

Procedure for Initial and Review Health Assessments for Looked after Children

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Version Control Summary

Version	Date	Date	Author	Author	Status	Statement	Comment
4.0		Feb 2016	Kerry Read		Draft		Updated following introduction of new procedures for initial health assessments
4.1		2/6/16	Kerry Read		Following consultation		Change to formatting
4.2		28/9/16	Kerry Read		Following Governance Meeting		Change of title

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1. INTRODUCTION

1.1 The health of Looked after Children (LAC) is substantially worse than the health of their peers living with their birth families. This is not surprising since it reflects the impacts of poverty, poor parenting, physical / sexual abuse and neglect.

Common problems include the effects of poor preventative care, such as lower rates of immunisation and worse dental health, inadequate care of disability, undiagnosed health disorders and significant behavioural and mental health problems. The mobility of LAC makes continuity of care difficult. Slow and unreliable transfer of health records and health information is another factor that contributes to poorly co-ordinated health care. Longer term outcomes for those who have left care remain strikingly worse than their peers.

1.2 LAC may also have experienced poorer access to services including universal services such as dental services, immunisations, routine child health surveillance and health promotion because of language or cultural barriers.

Health assessments have been regarded as annual “medicals”, with undue emphasis on the performing of a physical examination and inadequate attention being paid to personal history, birth and family histories, growth and development, emotional health and dental and oral health. Although the annual assessment provides an opportunity for providing health promotion and anticipatory care (e.g. to discuss health worries of children of all ages, and concerns of young people about sexual health or contraception), this is often overlooked. In addition, important information is frequently missing or unavailable. For example immunisation status is usually incomplete, and the current or previous General Practitioner (GP) often unknown.

1.3 The White Paper “Care Matters: Time for Change” 2007 describes a large agenda across which work with LAC needs to be prioritised by both local authorities and Health Trusts, requiring detailed and co-ordinated partnership work and making healthcare bodies more accountable.

The revised “Statutory Guidance on Promoting the Health and Well-being of Looked After Children” March 2015 is issued to local authorities, Clinical Commissioning Groups (CCG) and Strategic Health Authorities in England under sections 10 and 11 of the Children’s Act 2004 and they must have regard to it when exercising their functions. The guidance is also issued to local authorities under section 7 of the Local Authority Social Services Act 1970 and they must act under it in discharging their duties to promote the health of the children they look after.

The guidance sets out how they must work together to assess the needs of Looked after Children and ensure that services are provided to meet those needs. In particular, it sets out how Children and Adolescent Mental Health Services (CAMHS) should provide targeted services for LAC.

Looked after children: Knowledge, skills and competences of healthcare staff. Intercollegiate Role Framework, March 2015 recommend that all healthcare staff who come into contact with looked-after children should work within the Royal Colleges’ intercollegiate framework. Healthcare staff working with this group of children and their carers must have the right knowledge, skills, attitudes and values, particularly as access to highly skilled and knowledgeable health practitioner’s results in improved outcomes, enabling young people to achieve their full potential.

2. PROCEDURE STATEMENT

This procedure aims to support social workers requesting initial health assessments for LAC who are placed either in or out of borough. The processes for LAC specialist nurses undertaking review health assessments are outlined .The following core principles of good health care apply in implementing this policy:

2.1 Health assessments and health care plans will promote the current and future health of the child or young person who is in care and not focus solely on the detection of ill-health. Health assessments will cover a range of issues beyond those of physical health which include developmental health and emotional well-being.

2.2 Health professionals should conduct health assessments in a way that enables and empowers children and young people to take appropriate responsibility for their own health; Health assessments and services for children and young people who are in care should be sensitive to age, gender, disability, race, culture and language. They should be non-discriminatory and promote equality of access to services.

2.3 Every looked after child who is being looked after for more than a month are required to have an initial medical assessment by a doctor within **28 days** of entering care. The social worker must request the initial medical as soon as a child is taken into care, if not received within 48hrs an escalation process to senior managers in the Local Authority's Children & Young Peoples Services (CYPS) is followed. (Appendix 6)

2.4 A health summary and personal health plan, Part C of the British Association for Adoption and Fostering (BAAF) form, will be developed from this health assessment, which will set out short and long term health objectives together with the actions needed to achieve them. A copy will be sent to the young person, their carer, the General Practitioner and the relevant health visitor or school nurse. The social worker will receive a copy of Part A of the form which contains information re name, address, contact details, GP, social worker and consent and Part C.

2.5 The frequency of review health assessments for LAC children under 5 years of age will be every six months, while those children and young people over 5 years will be reviewed annually up to when they leave care or 18 years if still LAC.

2.6 Children and young people in care will be seen by the Newham LAC nurses or their equivalent in the area in which a child or young person is placed.

2.7 All LAC leaving care at 18 years of age who have been looked after for more than one year will receive a Health Passport with information about their personal health and general health information included.

3 INITIAL MEDICAL ASSESSMENT - PROCEDURE FOR SOCIAL WORKERS

3.1 When a child / young person becomes looked after, if assessed that the child will remain in care for longer than a month, the allocated social worker must request an initial medical assessment **within 48 hours** via Newham Community Health and Care Services The request should be sent to the LAC administrator via secure email using the medical request letter (Appendix 5) and the appropriate BAAF IHA form.

3.2 The social worker must complete a medical request letter including as much background information as possible. Part A of BAAF form IHA-C or IHA-YP must be completed with details of carer's address and contact number and a signed consent by the parent or social worker included.

3.3 An appointment will be offered within four weeks of receipt of referral. Only one appointment will be offered, unless the carer/young person requests another date.

3.4 The LAC administrator will contact the carer/young person to ascertain why they did not attend and inform the social worker by email. This failure to attend will be recorded on RIO and Carefirst.

3.5 The LAC nurse will also make contact with the carer / young person to make alternative arrangements for the child / young person to be seen and a health care plan completed.

NB: The allocated social worker should inform the LAC team if the child or young person moves placement or returns home after referral has been made.

4 PROCEDURE FOR COMMUNITY PAEDIATRICIANS and LOOKED AFTER CHILDREN NURSES

4.1 Initial Medicals

4.11 Initial medicals are completed by community paediatricians. The summary and health care plan will form part of the overall care plan and be reviewed at each LAC review.

4.12 Health information will be requested from the GP prior to the initial medical and every review health assessment.

4.13 If a looked after child is placed too far away from Newham to enable an appointment within Newham, the Designated Doctor will write to their equivalent in the identified Trust in which the child is placed, requesting that they undertake the initial medical on behalf of Newham Community Health Services.

4.14 On completion of the medical the community paediatrician will generate a health care plan which will be sent to the carer, GP and young person, and the social worker will be sent Part A & C of the BAAF form.

4.15 If the child or young person lives outside Newham or attends a school outside Newham, a copy of the health care plan will be sent to the appropriate LAC Nurse who will disseminate to the health visitor or school nurse as appropriate.

4.16 Carefirst and RIO will be updated by the LAC administrator and LAC nurse will peruse the care plan to ensure any medical need identified is followed up appropriately.

4.2 Review Health Assessments

4.21 The decision as to the most appropriate health professional to undertake the review health assessment will be determined on a case by case basis at the monthly allocation meeting.

4.23 The Strengths and Difficulties Questionnaire and the most recent LAC Review Minutes will be downloaded from Carefirst to inform the assessment and will be uploaded to RIO by the LAC admin. The voice of the child must be evident in the assessment.

4.24 Health information will be requested from the GP 4 weeks prior to the review assessment.

4.25 The majority of review health assessments will be completed by the LAC nurses either at local clinics or by home visits if living outside of Newham within a two hour each way driving radius.

4.26 If it is not possible for the LAC nurse to undertake the review assessment, then a request will be sent to a LAC nurse in the area a child is placed for them to complete the assessment on our behalf. Service level agreements are sent to the CCG for authorisation of payment.

4.27 Once a health assessment has been completed, a health care plan will be written by the LAC Nurse and a copy sent to the GP, carer and young person. Any identified health concerns will be followed up by the LAC nurse. The social worker will receive a copy of parts A & C of the BAAF form. If the child / young person is placed outside Newham or attending a school outside of Newham a copy of the health care plan will be sent to the LAC Nurse in that area who will disseminate the information to the appropriate health visitor or school nurse. All letters generated as part of this process will be uploaded onto RIO.

4.28 The LAC team will load the BAAF form of all initial and review health assessments onto RIO and Carefirst will be updated. Part C of the BAAF form will be uploaded onto EDMS (Carefirst) and SW informed.

4.29 All children that did not attend (DNA) will be recorded on RIO and the social worker informed by email.

4.30 If a child / young person do not attend an appointment every effort will be made to either offer another appointment or visit the young person to ensure that the health assessment is completed.

5 YOUNG PEOPLE REFUSING ASSESSMENT

5.1 If a young person does not attend two appointments the social worker will be informed by email and it will be recorded on Carefirst and RIO.

5.2 The LAC nurse will make every effort to engage with the young person by visiting them at a mutually convenient time and place in order to complete an assessment.

5.3 If all attempts to engage fail, this will be duly recorded on RIO and Carefirst and the allocated social worker informed by email. A letter will be sent to the GP.

5.4 Age appropriate health promotion information will be forwarded to the young person by post, including our contact details if they wish to make contact at a further date either by email, text or Skype (by arrangement).

6 HEALTH PASSPORTS

6.1 All looked after young people turning 18 years old and leaving care will receive a Health Care Passport this will be given to them at their last health assessment if turning 18 within six months or by a visit to them by the LAC nurse nearer their birthday.

6.2 If it is not possible to visit due to distance or preference stated by the young person, the passport will be posted to them via registered post. It may be inappropriate for some young people to receive a health passport and this will be decided on a case by case basis.

6.3 This will be recorded on RIO by the LAC nurse.

7. REFERENCES

- HMSO (1989) *The Children's Act*. London: HMSO
- HM Government (2004) *The Children's Act*, London: HM Gov
- HM Government (2003) *Every Child Matters*, London: The Stationery Office (TSO)
- DFES (2006) *Care Matters; Transforming the Lives of Children and Young People in Care*, London: DfES
- HMSO (2008) *Children and Young Persons Act*, London: HMSO
- DfE, DoH (2015) *Promoting the Health and Well-being of Looked After Children*, London: DfE, DoH
- RCPCH (2015) *Looked After Children , Intercollegiate Role Framework* ,London: RCPCH

Appendix 1
Implementation Plan Template

Procedure title: Procedure for Initial and Review Health Assessments for Looked after Children

Lead Director: Sarah Rolfe

Procedure Lead: Kerry Read

Sponsor Group: Looked After Children

Objective	Action	Lead	Timescale	Progress/Outcome
1. The procedure to be accessible for staff on the intranet.	The procedure will be sent to the Lead Nurse & General Manager, ITMs, and LAC Service Manager CYPS for consultation.	Kerry Read	1 Week	
2. Procedure to be ratified at Paediatric Clinical Governance Meeting	The procedure will be presented at the Children, Young People and Sexual Health Governance group meeting and once approved; it will be made available on the Trust Intranet and forwarded to Deputy Director Children's Social Care	Sarah Rolfe	September 2016	
3. Procedure to be reviewed within Trust Guidelines	The procedure will be reviewed within three years	Kerry Read	September 2019	

Appendix 2

Part 1: Equality Analysis Details	
Title of 'Proposal' (The term proposal covers <i>activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes</i>).	Procedure for Initial and Review Health Assessments for Looked After Children
Name of directorate	Specialist Services Community Healthy Newham ELFT
Name of manager undertaking the Equality Analysis	Kerry Read – Lead Nurse Looked After Children
Consultation date/s with staff	2 – 9 th June 2016
Consultation date/s with service users	N/A
Date Equality Analysis Completed	2/6/16
Review date (Review at least once every three years)	September 2019

Part 2: Proposal Details

1) What are the aims of the proposal? Indicate if this is a new proposal or the review of an existing one?

(The term 'proposal' covers activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes)

The procedure has been reviewed following the publication of "Statutory Guidance on Promoting the Health and Well-being of Looked After Children" DoH/ DfE in March 2015. This guidance replaces the *Statutory Guidance on Promoting the Health and Well-being of Looked After Children*, which was issued in November 2009 to local authorities, Primary Care Trusts and Strategic Health Authorities. The guidance published in 2009 has been updated to reflect reforms to the National Health Service following the Health and Social Care Act 2012.

The initial health assessment should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan. That case review must happen within 20 working days from when the child started to be looked after

2) Provide a summary of the current activity to which the proposal relates e.g. policy or service structure and provision and the reasons for the changes being proposed? (State if the proposal involves relocating a service to another site; extended service hours; puts staff at risk or involves significant change)

The procedure is due for three yearly review. The latest guidance highlighted the requirement that the initial health assessment should be completed within 28 days of a child entering care. This required a new process for social workers to request initial medical within 48 hours of a child entering care. Appendix 6 is the flowchart which indicates timescales and escalation processes.

Part 3: Equality Analysis of Staff

Protected Groups	Impact Positive or negative? Or no impact?	Please describe the process of your analysis with Reference to the following
<ul style="list-style-type: none"> ▪ Identify the impact or potential impact on each of the following protected groups, with due regard to the three aims of the PSED (public sector equality duty). 		<ul style="list-style-type: none"> ▪ Results of consultation ▪ Data or research on the protected group that you have considered ▪ Implications for the protected groups
Age: different age groups	No impact	
Disability: (Consider a range of impairments, including - sensory, mental, physical and learning disability)	No impact	
Sex: men and women	No impact	
Religion or Belief: (including no belief)	No impact	
Sexual Orientation: people who are gay, lesbian, bisexual or heterosexual	No impact	
Race: including ethnicity and nationality	No impact	
Gender Reassignment transgender people	No impact	
Pregnancy and Maternity	No impact	
Marriage and Civil Partnership	No impact	

Part 4: Equality Analysis of Service Users / Patients		
Protected Groups (Equality Strands)	Impact Positive or negative? or no impact?	Please describe the process of your analysis With reference to the following
<ul style="list-style-type: none"> ▪ Identify the impact or potential impact on each of the following protected groups, with due regard to the three aims of the PSED (public sector equality duty). 	No impact	<ul style="list-style-type: none"> ▪ Results of consultation ▪ Data or research on the protected groups that you have considered ▪ Implications for the protected groups
Age: different age groups	No impact	
Disability: (Consider a range of impairments, including - sensory, mental, physical and learning disability)	No impact	
Sex: men and women	No impact	
Religion or Belief: (including no belief)	No impact	
Sexual Orientation: people who are gay, lesbian, bisexual or heterosexual	No impact	
Race: including ethnicity and nationality	No impact	
Gender Reassignment: transgender people	No impact	
Pregnancy and Maternity	No impact	
Marriage and Civil Partnership	No impact	

Part 5: Findings from the Equality Analysis

Use this space provided below to elaborate on your decision based on the findings of the equality analysis

- 1. Accept the proposal - no evidence of discrimination and appropriate opportunities have been taken to advance equality and foster good relations**

The procedure statement clearly promotes non - discrimination and equality of access to the service for all

The service is very flexible to the needs of the children / young people / carers. We offer dates, times, venues which are best suited for individual children. We also use interpreters and health advocates where needed. Home visits are done and residential units or secure units/ youth offending institutions can be visited.

Proposal to be accepted as no evidence of discrimination found

- 2. Adjust the proposal - take steps to remove barriers to advance equality. It may involve introducing actions to mitigate the potential effect or to look at how to deliver the proposal in a different way. It *is* lawful under Equality Law to treat people differently in some circumstances, for instance developing single sex provision where required**

- 3. Continue the proposal - despite adverse effects or taking opportunities to advance equality provided the proposals do not unlawfully discriminate and can be objectively justified. (*To identify whether a proposal may unlawfully discriminate due regard should be given to discrimination on the basis of the protected characteristics*)**

- 4. Stop the proposal – the policy shows unlawful discrimination and adverse effects that cannot be mitigated**

Part 6: Equality Analysis Action Plan

Adverse Impact – Staff	Please describe the actions that will be taken to mitigate this impact
	None required

Adverse Impact – Service Users	Please describe the actions that will be taken to mitigate this impact
	None required

What Happens Next?

Once a plan has been put in place to mitigate against adverse impacts, the Equality Analysis should then be signed off by the Director/ Head of Service. Following this, the proposal can then be implemented. It is important to remember that Equality Analysis is not a one off process. It is important therefore, to be alert to emergent equality impacts throughout implementation.

This analysis has been checked and approved by:

Name:

Title:
(Director/ Head of Service)

Date:

Once completed the document should be sent to the Trust's Equality & Diversity Lead to quality check, who will also arrange publication on the Trust's website: Clementine.femiola@eastlondon.nhs.uk. Updated versions of a completed Equality Analysis for major proposals may be subsequently published.

Appendix 3 GLOSSARY OF ABBREVIATIONS

- GP – General Practitioner
- LAC – Looked after Children
- NCH – Newham Community Health
- DNA – Did not attend
- BAAF – British Association for Adoption and Fostering
- IHA – Initial Health Assessment
- RHA – Review Health Assessment
- CCG – Clinical Commissioning Group
- CAMHS – Children and Adolescents Mental Health Services
- IRO – Independent Reviewing Officer
- CYPS – Children & Young Peoples Services

Appendix 4

Distribution List

Ian McKay – Head of Children and Young People and Women's Services, Specialist Services Directorate

Sarah Rolfe - Lead Nurse and General Manager - Children and Young Peoples Services

Agnes Adentan - Named Nurse Safeguarding Children

Integrated Team Managers North-east, North-west, Central & South Localities

Yvonne Michael – Manager Looked After Children and Leaving Care teams , Children and Young People Directorate, Children's Services, London Borough of Newham

Children & Young People and Sexual Health Governance Group

Appendix 5 Social Worker Medical Request Letter

please return to:

Carol Hamersley
LAC Administrator
Lord Lister Health Centre
121 Woodgrange Rd
Forest Gate
E7 0EP
0207 059 6932

Carol.hamersley@elft.nhs.uk
lacnursesnewham@nhs.net

Date.....

Request for Initial / Adoption Medical for Looked After Children

Name of child / young person DOB:.....

Young Person's mobile number.....

Name of foster carer..... Tel no:.....

Carer's address..... Mobile:.....

Postcode.....

GP's Name & Address.....

Date and reason for being accommodated.....

Known medical history..... Legal Status.....

Have any referrals already been made and to whom?.....

Social worker... Team

Address Tel no

**NB : YOU MUST INCLUDE BAAF FORM IHA-C or IHA-YP WITH THIS REQUEST
PART A OF THE IHA-C or IHA-YP FORM MUST BE COMPLETED BY THE SOCIAL WORKER
CONSENT MUST BE SIGNED BY THE SOCIAL WORKER IF CHILD UNDER 12 Years
IF SEC 20 CONSENT OF PARENT MUST BE ATTACHED**

**Appendix 6 FLOWCHART FOR NOTIFICATION OF LAC STARTERS AND LEAVERS
AND INITIAL LAC MEDICAL REQUESTS**

