

Document level: Trustwide
Code: CP75
Issue number: 3

Promoting the health of Children in Care & Care Leavers

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Type of document	Policy
Target audience	Health Visitors, School Nurses, Family Nurse Partnership Nurses, CAMHS & 16-19 Service & CWAC Children's Services Social Workers.
Document purpose	Integrated guidance developed between Health and Social Care promoting the health of Children in Care. It outlines the roles and responsibilities of staff in identifying and addressing the health needs of Children in Care supporting staff to deliver timely, high quality care to meet the statutory requirements a for Children in Care.

Approving meeting	Safeguarding Sub Committee	February 2019
Implementation date	July 2019	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
CP40	Safeguarding Children Policy (including safeguarding children training)
CP3	Health Records Policy

Document change history	
What is different?	<ul style="list-style-type: none"> Guidelines have been reviewed and updated to comply with Looked after Children: Knowledge, Skills and Competence of Health Care Staff. Intercollegiate Role Framework, RCN, RCPCH March 2015 and Promoting the Health and Wellbeing of Looked After Children DFE, DOH (2015). Document coding updated (re-coded from CC10)
Appendices / electronic forms	N/A
What is the impact of change?	Refined guidance for staff to support the health of Children in Care & Care Leavers

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Clinical Services Manager for Health Visitors, School Nurses & Family Nurse Partnership Nurses Partnership Nurses Practitioners
Corporate services	Named Nurse Safeguarding, Designated Nurse for Children in Care
External agencies	West Cheshire Designated Doctor for Children in Care at Countess of Chester NHS Trust. West Cheshire LSCB Children in Care Council & Children's

Financial resource implications	Yes
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External references	
1.	Children and Adoption Act (2006), HMSO London
2.	Children and Adoption Act 2014 HMSO London (2014) HMSO London
3.	Children Act (1989), HMSO London
4.	Children Act (2004), HMSO London
5.	Children And Young People Act 2008 (Regulation & Guidance Implementation April 2011) HMSO London
6.	Children Leaving Care Act (2000), HMSO London
7.	Looked after Children: Knowledge, Skills and Competence of Health Care Staff Intercollegiate Role Framework, RCN, RCPCH March 2015
8.	Promoting the Health and Wellbeing of Looked After Children DFE, DOH (2015)
9.	Promoting the Quality of Life of Looked After Children, NICE (2015)
10.	Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children DoE (2018)
11.	Child protection & Children in Care practice Standards LSCB Cheshire West and Chester (2012). Children in Care Strategy 2015-2019 Cheshire West and Chester http://westcheshirechildrenstrust.co.uk/wp-content/uploads/2015/08/CYP-plan-2015-2019_Final2.pdf
12.	Seeking Consent: Working With Children (2001) DoH London https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/seeking-consent-guide-children.pdf
13.	The Care Planning, Placement and Care Review (England) Regulations 2010.

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• 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	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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1. Introduction

‘YOU WILL HELP KEEP US HEALTHY AND WELL’ (West Cheshire & Chester Children’s Trust Children in Care and Care Leavers Strategy 2015-2019)

NHS Vale Royal and NHS West Cheshire Clinical Commissioning Groups and NHS England have a statutory duty to work with Local Authorities to ensure that local arrangements are in place to identify and address the health needs of Children in Care.

The term Children in Care is used in this policy to mean Children in the care of Cheshire West and Chester (CWAC) Local Authority under Section 20, Section 21 or Section 31 of the Children Act 1989. Children in Care may also be referred to as Looked After Children (see definitions table).

Cheshire West and Chester Local Authority footprint receive Children in Care Nurse Specialist services from Cheshire & Wirral Partnership NHS Trust. West Cheshire CCG and Vale Royal CCG commissions Children in Care Nurse Specialist Service from Cheshire & Wirral Partnership NHS Foundation Trust (CWP).

It is a statutory requirement for Children in Care to have regular health assessments to ensure their health needs are being met and they are not missing out on routine preventative health care such as immunisations and dental care. These health assessments are an opportunity to identify unmet health needs and actively promote health in its widest sense (DfE/DH, 2015). Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is committed to working in partnership with Cheshire West and Chester Local Authority, Children and Young Peoples Service to improve the health outcomes for all children placed in care.

This policy is underpinned by the relevant statutory guidance and policies that support promoting the health and well-being of all children and young people in care. It should be read in conjunction with the following:

- Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DFE/ DH, 2015);
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf
- Promoting the quality of life of Looked –after children and young people. (NICE, 2010).
<https://www.nice.org.uk/guidance/ph28>
- The Care Planning, Placement and Care Review (England) Regulations 2010

The statutory guidance (DFE/ DH, 2015); states that all Children in Care have their health assessed on a regular basis (see [appendix 1](#) for schedule). The Health Assessment documentation used by Cheshire West and Chester Local Authority is obtained under license from the British Association Adoption and Fostering, (CORAM BAAF).

Health Assessments are part of a continuous process of identifying and addressing the health needs of Children in Care. It should be a holistic health assessment, be child focused and conducted in a way that ensures children and young people are actively involved in any subsequent decision making.

1.1 Purpose

This policy is aimed at CWP Health staff involved in promoting the health of Children in Care. This specifically includes Health Visitors (HV), Starting Well Nurses (SWN), Family Nurse Partnership Nurses (FNP) and Nurse Specialists for Children in Care, Child Adolescent mental Service (CAMHS) staff and 16-19 Service. Other staff organizations that this policy has an impact are Community Paediatricians (Countess of Chester NHS Trust and Mid Cheshire Hospitals Trust). It also involves partner agencies such as CWAC Social Workers, foster carers.

The purpose of this policy is to ensure that all staff have a clear understanding of their roles and responsibilities in promoting, identifying and addressing the health needs of Children in Care and can therefore fulfill their statutory responsibility in a timely and quality driven way.

1.2 Scope

This policy applies primarily to HV, FNP, SWN and Nurse Specialist Children in Care staff employed by Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Paediatricians of Countess of Chester Hospital NHS Foundation Trust and Mid Cheshire Hospital NHS Foundation Trust as well as Local Authority staff Working in Children's Services and any staff involved in promoting and identifying and addressing the health needs of Children in Care.

In order to meet the Health needs of Children in Care a multi-agency approach is necessary. Whilst this policy is primarily for CWP staff it requires a joined up approach from partner agencies and professionals.

The development of this policy and operational processes has benefitted from partnership approach from West Cheshire Clinical Commissioning Group, Vale Royal Clinical Commissioning Group Countess of Chester NHS Trust, Mid Cheshire Hospital Trust, Cheshire West & Chester Local Authority and Cheshire West Local Safeguarding Children Board.

This policy applies to a Child in Care who is:

- Voluntarily Accommodated by Cheshire West and Chester Local Authority under Section 20 of Children Act (1989)
- An Interim Care Order or Full Care Order (Section 31 of Children Act 1989) has been granted by Court to Cheshire West and Chester Local Authority.
- Placed within Cheshire West and Chester footprint area by another Local Authority (Under Section 20 or Section 31 Children Act 1989) and registered with a West Cheshire CCG GP or Vale Royal CCG
- Placed within Cheshire West and Chester footprint area by another Local Authority (Under Section 20 or Section 31 Children Act 1989) on roll school in CWP Footprint &/or registered with a WCCCG or VRCCG GP.
- Children Voluntarily Accommodated (Section 20) or Subject to a Care Order (Section 31) by Cheshire West and Chester Local Authority and placed in another area outside CWP/ WCCCG / VRCCG footprint (Placement, school or GP).

1.3 Principles underlying the guidance

The welfare of the child or young person is paramount (Children Act, 1989). Children in Care should be at the centre of the process for health services and the child should be given the opportunity at all stages to express their wishes and views.

Children in Care should have "timely access" to services in accordance with their significantly increased need for health care compared with their peers. It is recognized that Children in Care experience problems in accessing health care caused by issues with moving placements. (NICE 2015). It should be ascertained at the time of their health assessment whether they are already receiving or awaiting appointments/treatment locally or elsewhere.

Health assessments and Health Plans must promote the current and future health of the Child in Care and will not solely focus on the detection of ill-health.

Health Assessments and Health Plans will cover a range of issues including developmental health and encourage carers and young people to aspire to positive emotional & physical well-being. They will be conducted in a way that enables and empowers children and young people to take appropriate responsibility for their own health.

Health services for Children in Care should be non-discriminatory and be sensitive to age, disability, race, sexual orientation, culture and language.

Consent to all health care and treatment should be actively sought and recorded in a way appropriate to the child or young person's age and understanding following the principles of Informed Consent.

1. Definitions

Table 1 gives definition and/or explanation to the terms used throughout this document

Term	Definition
British Association for Adoption and Fostering (BAAF) known as CORAM BAAF	UK based organisation which focuses on supporting, advising and campaigning for better outcomes for Children in Care.
Care Leaver	A young person aged 16 years or over who is preparing to leave local authority care and has been looked after for a period of 13 weeks continuously or accumulatively since the age of 14 years. The child may be considered a Care Leaver up until their 21st birthday. Children receiving short break (respite) provision are exempt from Care Leaver provision.
Care Order (see Section 31)	This refers to Section 31 of Children Act 1989 granting local authority shared parental responsibility with parent(s) and the authority to limit parental responsibility. These can be Interim Care Order (ICO) or Full/Final Care Orders (FCO).
Care Planning Meeting	Statutory multi agency planning meetings held for Children in Care that are the responsibility of the Social Worker to organise and co-ordinate.
Child	In this document as in the Children Act 1989 and 2004, a child is anyone that has not reached the age of 18 years. Child / Children therefore means children and young people and endorsed by LSCB.
Child in Care (see Looked After Child)	This title is used to refer to a Looked After Child as defined in Children Act 1989. This is a locally agreed term that was requested by Children in Care Council and agreed by CWAC
Child in Care from Other Local Authority (CICOLA)	When a Local Authority other than CWAC is placed within WCCCG/ VRCCG/ has an identified CWP health practitioner (HV/SN/FNP/ Children in Care Nurse Specialist). This is not a statutory term but widely used to describe this cohort of children.
Cheshire West and Chester Local Authority (CWAC)	The Local Authority provides a service to the population geographic area recognised as West Cheshire including Vale Royal Please note: CWP provides Starting Well Service School with the exception of Special Schools in Vale Royal CCG.
Child Arrangement Order	An Order regulating the arrangements of with whom a child lives, spends time with, has contact with and when. They can be granted through private proceedings but if a child in in the care of the local authority the Order will be granted by the court through public proceedings. Child Arrangement Orders have superseded Residence Orders and Contact Orders. These children do not meet criteria for being Children in Care.
Delegated Authority	When the responsibility for making day to day decisions about a child has been passed to the foster carer by the Local Authority. This is done on an individual basis. This can include decisions around activities, haircuts and overnight stays amongst other things. It is a signed agreement that the cares and the Local

	Authority hold.
Emergency Protection Order (EPO)	Local Authority applies to Court when there are reasonable grounds for believing a child is at immediate risk of Significant Harm. (Section 44 Children Act 1989). An EPO can be used for up to 72 hours.
Fraser Guidelines	The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985), which apply specifically to contraceptive advice. Lord Fraser stated that a doctor could proceed to give advice and treatment:" provided he is satisfied in the following criteria..." For more information see Fraser Guidelines
Gillick Competence	Gillick Competency identifies children aged under the age of 16 who have the legal capacity to consent to medical examination and treatment, providing they can demonstrate sufficient maturity and intelligence to understand and appraise the nature and implications of the proposed treatment, including the risks and alternative courses of actions. If a child under 16 lacks competence, the consent of the person with parental responsibility will be required.
Health Care Plan	Refers to the health care plan completed following assessment which informs the Review of Arrangements meeting. Reviewed every 6 months for a child under 5 years and every 12 months for a child over the age of 5 years.
Initial Health Assessment	A Statutory Health Assessment undertaken by Nominated Community Paediatrician when a child first becomes a Child in Care. The purpose being to identify any health needs and any issues of health neglect which may have gone unrecognized. A health care plan is drawn up and forms part of the overall care plan for the child.
Independent Reviewing Officer (IRO)	This term refers to the professional whose role is to be responsible for ensuring Statutory Review Meetings are held within statutory timescales, ensure that plans are completed in a timely manner and are effective in meeting the child's needs. In addition they monitor the progress of the child's plan on an ongoing basis
Local Safeguarding Children Board (LSCB)	The Local Safeguarding Children Board (LSCB) is a statutory body which has been established under Section 13 of the Children's Act 2004. LSCB's act as a mechanism for agreeing how organizations' such as Health, Education, Police & Youth Offending services co – operate to safeguard and promote the welfare of children. The purpose of this partnership working is to ensure the effectiveness of work that is done to safeguard and promote the welfare of children and young people and ensure that safeguarding remains high on the agenda across the region.
Looked After Child (to be referred to as Children In Care see also Child in Care)	A Child under the age of 18 years who is subject to a Care Order (as defined in Children Act 1989) allowing local authority parental responsibility and authority to limit parental responsibility. Locally there is agreement that all looked after children and young people are referred to as Children in Care. National guidance continues to use the term "Looked After Children" and other areas may use different locally agreed term. In this guidance the terms are Child in Care & Looked After Child have the same working definition.
Out of Area (OOA) or Out of Borough (OOB)	A child whose responsible authority is CWAC but has been placed outside the boundary of CWAC for placement &/or education.
Placement Order	A Placement Order, made under section 21 of the Adoption and Children Act 2002, gives authority to a local authority to place a child with prospective adopters. It can only be made in relation to a child who is the subject of a Care Order or where the Threshold

	Criteria for a Care Order are satisfied or where there is no parent or guardian. The Placement Order continues until it is revoked or until an Adoption Order is granted by court.
Police Protection	Police may remove child to a place of safety or take steps to keep a child in a safe environment (e.g. if child is in hospital or in a place of safety). Maximum time for Police Protection is 72 hours. Section 46 of Children Act 1989.
Review Health Assessment	This is a statutory health review for Children in Care. Following the initial health assessment it is undertaken every 6 months for children under 5 years and every 12 months for children over the age of 5 years.
Residence Order	This term is no longer used and has been replaced by Child Arrangement Orders. If a Residence Order has been granted prior to the introduction of Child Arrangement Order it is still valid.
Section 20 of the Children Act 1989 (Voluntary Accommodation)	Under Section 20 of the Children Act, it is the duty of all Local Authorities to make safe accommodation available for such Children in Need. Children may be accommodated in residential or foster care. No court proceedings have taken place and full parental responsibility remains with the parent(s).
Section 31 of the Children Act 1989 (See Care Order)	Under Section 31 of the Children Act, the child is in the care of Local Authority and has been subject to court proceedings allowing Local Authority shared parental responsibility with the parent(s).
Short Break Provision (respite care)	Children with disabilities who receive more than 75 nights being cared for away from their families per year meet the criteria for being a Child in Care. No episode of short break provision should exceed 28 continuous days. Children who receive Short Break Provision less than 75 days a year are managed by CWAC as Children in Need.
Special Guardianship Order (SGO)	A private law order that appoints one or more individual(s) to be the child's 'special guardian' until the age of 18 years old. The Special Guardian named holds parental responsibility for the child. These children do not meet criteria for being Children in Care.
Statutory Review of Arrangements also referred to as Looked After Child Review meeting.	There is a statutory requirement for the local authority to review each child's overall needs and ensuring that plans are made to meet these needs. This is undertaken by regular, planned multidisciplinary care planning meetings with all involved professionals including carers, parents and the young person. The first meeting is held within 20 working days of a child becoming looked after and then no longer than 3 months later. Subsequent meetings are held every 6 months unless placement change or IRO deems it should be brought forward.
Supervision Order	This order gives the Local authority the legal power to monitor a child's needs and progress where the child is living. These children do not meet criteria for being Children in Care.

3. Duties and responsibilities - Health

3.1 Designated Professional Designated Doctor and Designated Nurse

In England the term designated doctor or nurse denotes professionals with specific roles and responsibilities for looked after children and /or Safeguarding. Their role is to assist the CCG's and other commissioners of health services in fulfilling their responsibilities to improve the health of children in care including the provision of strategic advice and guidance. In England it is a statutory requirement for CCG's to secure the expertise of designated professionals for looked after children.

The Designated Doctor and Designated Nurse for each area has a strategic overview and responsibility for Children in Care. The Designated Doctors Service for Children in Care &

Safeguarding Children for the CCGs is provided by the Countess of Chester Hospital Foundation Trust & Mid Cheshire Hospitals Foundation Trust.

The Designated Nurse Service for Children in Care and the Designated Nurse for Safeguarding Children roles are provided by West Cheshire & Vale Royal CCG.

3.2 Named Nurse and Named Doctor for Safeguarding Children

In England the term Named Doctor/Nurse denotes an identified Doctor / Nurse with additional knowledge, skill and experience in working with Children in Care who are responsible for promoting good professional practice within their organisation, providing supervision, advice and expertise for fellow professionals. The Named Nurse will work in and usually be employed by the health provider organisation. He or she will act as a principle point of health contact for children's social care.

3.3 Nurse Specialist for Children in Care Responsibilities

Accountable to the Named Nurse Safeguarding Children and works with Named Nurse Safeguarding Children to;

- Deliver a comprehensive service in partnership with other health providers and specialists which meets the requirements set out in the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DFE/DH 2015)
- Liaise directly with the Social Care teams responsible for Children in Care promoting integrated working to achieve better health outcomes for the child;
- Provide advice, support and supervision to staff regarding Children in Care;
- Coordinate the Review Health Assessment process to ensure it is completed within statutory timescales by an identified Health Professional most appropriate to the child;
- Design and deliver training to staff on undertaking Health Assessments and meeting the health needs of Children in Care;
- Quality Assure the Review Health Assessments and identifying any additional training/supervision needs of the individual health practitioners in discussion with the Named Nurse for Safeguarding.
- Plan, facilitate and review training according to locally identified need relating to Children in Care, fostering and adoption within.
- Where the Review Health Assessments are undertaken outside the CWAC geographic footprint and do not meet the expected quality standard the escalation process is followed for further action;
- Actively seek the views of Children in Care ensuring they are the focus of service delivery and their voice is heard;
- Collate health information and providing health outcome data as requested for commissioning purposes;
- Be the identified health professional for children and young people who are excluded from or not accessing main stream education or are hard to engage with universal services. Ensure they have opportunity to access health support and services as required and undertake any health assessments as required;
- Ensure a robust system is in place to track Children in Care placed out of area and ensuring that they are able to access health services in a timely manner.

3.4 Health Visitors, Starting Well Nurses, Family Nurses and Children in Care Nurse

Working in accordance with the guidelines set out in this document;

- Be the identified lead Health Professional (caseload holder) for the Child in Care.
- Undertaking Review Health Assessments within statutory timescale and providing a health summary and Health Plan which contributes to the overall care plan for the child;
- Ensuring the wishes and views of the child are represented and documented at every contact;

- Be responsible for monitoring and reviewing the health needs of the child throughout their time in care. For HV, SWN, FN or CHIC Nurse this involves being the key health contact and understanding the particular health needs for the Child in Care;
- Attending training on the health needs of Children in Care and Review Health Assessments;
- Maintain up to date knowledge of key links to Nurse Specialist and Named Nurse Safeguarding to discuss concerns around a Child in Care;
- Maintain knowledge of how to access, and to be familiar with relevant safeguarding children documents and Children in Care guidance as well as LSCB Child protection & Children in Care Standards;
- Contributing to multi-agency care planning meetings by attending and providing updated health information.
- Contributing to the statutory review process by providing an updated health report to the Independent Reviewing Officer no less than 2 days before the date of the Statutory review.

Local Authority Social Care

3.5 Senior Manager for Children in Care and Care Leavers

- Working in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- Promoting strong relationships with Specialist Community Public Health Nurses in Local Authority, Named Nurse Safeguarding Children, Children in Care Nurse Specialists, Community Pediatrician's and Designated Professionals to achieve the best possible health outcomes for Children in Care

3.6 Social Workers

- Work in accordance with the guidelines set out in this document;
- Working with the Nurse Specialists for Children in Care to ensure when a child becomes new to care the Initial Health Assessment is completed in a timely way and the Health Plan is part of the overall care plan for the child;
- Ensuring that subsequent health assessments are requested in a timely way and Health Plans are reviewed as part of the on-going care plan;
- Ensuring information pertaining to the child such as change of placement, education, change of legal status, or change of Social Worker is communicated in a timely way to Children in Care Nurse Specialists.

4. Duties and responsibilities when a child is new to care

Table 2 illustrates the steps that need to be followed when a child becomes new to care.

Table 2: Actions and responsibilities when a child is new to care			
	Action	What needs to happen	Person responsible
1	Plan agreed for child to come into care	Notification to Nurse Specialists for Children in Care within 1 day of placement via secure email cwp.childrenincarenurses@nhs.net	Social Worker / Access to Resources Team

Table 2: Actions and responsibilities when a child is new to care

	Action	What needs to happen	Person responsible
2	Child is placed outside the Cheshire West and Chester area	<p>Receiving Health organization to have prompt notification of Child in Care placed within their area.</p> <p>Notification and guidance for children placed out of area to be sent to receiving areas Named Nurse for Children in Care within 48 hrs of placement.</p> <p>Arrangements made to transfer health records to receiving area.</p> <p>Lead health professional identified transfer of health information between the existing health professional and receiving health professional to take place within 5 days. Transfer out handover to be written and verbal.</p>	<p>Nurse Specialist for Children in Care</p> <p>Lead health professional.</p>
3	Child placed within the Cheshire West and Chester area	Notification sent to Health professionals involved with the child within 48 hrs to include: GP, HV or SWN or Family Nurse, Community Paediatrician within CCG and dependent on individual cases external health provider. Notification to be recorded and retained in Child's Health record.	Nurse Specialist for Children in Care
4	Child to have Health needs assessed	<p>Initial Health Assessment to be requested within 48 hrs of placement as per IHA pathway</p> <p>IHA request to co-ordinate Initial Health Assessments (IHAs)</p> <p>IHA requests follow up Pathway</p>	Social Worker
5	Child to have Initial Health Assessment. Health Plan to be drawn up and available for first review of arrangements meeting	<p>Initial Health assessment to take place within 20 days and health Plan drawn up in consultation with carer/parent and child</p> <p>Health plan to be sent to Social Worker, carer, IRO Child/Young person as identified at start of the assessment.</p> <p>A copy of the completed health assessment and health plan is to be included in Child Health Records, and a copy kept by Children in Care Nurse Specialist.</p>	Paediatrician
6	Child to have access to on-going health provision	<p>Ensure child is <u>permanently</u> registered with GP and registered with dental practitioner</p> <p>Information to be highlighted on Health Plan</p> <p>If there are any difficulties accessing services the Nurse Specialist for Children in Care to be informed and follow up.</p>	<p>Social worker/ Health professional</p> <p>Nurse Specialist for Children in Care</p>

Table 2: Actions and responsibilities when a child is new to care			
	Action	What needs to happen	Person responsible
7	Child to have health reviewed within the timescale set out in the statutory guidance	<p>Review Health Assessments to be requested 3 months before they are due and forwarded to the child's lead health professional for completion.</p> <p>Review Health Assessment (RHA) Pathway</p> <p>A full copy of the completed Health Assessment is to be returned to Nurse Specialist for quality assurance including Strengths & Difficulties Questionnaires, and any other screening tools used. Quality Assurance Tool</p> <p>Health assessments and health plans to be quality assured.</p> <p>When passed quality assurance, the health assessment and health care plan to be included in Child Health Records and copy retained by the Nurse Specialists and forwarded to the child's GP.</p> <p>Health care plan to be sent to the, Social worker, Carer, Child/Young person (RHA pathway). Review Health Assessment (RHA) Pathway</p>	<p>Nurse Specialists for Children in Care</p> <p>Lead Practitioner</p> <p>Nurse Specialists for Children in Care</p> <p>Nurse Specialists for Children in Care</p> <p>Nurse Specialists for Children in Care</p>

5. Guidance for health professionals undertaking health assessments

5.1 Initial health assessment

For children new into care the Initial Health Assessment is undertaken by the Community Paediatrician. The appendixes provide the pathway dependent on the child's circumstances.

- [IHA requests follow up Pathway](#)
- [IHA request to co-ordinate Initial Health Assessments \(IHAs\)](#)

For children placed in the Cheshire West and Chester footprint from another local authority, requests for Initial Health Assessments will be coordinated by the Nurse Specialists for Children in Care and arranged in agreement with the Designated Doctors for West Cheshire/Vale Royal.

The Health Assessment should be arranged at a time and location convenient to child and carer. The information leaflet "[Your Health Assessment](#)" should be included with the appointment letter.

The Paediatrician will undertake a full developmental assessment, it includes a review of birth parents medical history along with the child/young person's past medical history and any current health needs.

The health care plan is to be drawn up and agreed in consultation with the carer and child. There should be clear identification of actions needed to address any unmet health needs along with clear timescales for them to be completed and reviewed. Once completed the BAAF form should be signed and the practitioner's details completed;

- [Coram BAAF Form RHA 0-9](#)

- [Coram BAAF Form RHA 10+](#)
- [Coram BAAF Form RHA 17](#)

Following completion of the Initial Health Assessment a full copy is to be forwarded to the Designated Doctor for quality assurance.

The health care plan is then to be sent to the Social Worker, GP and Nurse Specialists for Children in Care and made available for the first review of arrangements meeting.

5.2 Review Health Assessment for a Child under 5 years of age

The Review Health Assessment (RHA) must be undertaken 6 months from the completion of the Initial Health assessment.

The BAAF form RHA - is sent to the child's lead health practitioner 3 months prior to when the RHA is due.

- [Coram BAAF Form RHA 0-9](#)

For children placed in the Cheshire West and Chester footprint from another local authority, requests for Review Health Assessments will be coordinated by the Nurse Specialists for Children in Care and forwarded to the identified health professional for completion within statutory timescale, with Part A fully completed by the child's Social Worker

The Health Assessment should be arranged at a time and location convenient to child and carer. The information leaflet '[Your Health Assessment](#)' should be included with the appointment letter. The child should be present at the assessment and Health Visitor records available;

Prior to undertaking the assessment the previous health care plan and health records should be reviewed to see if the previous identified needs have been addressed. If there are outstanding actions this needs to be highlighted to the Social Worker and the reasons why they have not been met. Any barriers to accessing timely health input should be made known to the Nurse Specialist for Children in Care as soon as possible. Any unresolved difficulties in accessing health services should be escalated to the Designated Nurse.

A holistic review of health and well-being of the child should be undertaken. The health assessment is the opportunity to undertake relevant health promotion and the following areas covered:

- Attachment / emotional development;
- Physical health;
- Growth;
- Diet;
- Immunisations reviewed and confirmed as being up to date. If there are any outstanding immunisations these will be highlighted in health care plan;
- Dental Health. The last dental appointment is recorded on the plan. If this is over 6 months ago it is highlighted as an action on the health care plan;
- Developmental milestones in particular:
 - Speech and language development;
 - Gross and fine motor function;
 - Vision and hearing;
 - Play and pre literacy skills;
 - Social and self- help skills;
 - Accident prevention.

Statutory Guidance on Promoting the Health and Well-being of Looked After Children, (DFE/DH, 2015);

- All sections of the BAAF RHA-C form should be completed. The health summary should reflect the health assessment and include any known diagnoses.
- The Health Plan is to be drawn up and agreed in consultation with the carer.
- There should be clear identification of actions needed to address any unmet health needs along with clear timescales for them to be completed and reviewed.
- The completed BAAF form should be signed, dated and the practitioner's details completed;
- On completion of the health assessment a copy of 'Rate your [Your Health Assessment](#)' to be left for Carer to complete and return;
- The completed paperwork should be forwarded to Nurse Specialist for Children in Care who quality assures the health assessment and Health Plan;
- A copy of the health summary and Health Plan is returned to the Social Worker and recorded on the child's social care record. The original is retained within the child health record and copies of the Health Plan are distributed to the carer, and GP.

5.3 Review health assessment on a school aged child aged 5 - 9 years

The Review Health Assessment RHA needs to be undertaken 12 months after the Initial Health assessment.

The BAAF form RHA - is sent to the child's lead health practitioner 3 months prior to when the RHA is due.

- [Coram BAAF Form RHA 0-9](#)

For children placed in the Cheshire West and Chester footprint from another local authority, requests for Review Health Assessments will be coordinated by the Nurse Specialists for Children in Care and forwarded to the identified health professional for completion within statutory timescale;

The Review Health Assessment is arranged at a time and location convenient to the child and carer. The information leaflet '[Your Health Assessment](#)' and a copy of the Strengths and Difficulties questionnaire should be included with the appointment letter;

The assessment should be explained to the child and consent obtained. They should be aware of the contents of the assessment and how health information will be shared. It should be agreed with the child and carer who will receive the completed health care plan;

If the child is not happy for the assessment to take place there should be a discussion with the carer and the Social Worker to explore and resolve this. The child's views should be documented within the child's health records and Nurse Specialist informed for further advice.

The previous health care plan is reviewed to determine if identified needs have been addressed. If there are outstanding actions this need to be highlighted to the Social Worker and the reasons why they have not been met. Any barriers to accessing timely health input should be made known to the Nurse Specialist for Children in Care as soon as possible. Any difficulties in accessing health services should be escalated to the Designated Nurse for Children in Care;

A holistic review of health and well-being of the child should be undertaken. The Health assessment is the opportunity to undertake relevant health promotion and the following areas covered:

- Physical health and management of specific health conditions e.g. Asthma;
- Communication Skills;
- Ability to make relationships and relate to peers;
- Mental and emotional health, including low mood, conduct disorders. The SDQ completed and scored and recorded on health care plan; [SDQ P4-17](#), [SDQ S11-17](#)
- Progress at school;
- Exercise and diet and understanding of a healthy lifestyle;
- Safety issues including road safety, internet safety;
- Where appropriate to recognise and cope with physical and emotional changes associated with puberty;
- Age appropriate Sex and Relationship Education;
- Immunisations reviewed and confirmed as being up to date. If there are any outstanding immunisations these will be highlighted in health care plan;
- Dental Health. The last dental appointment is recorded on the plan. If this is over 6 months ago it is highlighted as an action on the health care plan;
- Attachment behaviour.

Statutory Guidance on Promoting the Health and Well-being of Looked After Children, (DFE/DH, 2015);

- All sections of the BAAF RHA-C form should be completed. The health summary should reflect the health assessment and include any known diagnoses.
- The health care plan is drawn up in consultation with Child and Carer. There should be clear identification of actions needed to address any unmet or on-going health needs along with timescale for them to be completed and reviewed.
- The completed paperwork should be forwarded to Nurse Specialist for Children in Care who quality assures the assessment and health care plan.
- A copy of the health summary and health care plan is returned to the Social Worker and recorded on the child social care record. The original is retained within the child health record and copies of the health care plan are distributed to the carer, GP, child and agreed at time of consent.

5.4 Review health assessment for children 10-17 years

The Review Health Assessment RHA needs to be undertaken 12 months after the Initial Health assessment.

The BAAF form RHA- YP is sent to the child's lead health practitioner 3 months prior to when the RHA is due.

- [Coram BAAF Form RHA 10+](#)

For children placed in the Cheshire West and Chester footprint from another local authority, requests for Review Health Assessments will be coordinated by the Nurse Specialists for Children in Care and forwarded to the identified health professional for completion within statutory timescale

Health Assessment is arranged at a time and location convenient to child and carer.

Information leaflet '[Your Health Assessment](#)' and SDQ for parent/carer to complete prior to the appointment included with written confirmation;

The health assessment should be explained to the child and consent obtained. They should be aware of the contents of the assessment and what information will be shared. It should be agreed with the child and carer who will receive the completed health care plan; if the child does not give consent to a health assessment being arranged this should be discussed with the child and their carer and alternative arrangements considered. This should be documented within the child's health records, their Social Worker and Nurse Specialist informed;

Previous Health Care Plan reviewed to determine if identified needs have been addressed. If there are outstanding actions this need to be highlighted to the Social Worker and the reasons why they have not been met. Any barriers to accessing timely health input should be made known to the Nurse Specialist for Children in Care as soon as possible. Any unresolved difficulties in accessing health services should be escalated by the Nurse Specialist to the Designated Nurse.

A holistic review of health and well-being of the child should be undertaken. The Health assessment is the opportunity to undertake relevant health promotion and the following areas covered:

- Promoting young people to appropriately self-care and to take responsibility for managing any chronic specific health issues e.g. asthma, diabetes in conjunction with appropriate health professional support;
- Emotional health and well –being, including low mood, depression or self-harming behavior. SDQ completed and scored and recorded on health care plan
- Sex and Relationships Education, to include the ability to make positive and informed choices in relationships. Awareness of positive sexual health and well- being, and how to access confidential health support and advice;
- Dental health. The **last** dental appointment is recorded on the health care plan;
- Health issues including alcohol, tobacco and other substance misuse. Provide details of support services available to young people;
- Ensure childhood immunisation programme is complete and identify gaps.

Statutory Guidance on Promoting the Health and Well-being of Looked After Children, (DSCF/DH, 2015);

- All sections of the BAAF RHA-YP paperwork should be completed. The health summary should reflect the health assessment. The health care plan is drawn up in consultation with Child and Carer. There should be clear identification of actions needed to address any unmet or on-going health needs along with timescale for them to be completed and reviewed.
- A copy of 'Rate your [Your Health Assessment](#)' is left for child to complete and return in a freepost envelope.
- A copy of the health summary and health care plan is returned to the Social Worker and recorded on the child social care record. The original is retained within the child health record and copies of the health care plan are distributed to the carer, GP, young person and agreed at time of consent.

5.5 Me and My Health Guide

At the Review Health Assessment **14 - 15th Birthday** a link for 'Me and My Health Guide' <https://cicc.org.uk/wp-content/uploads/2017/01/Me-and-My-Health-Guide-2016.pdf> will be sent to the young person by letter by the Children in Care nurse Specialists and recorded on EMIS.

A copy of 'Rate your ["Your Health Assessment"](#)' is left for the child to complete and return to a freepost address.

A copy of the health care plan is returned to the social worker and recorded on the child social care record. The original quality assured RHA is retained within the child health record and copies of the health care plan are distributed to the carer, GP, young person and agreed at time of consent.

5.6 Declined Review health assessment young person aged 16-18yrs

If the young person does not give consent for a full Review Health Assessment they should be given every opportunity to discuss their health with their lead health practitioner at a time and place convenient to them and be given health advice and support as appropriate.

This should be documented in the Child Health Record and Social Worker informed.

5.7 Care Leavers Health Summary

At the Review Health Assessment **aged 17** a Care Leavers Health Summary is discussed and consent obtained. A Care Leavers Summary will then be completed and offered to the young person by their 18th birthday. This should be recorded on the health plan. [Care Leavers Health Summary](#)

The Care Leavers Health Summary will be retained within the young person's record and copies will be distributed to GP and social worker if agreed by young person at time of consent.

5.8 Undertaking strength and difficulties questionnaires

Statutory guidance highlights the importance of monitoring and supporting the emotional health and well-being of Children in Care. The Strengths and Difficulties Questionnaire (SDQ) is a screening tool used nationally to score emotional, peer, conduct and hyperactivity difficulties <https://www.sdqinfo.org/> For children aged 4-17 years (inclusive) the SDQ is completed by the carer at the health assessment. [SDQ P4-17](#)

For children aged 11-17 years a self -reported SDQ is completed and scored and recorded as part of the health assessment. If difficulties are identified during the Review Health Assessment then a consultation with Caring to Care Service should be sought and discussed with the child's Social Worker, Caring to Care pathway. [Core Assets Caring to Care Referral Pathway 2016](#) A referral to the Caring to care Service can only come from the Social Worker. [SDQ S11-17](#)

5.9 Care Planning Meeting, Personal Education Planning Meetings & Statutory Review Meetings

Identified lead health practitioners have a responsibility to contribute to Care Planning Meetings, Personal Education Planning Meetings and Statutory Review meetings. This is either through attendance or by providing a written health update report. [SDQ P4-17](#), [SDQ S11-17](#)

If the practitioner is unable to attend a meeting then they have a duty to send apologies to the Social Worker provide a health update report and request minutes from meeting.

At the request of Children in Care and care leavers the Independent Reviewing Officers do not expect the lead health practitioner to attend Statutory Review Meetings routinely but require a written health update report a minimum of 2 days before the meeting. Other responsible local authorities may have different processes. [Health Update for Children in Care Form](#)

5.10 When a child ceases Looked After Status

The Local Authority is to notify Children in Care Team with details of the child's change of status.

The Children in Care Health Team will notify lead health practitioners, GP and Designated Doctor for Children in Care of changes in the child's status.

The health needs of the child need to be reviewed by the lead health practitioner to ensure that any unmet health needs are addressed as appropriate.

When an Adoption Order has been granted the CWP Lead health practitioner is to liaise with GP and/or adoptive parent to confirm if a new NHS number has been issued, write summary of clinical health records, manage the closure of old record and the commencement of a new Child Health Record.

5.11 Confidentiality

Health professionals providing advice and support around sexual health and contraceptive services will use the Fraser guidelines for young people under the age of 16 years [Fraser Guidelines](#).

Confidentiality should be respected unless the young person is putting themselves or others at risk. The same principles apply to a Child in Care.

It is important that a young person in care is given the support and guidance around sexual health including appropriate referral and signposting and should understand they have the same right to confidentiality as their peers.

If health professionals are in any doubt they should consult with the Nurse Specialist for Children in Care.

If a Child in Care becomes pregnant the lead health professional should liaise with the Social Worker and Nurse Specialist for Children in Care who should discuss.

- The young person's view about pregnancy;
- The choices available to her;
- The young person's views about informing her parents;
- The young person's views about informing other people.
- Consideration of any risk of child exploitation; criminal or sexual, or domestic abuse as per [Safeguarding Children Policy](#).

If a practitioner has any doubts it is recommended that advice should be sought from the Nurse Specialist for Children in Care.

5.12 Information sharing

The Health Plan will be recorded on the child's social care record. It is important that the child and carer understand how the child's health information is going to be used and consent obtained at the time of the assessment. A copy of the agreed health Plan is sent to the carer, and young people are also offered a copy and this should be recorded in the health plan.

5.13 Record keeping

In line with CWP Health record policies the date of the Review Health Assessment should be documented in the Child Health Record and signed by the practitioner. A full copy of the

CORAMBAAF paperwork should be filed in the records along with any subsequent health actions or referrals once passed the quality assurance tool.

5.14 Adoption

If the plan for permanence for the child is adoption the Social Worker should liaise with the Nurse Specialist for Children in Care regarding the medical assessment required for placement order proceedings. The medical is undertaken by the Paediatrician (Usually the medical advisor for adoption). The BAAF paperwork (IHA C or YP, Mother and Baby form and Parental History and consent) is sent to the Nurse Specialist who will collate the health information required and requests the child's health records in time for the adoption medical. [Children in Care Adoption Medical Assessment Pathway](#).

Until the adoption order has been granted the child is still subject to the health review schedule as a Child in Care. In planning the adoption medical this should be taken into account so that the child does not have to attend unnecessary medical appointments. The Social Worker should seek advice from the Nurse Specialist for Children in Care.

5.15 Medical consent and parental responsibility

Medical consent remains with the parent(s) with parental responsibility unless terminated by Court. Courts can grant Local Authorities with shared parental responsibility if an Interim Care Order, Full Care Order or Placement Order is in place.

At the time of entering care, consent to medical treatment should be signed by the Social Worker and the Birth parent and recorded in the Social Care record. It should be clearly specified and available for the Initial Health Assessment and filed in the Child Health Record.

Consent must be given freely and voluntarily. Informed consent must be sought for any health assessment, examination, investigation or treatment after careful explanation has been given to the parent or adult with parental responsibility.

For consent to be valid, the person (child or parent) giving consent must be:

- capable of taking that particular decision ('competent')
- acting voluntarily (not under pressure or duress from anyone)
- provided with enough information to enable them to make the decision. (DoH 2001)

Delegated Responsibility is when the responsibility for making day to day decisions about a child has been passed to the foster carer by the Local Authority. This can include decisions around activities, haircuts and overnight stays amongst other things. It is a signed agreement that the carers and the Local Authority hold.

In an emergency situation the health professional carrying out health care may make a decision in the best interests of the child to prevent delay (life threatening conditions).

There may be occasions when parents refuse a medical examination and the child is not of Care order then the local authority shares parental responsibility with the parent and can give consent. If the child is voluntarily accommodated under Section 20 of the Children Act, then the Local Authority does not have parental responsibility. In these cases, when the child is in the care of the Local Authority and the Local Authority has done all it can to obtain the necessary consent and the parents still refuse, the Local Authority must make sure that all necessary medical examinations and treatment are made available to the child as they are required to do so under the Children Act 1989 s22(3) (DoH 2001).

5.16 Parental responsibility

Birth mother always retains parental responsibility (adoption is the only exception).

From 1st December 2003 fathers who register the birth with the mother automatically gain parental responsibility (PR). This only applies to children who have been registered after this date. Fathers whose children were born prior to this date will have PR if the child was born within marriage. If the parents were not married the father may have obtained PR through a Parental Responsibility Agreement or application to court. Good practice requires that the father should be consulted if there is an ongoing relationship with the child.

The Local Authority shares parental responsibility if a Full Care Order or Interim Care Order has been made. An Emergency Protection Order confers limited parental responsibility on the Local Authority. Parents retain sole parental responsibility in the event of a Police Protection Order.

Parental Responsibility can also be obtained through the Courts granting a Child Arrangement Order, Adoption Order or Special Guardianship Order (See [definitions](#)).

It is recommended that legal advice is sought if there are any doubts regarding parental responsibility.

5.17 Serious illness / serious accident / hospitalisation

When a serious illness or accident occurs and where hospitalisation is required the Social Worker will inform:

- The team or principal manager;
- The child's parents;
- Key medical / nursing staff on the ward informing of the child's care status and any restrictions on parental contact;

5.18 Death of a Child in Care

If a Child in Care dies, the Social Worker must ensure the following are informed:

- Parents;
- Siblings if also in care;
- Principal / Practice manager;
- Divisional Manager;
- Operational Director; Nurse/Nurse Specialist for Children in Care;
- The Nurse Specialist (responsible for CDOP) will need to inform Child Death Overview Panel and the Designated Nurse Safeguarding Children (Pan Cheshire Child Death Review Process <http://www.online-procedures.co.uk/pancheshire/procedure>)

5.19 Children in Care Training

Review Health Assessments will be undertaken by health professionals who have undertaken the required training. Training on undertaking the Review Health Assessment will be offered to new staff and competencies will be reviewed annually, through the quality assurance process by the Nurse Specialists for Children in Care, and reviewed as part of the appraisal process.

Training on undertaking Initial Health Assessments will be undertaken by the Designated Doctor for Children in Care Countess of Chester Hospital NHS Foundation Trust and Mid Cheshire Hospital Trust.

All staff within Cheshire West and Chester, Children's Services, Cheshire and Wirral Partnership NHS Foundation Trust will have training specific to the health needs of Children in Care on an annual basis in line with published guidelines. *Looked after Children: Knowledge, Skills and Competence of Health Care Staff. Intercollegiate Role Framework*, RCN, RCPCH March 2015

6. Clinical supervision for health professionals

Clinical Supervision will be provided by the Nurse Specialists for Children in Care. This will be determined on an individual basis reflecting the needs of the Child in Care and that of the practitioner. It will be in line with CWP Trust clinical supervision policy.

CWP lead practitioners for Children in Care are to arrange clinical supervision with Nurse Specialist within 3 months of a child becoming a Child in Care or being allocated to their caseload. Subsequent supervision to be agreed between practitioner and supervisor dependent on individual need.

Appendix 1 - Schedule for Children in Care Health Assessments

<p>Initial Health Assessment Medical examination Review of parents medical history Review of child/young person’s past medical history Current health needs</p> <p>Health care plan drawn up and made available for the first review and overall care plan.</p>	<p>Undertaken by Community Pediatrician within 20 working days of entering care. IHA requests follow up Pathway IHA request to co-ordinate Initial Health Assessments (IHAs)</p> <p>BAAF form used</p>
<p>Review Health Assessment Under 5 years old Review of previous health care plan to ensure any outstanding health needs that were identified have been met</p> <p>Review of general health needs. Age appropriate health promotion</p> <p>Health care plan drawn up within statutory timescales to be reviewed in 6 months’ time.</p>	<p>Undertaken by Review Health Assessment (RHA) Pathway Most appropriate Health professional to the child, allocated by Nurse Specialist for Children in Care. 6 months after the Initial Health Assessment and reviewed every 6 months</p> <p>BAAF form used</p> <p>RHA-C</p>
<p>Review Health Assessment over 5 years old. Review of previous health care plan to ensure any outstanding health needs have been addressed</p> <p>Review of general health including emotional health and well -being.</p> <p>Age appropriate health promotion</p> <p>Health care plan drawn up within statutory timescales to be reviewed in 12 months’ time.</p>	<p>Undertaken by Review Health Assessment (RHA) Pathway Most appropriate Health professional to the child, allocated by Nurse Specialist for Children in Care. 12 months after the initial health assessment and reviewed every 12 months</p> <p>BAAF form used</p> <p>RHA-YP</p>
<p>Returned Health Assessments</p> <p>All completed Health Assessments are to be returned to Nurse Specialist when completed for Quality Assurance.</p> <p>Once completed health assessments are Quality Assured using a Tool based on national quality standard.</p> <p>Health assessments which pass the quality assurance proceed to be processed and uploaded onto liquid logic.</p> <p>Health assessments which require further amendment are returned to the practitioner see Failed to meet QA criteria pathway RHA not meeting QA criteria Pathway</p>	<p>The follow up of all outstanding Review Health Assessments is instigated using the escalation process</p> <p>Children in Care Adoption Medical Assessment Pathway</p> <p>Health assessments which fail the quality assurance standard remain outstanding until they have been amended and returned to the Nurse Specialist. and meet quality assurance standard.</p>

Appendix 2 – Useful documents

The following documents can be located on the CWP Intranet site:

Children in Care Initial Health Assessments (IHA) Pathway (Children/Young People)

- [IHA request to co-ordinate Initial Health Assessments \(IHAs\)](#)
- [IHA requests follow up Pathway](#)
- [OOA IHA Requests Follow Up Pathway](#)

Children in Care Review Health Assessment (RHA) Pathway

- [Coram BAAF Form IHA-C](#)
- [Coram BAAF Form IHA-YP](#)
- [Coram BAAF Form RHA 0-9](#)
- [Coram BAAF Form RHA 10+](#)
- [Coram BAAF Form RHA 17](#)
- [Health Assessment Data Information \(Part D\)](#)

Strengths & Difficulties Questionnaires (SDQ)

- [SDQ P4-17](#)
- [SDQ S11-17](#)
- [Strengths & Difficulties Questionnaire Pathway \(SDQ\) Pathway for Review Health Assessment](#)
- [Core Assets Caring to Care Referral Pathway 2016](#)
- [Children in Care Adoption Medical Assessment Pathway](#)
- [Health Update for Children in Care Form](#)
- [Care Leavers Health Summary](#)
- [Care Leavers Health Summary Pathway](#)
- [Fraser Guidelines](#)
- [Under-16s: consent and confidentiality in sexual health services factsheet \(March 2009\)](#)
- [CWP Children in Care Supervision Form](#)
- [Review Health Assessment \(RHA\) Pathway](#)
- [RHA not meeting QA criteria Pathway](#)
- [Quality Assurance Tool](#)
- [Links to LSCB and Local Link / Contact to Referral Form](#)