrangements for carrying out health assessments on children in care. All young people and children in care (previously known as Looked After) must have an initial health assessment within 28 days of being accommodated. A review health assessment is also carried out at least 6 monthly with children aged 0-5 years and at least annually for children aged 5-18 years.
- 1.2 The Initial Health Assessment must be carried out by a suitably qualified medical practitioner. This should result in a Health Plan by the time of the child's first review, four weeks after becoming Looked After. There must be a comprehensive and holistic assessment of health which includes the contribution of all agencies working with the child. A review of the health Plan will take place at least every six months for children aged 0-5 years and at least every 12 months for older children.

Promoting the Health of Looked After Children. DoH 2002

- 1.3 This policy reflects the principles of the UN convention on the rights of the child and it outlines the requirements of the Children Act 1989 in relation to every looked after child/child in care within Middlesbrough and Redcar and Cleveland areas.
- 1.4 Middlesbrough and Redcar & Cleveland Children's Trust partners have a duty to meet their responsibilities to promote the health and welfare of children in care in accordance with the Children Act 1989 and section 11 of the Children Act 2004. Also in accordance with *Working Together to Safeguard Children, 2006* and the *Framework for the Assessment of Children in Need and their Families, 2008*. In addition arrangements to promote the health and welfare of children must also take account of the *National Service Framework for Children, Young People and Maternity Services, 2004*.
- 1.5 In order for this to take place there is a need for all agencies to work in an integrated way. Partners to this agreement are:

Middlesbrough, Redcar and Cleveland Community Services (MRCCS)
South Tees Acute NHS
Redcar & Cleveland Children's Services
Middlesbrough Children, Families and Learning Services

- 1.6 In order for each organisation to be assured it's staff are able to meet the duty to promote the health and welfare of children in care it needs principally to ensure:
- Staff understand their roles and responsibilities in relation to the statutory guidance.
 - Staff have access to local and national health and multi-agency procedures, protocols and guidance to support them to promote the health and welfare of children and young people.
 - Staff have appropriate training and where relevant, supervision.

- 1.7 All partners working across both Middlesbrough Children's Trust and Redcar and Cleveland Children's Trust are committed to ensuring that it is providing services, which help to promote the health and wellbeing of children in care to enable each of them to achieve their optimum potential.

The process of the statutory health assessment is child focused.

- 1.8 This policy reflects current legislation and guidance for the promotion of health and welfare of children and young people Looked after. Chiefly the Children Act 1989, Children Act, 2004, '*United Nations Convention on the Rights of the Child*' ratified by the UK 1991, '*Every Child Matters*, 2003, '*Working Together to Safeguard Children*,' HM Gov 2006, '*Framework for the Assessment of Children in Need and their Families*, DH & DfES, 2000, '*The Common Assessment Framework for Children and Young People*,' DfES, 2006, '*The Victoria Climbié Inquiry*,' Lord Laming, 2003, '*the National Service Framework for Children, Young People and Maternity Services*,' DH & DfES 2004 and Standards for Better Health. Promoting the health of Looked after children DOH 2002.

2 PURPOSE

- 2.1 The primary purpose of this multi agency policy is to inform all partners of the arrangements that they must have in place to ensure that they can cooperate fully in promoting the health and welfare of children in care. The policy has been put together to ensure that all relevant partners are working together in a timely and integrated way to improve the outcomes for children and young people.
- 2.2 This policy outlines the arrangements that must be in place to ensure that every Child in care has their health needs assessed on entering care and has a Personal Health Plan setting out how the assessed needs will be met. Personal Health Plans are then reviewed at regular intervals and robust systems need to be in place for undertaking Review Health Assessments within the statutory time frames.
- 2.3 The policy provides guidance on how all partners must work together to ensure that there is effective systems in place to promote the health and wellbeing of health of children in care. All partner agencies must ensure processes and procedures are in place across the Middlesbrough and Redcar and Cleveland Community.

3. DEFINITIONS of a Child Looked after/Child in care

- 3.1 A child in care is "looked after" by a local authority if he or she is:
 - 3.1.1 placed in their care by a court (under a care order) or by voluntary agreement with a person/s holding parental responsibility
 - 3.1.2 is provided with accommodation by the authority's social services department for more than 24 hours.

4 RESPONSIBILITIES

4.1 The Local Authority

It shall be the duty of a local authority looking after any child—

4.1.1 to safeguard and promote his/ her welfare; and

4.2.1 to make such use of services available for children cared for by their own parents as appears to the authority reasonable in his/her case.

Before making any decision with respect to a child whom they are looking after, or proposing to look after, a local authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of—

4.1.3 the child;

4.1.4 his/her parents;

4.1.5 any person who is not a parent of him/her but who has parental responsibility for him/her; and

4.1.6 any other person whose wishes and feelings the authority consider to be relevant, regarding the matter to be decided.

In making any such decision a local authority shall give due consideration—

4.1.7 having regard to his/her age and understanding, to such wishes and feelings of the child as they have been able to ascertain;

4.1.8 to such wishes and feelings of any person mentioned in subsection (4)(b) to (d) as they have been able to ascertain; and

4.1.9 to the child's religious persuasion, racial origin and cultural and linguistic background.

(The Children Act 1989)

4.2 Responsibility of Partner Agencies

4.2.1 All partner agencies working with children and young people have a duty to cooperate under the Children Act 2004 to ensure that every child is supported to achieve the five outcomes as outlined in the Every Child Matters Green Paper 2003 and therefore can reach their maximum potential.

4.2.2 One of the Corporate Parenting responsibilities of all agencies is to ensure that every Child in Care is as physically and emotionally healthy as possible. The child's attendance at regular statutory health assessments will help to plan for this outcome.

4.2.3 Each individual representing the organisations party to this agreement is therefore responsible for ensuring health assessments happen in a timely fashion and information is shared effectively.

4.3 Chief Executive/Managing Director

4.3.1 The Chief Executive/Managing Director will maintain ultimate accountability for the implementation of this policy within the individual organisation. Each CE or MD will maintain ultimate responsibility for the implementation of this policy, although specific responsibilities will be delegated to others within the Trust. The CE/MD will seek assurance of its effective implementation through the individual Trust's Governance Committees.

4.4 Director/Assistant Directors

4.4.1 All Directors/Assistant Directors are responsible for ensuring effective implementation of this policy across their areas of responsibility within each organisation.

4.4.2 Directors/Assistant Directors will support and enable the Operational Clinical Leads/Managers to fulfil their responsibilities and ensure the effective implementation of this policy within their speciality.

4.4.3 All Directors/ Assistant Directors will ensure that adequate resources are available and appropriate people are identified within their directorate to ensure effective implementation of this policy.

4.4.4 Assistant Directors will ensure that all relevant training needs are addressed to ensure there is full adherence to the policy.

4.5 Operational Clinical Leads/Managers (within all organisations)

4.5.1 Operational Clinical Leads/Managers have a responsibility to ensure they are informed about national and local children in care policies and procedures. They must ensure that this policy is communicated to all staff.

4.5.2 Operational Clinical Leads/Managers must ensure staff are appropriately trained and supervised so as to be able to promote the health and welfare of children in care effectively.

4.5.3 Operational Clinical Leads/Managers must ensure a system is in place, which can provide evidence that appropriate staff have had the opportunity to read this policy and that they understand their responsibilities in relation to this policy.

4.5.4 Operational Clinical Leads/Managers must identify any training needs in relation to children in care, this policy and ensure that any gaps in training provision are brought to the attention of the Designated Nurse.

4.6 All Staff

- 4.6.1 All staff working with or coming into contact with children and young people in care have a responsibility to ensure they read, understand and comply with the policy at all times.
- 4.6.2 All staff will contribute to developing a culture of listening to and engaging with children to seek their views in ways appropriate to their age and understanding and these views will be taken into account when establishing or developing services.
- 4.6.3 All staff have a responsibility to identify any training needs they have in relation to this policy and bring these to the attention of their Operational Clinical Lead/Manager.

4.7 Designated Professionals

- 4.7.1 All relevant practitioners working with children in care within individual organisations have a responsibility to follow the policy and procedural guidance attached as appendices.

4.8 The Social Worker

- 4.8.1 The named social worker for the child has the responsibility to notify the appropriate health professionals when a child is admitted into Care of the Local Authority. This will be carried out within the agreed time scale.
- 4.8.2 The social worker must obtain the consent for the health assessment to take place and copies of these must be given to the designated doctor/medical practitioner and the designated nurse.

4.9 The Designated Nurse

- 4.9.1 The Designated Nurse takes a strategic and professional lead on all aspects of the health service contribution to promoting the health and welfare of children in care across the local authority areas.
- 4.9.2 The Designated Nurse will coordinate health input to all children and young people in care, delegating review health assessments to the appropriate School Nurse or Health Visitor as they are referred into the nursing service from the Designated Doctor.
- 4.9.3 The post holder will provide both a direct clinical service to children in care and support health colleagues within the Trust to fulfil their role in this area. Additionally the post holder will identify and advise on any training needs in relation to the implementation of this policy.

4.9.4 The Designated Nurse will ensure that the relevant health personnel (e.g. school nurse, health visitor) is informed about a child being brought into care as soon as this is possible.

4.10 **The Designated Doctor/ suitably trained medical practitioner**

4.10.1 The Designated Doctor must ensure that an Initial Health Assessment is carried out by a suitably qualified medical practitioner within the organisation. This should result in a Health Plan by the time of the child's first review, four weeks after becoming Looked After.

4.10.2 The individual will carry out the comprehensive assessment of children and young people in a timely way and ensure that a health plan is in place and is communicated within the agreed timescales to all relevant personnel working with the child/young person.

4.10.3 The Designated Doctor will retain children identified as having complex health needs within their service. All other children are referred into The Children in Care Nursing Services for their following Health Reviews. This will be indicated on the Personal Health Plan.

5 **PRINCIPLES**

5.1 One of the Corporate Parenting responsibilities of all agencies is to ensure that every Child in Care is as physically and emotionally healthy as possible. The child's attendance at regular statutory health assessments will help to plan for this outcome. Each individual representing the organisations party to this agreement is therefore responsible for ensuring health assessments happen in a timely fashion and information is shared effectively.

5.2 The process of performing statutory health assessments is child focused.

5.3 It is the responsibility of the Social Worker to notify the appropriate health professionals when a child is admitted into Care of the LA. There should be close liaison between the Designated Doctor, Designated Nurse, Health Visitor or School Nurse and the Social Worker with responsibility for the child to ensure continuity of care and enable all professionals involved to meet their responsibilities as a Corporate Parent.

5.4 Health Assessments are an important element in devising the Personal Health Plan for Children in Care. However, no child should be subject of unnecessary repeated examinations. Where relevant, reports from previous examinations may be used to meet the requirement for a written assessment e.g .pre-adoption medical examinations, developmental surveillance, Child Protection examinations, ongoing medical reviews. It is the responsibility of the Medical Practitioner involved to share this information with the Designated Nurse in a timely manner.

5.5 The need for any medical examination should be clearly explained to the child, their Carers and parents, and informed consent should be clearly documented in the child's notes. The Social Worker is responsible for providing copies of the consent to the

Designated Doctor & Nurse. The Designated Nurse then forwards a copy of the consent to the appropriate Health Visitor or School Nurse.

- 5.6 Children and Young People in Care should be helped to understand their health needs and how these can be met. Social Workers, Carers and health professionals should strongly encourage children to attend their health assessments.
- 5.7 Where possible, parents should be involved with all processes which relate to meeting their child's health needs, providing this is consistent with the child's best interests and is agreeable to the child. Parents should be asked for information about their child's previous health history when the child first enters Care. Health information should be made available to the Health Professional undertaking the health assessment. The information will include information held by the named Social Worker derived from an assessment undertaken in accordance with the Assessment Framework. The child's social worker should attend the Initial Health Assessment with the child as best practice.
- 5.8 Any difficulty in obtaining and / or completing a Health Assessment must be discussed at the child's next statutory Review, difficulties identified and addressed, any outstanding health needs highlighted and communicated. It is the Reviewing Officer's responsibility to ensure this is fully explored & outcomes recorded.
- 5.9 Procedural guidance to follow when a child becomes looked after by the local authority is outlined in APPENDIX 1. This must be followed at all times.

6 CONSENT

- 6.1 Parental signature consenting to the Child in Care medical examination and information sharing is included in the Children in Care's Placement Form Part 1. Middlesbrough Children & Families Services must also complete the appropriate BAAF form for obtaining and sharing information.
- 6.2 Consent should be obtained by the named Social Worker for the Child/Young Person from a person with parental responsibility or the child/ young person if deemed competent to do so, prior to the health assessment taking place (DoH guidelines 2002).
- 6.3 A young person over age 16 may give or withhold consent to a health assessment. Children under the age of 16 may also give or withhold consent depending on their level of understanding. In the case of a child refusing, the Social Worker should discuss options with the child and record the agreed outcome.
- 6.4 Parents may refuse to allow a child under age 16 to be examined. Before a health assessment is arranged, their view should be sought by the child's Social Worker. If parental responsibility is shared with the Local Authority because the child is subject to a court order, then an examination may be arranged even if the parents object. The advice of legal services should be sought by the Local Authority if there is a need for a specific medical examination or treatment and the child's parents object.

- 6.5 The child/ young person may give consent to the medical examination if viewed competent under the Fraser Guidelines (1986). Legal advice may be sought by the Local Authority if this is deemed necessary.
- 6.6 Difficulties in regard to consent should be considered at the child's statutory Review and if issues remain unresolved the Care Plan should evidence what action if any needs to be taken. It is the Reviewing Officer's responsibility to ensure this is fully explored & outcomes recorded.

7 STANDARDS/KEY PERFORMANCE INDICATORS

- 7.1 The relevant Children in Care Strategic Forum will monitor the individual Trust's compliance with the children in care health assessment Policy and will review the policy at the agreed timescale.
- 7.2 The relevant Forum will continually review whether the timescales as stipulated within the policy are adhered to.
- 7.3 Each individual agency will monitor the arrangements in place within their teams to be assured the Trust is meeting its statutory duties to promote the health and welfare of children in care.

8. REFERENCES

MRCCS 2008 MRCCS Consent Policy

MRCCS June 2008 Contraceptive advice and treatment for under 16's – Confidentiality Policy.

Care Matters – Time for change 2007

DoH 2002 Consent to Treatment Policy

DoH 2002 Promoting the Health of Looked After Children

DoH 2000 Children (Leaving Care) Act

DoH 1990 Regulation and Guidance to Children

DoH 1989 Children Act

Teeswide High Level Information Sharing Protocol 2007

9. Signatories

Initial and Review Health Assessments undertaken by a Paediatrician or other suitably qualified medical practitioner.

Procedure

Subject to the principles set out in section 5, the following action must be taken:

The Designated Doctor must be notified by the Local Authority of a child coming into Care within 5 working days. This is the responsibility of the named Social Worker and involves the following completed documentation:

- Notification of Change form
- Copy of the signed consent form

These should be faxed (evidenced in child's file) to the nominated secretary for Children in Care based with the Designated Doctor at West Lane Hospital (WLH), and then sent by first class post. The same information must also be forwarded to the Designated Nurse. It is particularly important that evidence of consent to the examination is provided to both the designated doctor/medical practitioner and the designated nurse.

The Designated Doctor's secretary based at WLH will register the child as "in Care" on the Child in Care health database.

The Designated Doctor's Secretary will arrange the Initial Health Assessment, negotiating with the child, Carer and Social Worker. The Initial Health Assessment must take place within 28 calendar days of the date that the child becomes looked after. It is the responsibility of all professionals (health & social care) to ensure the child is seen at the earliest opportunity.

A copy of the initial health assessment appointment must be sent by the secretary to the Social Worker, Designated Nurse in either Middlesbrough or Redcar and Cleveland, parent (if appropriate) Carer and child over the age of 8 years.

On receiving notification of the child coming into care, other relevant health information must immediately be sought by the secretary for Children in Care from the child's GP and any other identified sources e.g. A&E reports, hospital records, immunisation status, CAMHS information and dental services. This will enable the Designated Doctor to provide an up to date report on the child's immunisation and health status.

It is best practice that the Social Worker attends the health assessment with the child and Carer/ parent. However where this is not possible, the Social Worker must provide all relevant health information in written form and ensure it is available at the time of the appointment. This must include all relevant information gathered using the Assessment Framework during the Core Assessment and includes personal, family & social history.

Where a child's parent/s or sibling/s are deceased their cause of death must be ascertained and copies of death certificates shared with the examining doctor. The Social Worker will also decide on the appropriateness of the birth parent attending the health appointment.

If the child has a Personal Child Health Record (PCHR) available, this must be brought to the health assessment, along with information about the child's dental health. The name of the child's registered dentist and dental health checks history over the previous 12 months will be provided. The appointment letter sent to the child confirming the appointment will include a reminder about the PCHR.

The Doctor must give the opportunity for the child/ young person and the Carer/parent to speak to the Doctor alone. If required an interpreter must be available.

When the health assessment is completed, a Personal Health Plan will be created by the designated doctor/ medical practitioner in consultation with the child and adults present.

Following the health assessment, the Designated Doctor/ medical practitioner will complete all of the documentation, making appropriate referrals and send the health report and Personal Health Plan to:

- Social Worker
- Designated Nurse
- Health Visitor/ School Nurse (an extra copy sent via The Designated Nurse)
- GP
- CAMHS (if involved)

This must take place within 10 working days following the date of the assessment.

If urgent health needs are identified at the Initial Health Assessment, these must be shared with the Social Worker immediately. Other health concerns within 48 hours. If the Social Worker is not available, the information must be shared with the Social Worker's Team Manager. The social worker will also share this information with the designated nurse within the NHS organisation.

The Designated Doctor will ensure that a copy of the Personal Health Plan is sent to all children over the age of 8 years at their residing address and a separate one to their Carer.

The Social Worker will take a copy of the Personal Health Plan and send it to the child's parent/s if deemed appropriate. If there are concerns around sharing details of the Health Assessment with parents or Carers, the Social Worker must inform the Doctor before the assessment.

If the child is to be retained in the Designated Doctor's care the Secretary for that service will enter their details into a system that will ensure the child is recalled for further health assessments within statutory time frames.

Only those children identified as having complex health needs should be retained, irrespective of age. All other children must be referred to the Children in Care Nursing Service via the Designated Nurse attached to the child's Social Worker's Local Authority. This is indicated on the Personal Health Plan.

The Personal Health Plan should indicate clearly what actions need to be taken and by whom. The health professional responsible for completing the Personal Health Plan is also

responsible for ensuring the Personal Health Plan is followed. The named Social Worker is also responsible for ensuring the Personal Health Plan is followed and information included in the child/young person's Child in Care Review. It is the Reviewing Officer's responsibility to ensure this process has been adhered to & outcomes recorded.

If the child fails to attend the appointment, the Secretary for the Designated Doctor will contact the Social Worker by telephone at the earliest opportunity to confirm placement details, compliance of Carers and to negotiate another appointment for health assessment.

The Social Worker is responsible for ensuring the details of the report and Personal Health Plan are entered onto the relevant Local Authority databases within 5 working days of receipt.

Review Health Assessments undertaken by the Designated Doctor

Review Health Assessments retained within the Designated Doctor's service will be carried out within statutory time frames –

- Annually for those children aged 5 years and over
- 6 monthly for those children under the age of 5 years.

To enable this to happen, it is imperative that all changes of circumstances of each Child in Care are notified to the Designated Doctor and Nurse by the Social Worker within 5 working days. This is done using the Notification of Change form. This should be faxed to both Doctor and Nurse and evidence retained in the child's file, it should then be posted by first class post.

Arrangements for organising Review Health Assessments will be taken as detailed above (paragraphs 4 to 10 of this appendix.).

Following Review Health Assessment, actions will be taken as detailed above (paragraphs 11 to 16 of this appendix,) this includes time frames.

For information on Review Health Assessments undertaken by The Designated Nursing services for Children in Care see Appendix 2.

Children going through the Adoption Process

It is a statutory requirement for children who are placed for adoption to undergo a specific health assessment by a named medical practitioner.

The Adoption Health Assessment takes precedence over other health assessments and will take the place of the statutory Children in Care Review Health Assessments in line with point 5.4 in the main body of this document.

When the Social Worker first becomes aware the plan for the child is to have a permanent placement through adoption, the need for and timing of a Children in Care Review Health Assessment should be discussed with the Designated Doctor's Secretary. If possible the Adoption Health Assessment should fit the statutory time frames for the child's Children in Care Review Health Assessment.

The report and Personal Health Plan created at the Adoption Health Assessment must follow the same actions as above (paragraphs 11 to 14 of this Appendix), including time frames.

Following the Adoption Health Assessment, the child is referred back into the Children in Care Nursing Services where they remain until the adoption becomes final.

The Secretary to the Designated Doctor must ensure the documentation and databases are kept up to date.

Young people aged 18 years and over who continue to be in the Care of the Local Authority

Those children with complex needs who continue to need care must be referred into the appropriate adult health services. The Designated Doctor/ medical practitioner is responsible for ensuring smooth transition. The named Social Worker is responsible for referral into other appropriate adult social care services.

Children Placed Out of Borough

The Social Worker must inform the Designated Doctor and Designated Nurse of all changes in the child's circumstances and this includes movement of placement out of area.

Initial Health Assessments for children placed out of area:

- If the child is within a short travelling distance, the Initial Health Assessment should be organised as above, with the Designated Doctor.
- If the child is placed a substantial distance out of area, on receipt of the Notification form and copy of consent, the Designated Doctor should arrange for a Designated Doctor for Children in Care or alternatively a suitably qualified medical practitioner local to the child's placement to perform the health assessment. However the child's wishes are foremost.
- Review Health Assessments within the Children in Care Nursing Service: For details refer to **Appendix 2**.

Children Receiving Short Term Breaks

The regulations for children receiving short term breaks i.e. Respite, is the same as for all Children in Care. However as most of these children will be undergoing regular medical reviews by a Paediatrician, a separate health assessment should not be necessary. Discussion should take place between relevant Paediatricians, those holding parental responsibility and the young person (if appropriate) to agree who is most appropriate to undertake the health assessment.

If the child is in full time care of the Local Authority and is receiving regular medical reviews by a Paediatrician, there must be a process in place to ensure:

- the reviews are performed in a timely manner
- a Personal Health Plan is created at review
- reports and plans are provided for The Designated Doctor, The Designated Nurse, the child's GP and Social Worker.

For those children accessing respite care, their parents retain the prime responsibility for the child's health. If the child is regularly reviewed by a paediatrician, it is the responsibility of the named Social Worker to gain and record appropriate information regarding health checks directly from the parent, including up date of appropriate databases. It is the Reviewing Officer's responsibility to ensure this process has been adhered to & outcomes recorded.

For those children receiving short term breaks /Respite who have been passed to the Children in Care Nursing Service, refer to **Appendix 2** of this policy. Disabilities should not preclude children being passed to the Children in Care Nursing Service.

Review Health Assessments (RHA) within the Children in Care Nursing Service

Procedure

The Initial Health Assessment is carried out by a suitably qualified medical practitioner. Only those children identified as having complex health needs are retained within the care of the Designated Doctor. All other children are referred into The Children in Care Nursing Services (refer to appendix 1.)

The Medical Practitioner will have indicated on the Personal Health Plan generated at the previous Health Assessment that the child is to pass into the Nursing Service for their following Health Reviews. The child's wishes are paramount however, and they will hold the final decision on who undertakes their health reviews.

4 to 6 weeks prior to the due date of the Health Review:

Redcar & Cleveland Local Authority

The Social Worker will complete a "Request for a Review Health Assessment" form and send it to the Designated Nurse, along with a copy of the relevant completed Consent form. All information on the form must be up to date, completed and legible, or the form shall be returned to the Social Worker.

Middlesbrough Local Authority

The Designated Nurse sends a letter to the named Social Worker informing them of the impending Health Review's due date. The Designated Nurse and Social Worker liaise to ensure information contained on local databases is up to date.

The Administrator for The Children in Care Nursing Service will then send the appropriate information to:

- Children aged 8 years and over.
- The Carers.
- Parents (if appropriate).

informing them of the impending Review Health Assessment.

The Designated Nurse will then allocate the Health Review to the appropriate Health Visitor, School Nurse or Designated Nurse (self or Out of Area), initially liaising by telephone, informing him/her of the Review Health Assessment and due date. The Designated Nurse will then send the Health Visitor/School Nurse or out of area Designated Nurse, (all referred to in the rest of this document as the Health Professional) copies of:

- Cover letter
- The completed request for Review Health Assessment form (Redcar & Cleveland only)
- Copy of Consent
- Previous Health Assessment Report (if not already available)

The Health Professional allocated the Review Health Assessment will then liaise directly with the child's Social Worker to ensure he/she has all the appropriate information if previously unknown, regarding the child to enable him/her to perform a Review Health Assessment sensitive to the individual needs of the child. He/she will then gather all available information from the child's Health and GP notes and clarify data on Immunisations with West Lane Hospital, GP and School Health Clerks.

This will promote:

- Up to date and accurate information is recorded on this geographically mobile & socially excluded group (DoH 2002)
- Communication and information sharing between agencies, and opportunities to update/correct/ensure accuracy of data recorded. For School Nurses this may include information from school on e.g. truancy, bullying, behaviour.

The Health Professional will then contact the Carer of the child to arrange an appointment. If the child is aged 8 years or above, the appointment should be arranged and agreed in conjunction with the child. A choice of where the child would like assessment should be given e.g. School/home/Clinic.

If English is not the first language of the child, an interpreter should be arranged by the professional arranging the Review Health Assessment. (DoH 2002).

Children over the age of 8 years should be given the choice to have their Health Assessment unaccompanied; however information on the child's wellbeing should also be sought from the child's Carer.

The Health Professional must explain that information shared by the child at the appointment will be kept confidential if they wish, (refer to Fraser Guidelines and MRCSS Policy on Confidentiality and under 16's 2008) unless the child is at risk (refer to Safe guarding policies.). The Health Professional should however, encourage the child to allow information to be shared with their Carers and Social Worker.

Health Professionals involved need to be familiar with the procedure and detailed guidance on performing Review Health Assessments (RHA) as provided (Appendix 3 and Appendix 4 of this policy).

The Health Professional should use the paper work specifically designed for the purpose throughout the process:-

- The RHA forms appropriate to the age of the child – this includes age appropriate health promotion. Health promotion material may be taken to the review and used as a prompt. Other material identified as useful at the Review should be sent promptly following the Health Assessment by the professional performing the assessment.
- The Health Plan – it is essential to complete this in discussion/ agreement with the child and / or Carer depending on the age of the child.

The original RHA form and Health Plan are sent to the Designated Nurse for Children in Care whose support Administrator will produce a report from the information provided. The Designated Nurse is responsible for finalising the report's contents and signing. The report will then be sent to the professional who performed the assessment for a countersignature along with the original to compare. The professional checks the report for accuracy and:

- signs and returns all to Designated Nurse for Children in Care.
- or contacts the Administrator to indicate alterations needed.

In the event that the Health Professional who has performed the Review Health Assessment is unavailable (annual leave, long term sick), their Team Leader is responsible for verifying the report accurately reflects the original Review Health Assessment and providing a counter signature.

In the event of the absence of The Designated Nurse, a HV/SN Team Leader is responsible for ensuring the report produced by the Administrator for Children in Care Nursing Service accurately reflects the original assessment document.

The Administrator then completes the process by ensuring the GP, Social Worker, Designated Doctor/ named medical practitioner and Health Professional who performed the Review Health Assessment has a copy of the report and Personal Health Plan. A copy of the Personal Health Plan alone will be sent to the child, Carer, parent and significant others as appropriate.

The Health Professional must ensure that the Health Plan identifies who is responsible for carrying out issues identified within the plan and for setting realistic review dates. It is the responsibility of the Health Professional who has performed the Review Health Assessment and the named Social Worker to review the Health Plan at those prescribed dates, and again by the named Social Worker prior to the Children in Care Review. The outcomes column on the Personal Health Plan is completed at this time, dated and signed. If there are justifiable reasons for not following, or being unable to meet the Health Plan, the Health Professional can agree what further action is to be taken. If however the problem is non-co-operation, the Health Professional should inform the Designated Nurse for Children in Care.

If the child moves into the care of another Health Professional during the course of the Health Plan, the Health Professional is responsible for contacting the new nurse directly to ensure the health needs continue to be met e.g. when the child :

- Leaves school into the care of The Designated Nurse
- Transfers between schools
- Transfers from Health Visitor to School Nurse
- Leaves Care
- Moves out of the area – follow the transfer In/Out policy and inform the Designated Nurse.

In the event of the child refusing to have a Health Review, The Designated Nurse for Children in Care should be informed within 5 working days. For those aged 11 years and over, a questionnaire should be offered. It is then the responsibility of The Designated Nurse

for Children in Care to send the Questionnaire to the child along with a range of age appropriate health promotion material.

In instances of DNA, 2 appointments should be offered. If these two appointments are not attended, the Health Professional will inform the named Social Worker and The Designated Nurse for Children in Care. The Designated Nurse will then liaise with the Social Worker, who can use future contacts with the child and their Carer to stress the importance of meeting their health needs.

DNAs and refusals of Review Health Assessments should be considered at the child/young person's Statutory Child in Care Review. The Reviewing Officer is responsible to ensure issues are discussed and resolved. Decisions on actions needed to be taken, if any and evidenced in the report.

It is the named Social Worker's responsibility to invite the named Health Professional who performed the Review Health Assessment to the Child in Care Review, if this agreeable to the child. If the Health Professional is not present, they should provide up to date health information for the named Social Worker prior to the Child in Care review. It is the named Social Worker's responsibility to provide a copy of the Child in Care Review to the named Health Professional.

Children going through the adoption process

It is a statutory requirement for children placed for adoption to undergo a specific health assessment by a named medical practitioner.

The Adoption Health Assessment takes precedence over other health assessments and will take the place of the statutory Children in Care Review Health Assessments (refer to point 5.4 of policy and appendix 1).

When the Social Worker first becomes aware the plan for the child is to have a permanent placement through adoption, the need for and timing of a Children in Care Review Health Assessment should be discussed with the Designated Doctor's Secretary. If possible, the Adoption Health Assessment should fit the statutory time frames for the child's Children in Care Review Health Assessment and must create a Personal Health Plan (refer to appendix 1).

Health Assessments are an important element in devising the Personal Health Plan for Children in Care. However no child should be subject of unnecessary, repeated examinations. Where relevant, reports from previous examinations may be used to meet the requirement for a written assessment e.g. pre-adoption medical examinations, developmental surveillance, Child Protection examinations, on going medical reviews. It is the responsibility of the Medical Practitioner involved to share this information with the Designated Nurse in a timely manner.

Following the Adoption Health Assessment, the child is referred back into the Children in Care Nursing Services where they remain until the adoption becomes final.

Young people aged 18 years and over who continue to be in the Care of the Local Authority

All young people within the Leaving Care Team should have access to the Designated Nurse.

Those young people who continue in the care of the local authority should be offered a Review Health Assessment annually. At age 16 years, the young person in Care/ school leaver moves from the care of a School Nurse to The Designated Nurse.

Children Placed Out of Borough

The Social Worker must inform the Designated Doctor and Designated Nurse of all changes in the child's circumstances and this includes movement of placement out of area.

Review Health Assessments within the Children in Care Nursing Services for those children placed out of area will be organised by the Designated Nurse with the appropriate Health Professional to the child's placement.

The Designated Nurse will send the appropriate documents for the Health Professional to use and will provide effective communication to ensure the Review Health Assessment goes ahead within time frames and is of an acceptable quality.

Procedures will be followed as described in sections 6 to 13 of this appendix, unless the receiving Health Professional is unable to follow due to local policy. The Designated Nurse is then responsible for negotiating a way forward.

Children receiving Short Term Breaks

The regulations for children receiving short term breaks i.e. Respite, are the same as for all Children in Care. However as most of these children will be undergoing regular medical reviews by a Paediatrician, a separate health assessment should not be necessary. Discussion should take place between relevant Paediatricians, those holding parental responsibility and the young person (if appropriate) to agree who is most appropriate to undertake the health assessment.

Disabilities should not preclude children being passed to the Children in Care Nursing Service.

Children receiving short term breaks, where responsibility for Review Health Assessment lies with the Children in Care Nursing Service, will follow the same procedures as any other child in care depending on their individual circumstances.

Guidance for undertaking Health Assessments and creating Personal Health Plans for children and young people in care

Collating Health Information

Sources of information:

- Social Services - derived from the assessment undertaken in accordance with the assessment Framework that includes the child's personal history and family history if it is known.
- Acute/ /Community Health e.g.
Databases in local Accident and Emergency Departments.
Community dental health services or family dentist.
Community health services.
Child health computer systems, especially immunisation status to date.
Hospital record systems, especially where the child is know to have been in contact with the services.
- Parent / Carer held record, including immunisations.
- Primary care.
GP held records.
HV/SN held records.

Health Assessment

Approach

- Flexibility should be the key to an effective, child focused health assessment.
- Take into account particular needs of children in care and their families, including attention to race, disability, culture and gender.
- Carry out at a time and venue convenient to the child/young person and their carers and parents.
- Be sensitive to the child's/young person's needs, wishes and fears.
- Include all those involved with the care of the child, particularly the birth parents or other previous carers when possible and appropriate.
- Allow sufficient time and preparation for the child to be given a clear understanding of the process and what is involved, so that they have the confidence to fully participate.
- Explain the level of confidentiality offered by the Health Professional.
- Carry out in a place that facilitates the child/young person's participation for example, the child's foster home or the young person's accommodation.

Clear core content for the written health assessment:

- The aim is to have the child's/young person's health assessed holistically and develop a plan to meet these needs.

- A health assessment plan should be seen as an opportunity to review the child's overall health, development and wellbeing.
- Information will be obtained from discussions with carers and child and from a physical examination, when undertaken.
- The Health Professional carrying out the assessment has a duty of care to the child, and includes any necessary referrals for investigation and treatment for conditions identified in the assessment.
- It should be ascertained at the time of the assessment whether the child is already receiving treatment locally or elsewhere.
- The content of the assessment should be age appropriate and sensitive.
- The health care plan will specify who will undertake the review assessments of the child's health.
- Clear explanations should be given to the child or young person about any further consultations including dental and oral health examinations, treatments or care needed.

Health Care Plan

- The health care plan should be developed from the health assessment. Information should be sought from all relevant parties including parents and carers as appropriate.
- Each care plan should set out short term and long term objectives with the actions needed to achieve this, and by whom. Appropriate information may include health advice on lifestyle, diet, exercise, sexual behaviour, risk taking behaviours.
- All identified health issues should be followed by clearly headed action points and time scales.

Implementation

There is evidence that health care decisions for children and young people in care are often not implemented. These failures occur more commonly than in their peer group in the general population. This is partly due to:

- their increased mobility and information being lost before it is acted upon
- the lack of clarity around whose responsibility it is for carrying out the actions required.

The person responsible for carrying out the specific actions should be clearly identified on the child or young person's health plan, with review dates by which time the actions should have been carried out. The Health Professional who undertook the health assessment will contact those individuals identified at the time of review stated to ensure actions have been undertaken.

Review

As with the development of a health plan, its review should form part of the Children in Care Review. It is the responsibility of the Reviewing Officer to ensure the child's Personal Health Plan is fully considered at the Child in Care Review. Whilst the health assessment is led by the health professional, the Social Worker is responsible for bringing together information

gathered from all the professionals involved. The Social Worker should discuss the progress in achieving the objectives in the child's health plan with relevant health professionals prior to a Children in Care review meeting.

The lead health record for every Child in Care is the GP held records. These should include information about dental and oral health status.

The Community (HV1's) records should include a complete set of health assessments and a regular updated health plan.

Adapted from: Promoting the Health of Looked After Children (D.O.H. 2002)

When assessing and developing a health plan, children and young people should feel comfortable suggesting the topics they want to discuss. However you may also find it useful to cover the following issues (whilst taking account of their age, social and cultural background):

- Fears and worries
- Friendships, bullying and relationships
- Home life
- Illness or disability
- Consent and responsibilities for medical care at school
- Nutrition and diet
- Physical activity, play and hobbies
- Smoking, alcohol and drugs
- Physical development, sexuality and contraception
- Learning and educational achievement
- Violence
- Racism
- The school environment (e.g. safety, play area, transport, pollution)
- The community environment (e.g. safety, play area, transport, pollution)
- Leisure opportunities and out of school clubs
- Safety, threats and stresses

Check List
For completing Review Health Assessments
on Children & Young People In Care within the Nursing Service.

- 1 **Dates:**
 - Record date on front cover.
 - Record date of completion on back cover. Print name & sign.
 - Record date AND time on Personal Health Plan. Print name & sign.
 - This is a stand alone document.

- 2 **NHS number, surname, forename and date of birth must be recorded on each page.**
 NHS numbers can be gained from School Administration or the Child Health Department.

- 3 **Complete the Immunisation grid.** If immunisations do not appear complete or there are queries regarding dates – cross check with School Admin/ GP / WLH. **DO NOT LEAVE FOR DESIGNATED NURSE TO CHASE.**

- 4 **Give the child/ Young Person a choice of where the Health Assessment will take place** – school / home/ clinic.
 - Some do not want within school as it singles them out as different.
 - Give opportunity for privacy – e.g. “is it ok to do this without your Carer?” rather than “do you want your Carer present?” as child/ young person may find it difficult to exclude if already present.
 - Always contact Carer for their concerns, correct appointment dates, dentists & doctors. Tell the child/ young person you are doing this.

- 5 **Do not leave any blanks** - if “none” write none, if information not available, record that.

- 6 **When completing the Personal Health Plans -**
 - in review date do NOT put “on going”. Be specific.
 - It is the responsibility of the Nurse who under took the Health Assessment to review the plan. If those identified as responsible for actions are not cooperating, contact the Designated Nurse.

- 7 **The Outcomes column is completed at the review date by the nurse.**
 - At this time further actions are identified if needed.
 - Outcomes of the plan should be reflected in the next Review Health Assessment.

- 8 **Do NOT complete the Distribution List on the back of the plan.** The Designated Nurse will do this when processing the report.

- 9 **Do NOT identify issues/ problems and then put no actions/ approaches in place to deal with them.** E.g. This may be a one off piece of health promotion done at Assessment & not requiring to be on the plan. Record:
- What is already being done by whom
 - What you intend to do/ in partnership?
 - Advice given to Carers to carry out
- 10 **Ensure important information e.g. Allergies, are prominently recorded in HV1s.**
- 11 **Send ALL documents back to the Designated Nurse (WITHIN 5 WORKING DAYS OF PERFORMING ASSESSMENT) for report writing & processing.** A report will be created and returned to the Nurse to be signed. The Nurse then returns signed documents to The Designated Nurse for the process to be completed.

When the process is complete the original Assessment & Plan will be returned to the Nurse along with a copy of the report.

The aim is that the whole process should be complete WITHIN 4 WEEKS.

**MIDDLESBROUGH PRIMARY CARE TRUST/
REDCAR AND CLEVELAND PRIMARY CARE TRUST/
MIDDLESBROUGH, REDCAR & CLEVELAND COMMUNITY SERVICES**

IMPLEMENTATION PLAN

What	How	Person Responsible	By When	Resources Required
New policies and procedures to be monitored to ensure they comply with requirements of the Trust.	Audits External Assessments	Governance Team Assistant Directors Clinical leads/ Managers	Ongoing	Nil
Monitoring of review due dates and alert to be given to authors.	Corporate office	Office services administrator	Ongoing	Nil
New policies and procedures to be monitored to ensure they comply with requirements of the Trust.	Audits External Assessments	Governance Team Assistant Directors Clinical leads/ Managers	Ongoing	Nil
Monitoring of review due dates and alert to be given to authors.	Corporate office	Office services administrator	Ongoing	Nil

EQUALITY IMPACT ASSESMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	no	
	• Race	no	
	• Ethnic origins (including gypsies and travellers)	no	
	• Nationality	no	
	• Gender	no	
	• Culture	no	
	• Religion or belief	no	
	• Sexual orientation including lesbian, gay and bisexual people	no	
	• Age	no	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	no	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	no	
4.	Is the impact of the policy/guidance likely to be negative?	no	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the policy author together with any suggestions as to the action required to avoid/reduce this impact.