# Promoting the health of Children in Care & Care Leavers

**Lead executive**: Director of Nursing Therapies Patient Partnership  
**Author and contact number**: Nurse Specialist for Children in Care - 01244 393338

<table>
<thead>
<tr>
<th>Type of document</th>
<th>Policy</th>
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<tbody>
<tr>
<td>Target audience</td>
<td>Health Visitors, School Nurses, Family Nurse Partnership Nurses, CAMHS &amp; 16-19 Service &amp; CWAC Children's Services Social Workers.</td>
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<tr>
<td>Document purpose</td>
<td>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.</td>
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**Document consultation**

<table>
<thead>
<tr>
<th>AMH – Wirral</th>
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<td>CAMHS</td>
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<td>LD services</td>
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<td>CWP services</td>
<td>Yes</td>
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<td>Corporate services</td>
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<td>Staff side</td>
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<td>Other</td>
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<td>Groups / Committees</td>
<td>N/A</td>
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<td>Involvement taskforce</td>
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**Approving meeting**: Trustwide Safeguarding Sub-committee  
**Implementation date**: July 2016  
**Review date**: Sep-21

**CWP documents to be read in conjunction with**

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<tr>
<th>HR6</th>
<th>CP40</th>
<th>CP3</th>
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<tr>
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<td>Safeguarding Children Policy (including safeguarding children training)</td>
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<td>Health Records Policy</td>
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**Training requirements**: Yes – within Induction Training & Clinical Supervision

**Financial resource implications**: Yes
# Equality Impact Assessment (EIA)

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<td>• Ethnic origins (including gypsies and travelers)</td>
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<td>• Religion or belief</td>
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<td>• Sexual orientation including lesbian, gay and bisexual people</td>
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<td>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
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<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
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<td>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</td>
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<td>Is the impact of the document likely to be negative?</td>
<td>No</td>
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<td>• If so can the impact be avoided?</td>
<td>N/A</td>
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<td>• What alternatives are there to achieving the document without the impact?</td>
<td>N/A</td>
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<tr>
<td>• Can we reduce the impact by taking different action?</td>
<td>N/A</td>
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<td>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.</td>
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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 |
References

9. Promoting the Quality of Life of Looked After Children, NICE (2010)

Document change history

Changes made with rationale and impact on practice

1. 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)
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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 2015–2018)

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 either 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 both Cheshire & Wirral Partnership and East Cheshire Trust. The Vale Royal CCG commissions services from East Cheshire Trust and CWP in relation to Children in Care which is determined by the child’s age. West Cheshire CCG commissions Children in Care Nurse Specialist Service from 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);

This guidance should be read in conjunction with the above.

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) for children 0-5yrs, School Nurses (SN) for children 5-19 years, 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) and Nurse Specialist Children in Care (East Cheshire 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, SN and Nurse Specialist Children in Care staff employed by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and East Cheshire NHS Trust covering Vale Royal, 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 (Section31) 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 2010). 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.

2. Definitions

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Association for Adoption and Fostering (BAAF) known As CORAM BAAF</td>
<td>UK based organisation which focuses on supporting, advising and campaigning for better outcomes for Children in Care.</td>
</tr>
<tr>
<td>Delegated Authority</td>
<td>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.</td>
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<tr>
<td>Emergency Protection Order (EPO)</td>
<td>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.</td>
</tr>
<tr>
<td>Fraser Guidelines</td>
<td>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: &quot;provided he is satisfied in the following criteria...&quot; For more information see Appendix 10</td>
</tr>
<tr>
<td>Gillick Competence</td>
<td>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.</td>
</tr>
<tr>
<td>Health Care Plan</td>
<td>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.</td>
</tr>
<tr>
<td>Initial Health Assessment</td>
<td>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 unrecognised. A health care plan is drawn up and forms part of the overall care plan for the child.</td>
</tr>
<tr>
<td>Independent Reviewing Officer (IRO)</td>
<td>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</td>
</tr>
<tr>
<td><strong>Local Safeguarding Children Board (LSCB)</strong></td>
<td>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 &amp; 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.</td>
</tr>
<tr>
<td><strong>Looked After Child (to be referred to as Children In Care see also Child in Care)</strong></td>
<td>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 &amp; Looked After Child have the same working definition.</td>
</tr>
<tr>
<td><strong>Out of Area (OOA) or Out of Borough (OOB)</strong></td>
<td>A child whose responsible authority is CWAC but has been placed outside the boundary of CWAC for placement &amp;/or education.</td>
</tr>
<tr>
<td><strong>Placement Order</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Police Protection</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Review Health Assessment</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Residence Order</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Section 20 of the Children Act 1989 (Voluntary Accommodation)</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Section 31 of the Children Act 1989 (See</strong></td>
<td>Under Section 31 of the Children Act, the child is in...</td>
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</table>
Care Order

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 CWP and East Cheshire (Vale Royal).
- 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, School 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, SN, 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 Paediatricians 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>
<thead>
<tr>
<th>Action</th>
<th>What needs to happen</th>
<th>Person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Plan agreed for child to come into care</td>
<td>Notification to Nurse Specialists for Children in Care within 1 day of placement via secure email <a href="mailto:cwp.childrenincarenurses@nhs.net">cwp.childrenincarenurses@nhs.net</a> and <a href="mailto:ecn-tr.C4C@nhs.net">ecn-tr.C4C@nhs.net</a></td>
<td>Social Worker / Access to Resources Team</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Action</th>
<th>What needs to happen</th>
<th>Person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Child is placed outside the Cheshire West and Chester area</td>
<td>Receiving Health organization to have prompt notification of Child in Care placed within their area. 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. Arrangements made to transfer health records to receiving area. 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.</td>
<td>Nurse Specialist for Children in Care Lead health professional.</td>
</tr>
<tr>
<td>3 Child placed within the Cheshire West and Chester area</td>
<td>Notification sent to Health professionals involved with the child within 48 hrs to include: GP, HV or SN 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.</td>
<td>Nurse Specialist for Children in Care</td>
</tr>
<tr>
<td>4</td>
<td>Child to have Health needs assessed</td>
<td>Initial Health Assessment to be requested within 48 hrs of placement as per IHA pathway (See Appendix 2)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| 5 | Child to have Initial Health Assessment. Health Plan to be drawn up and available for first review of arrangements meeting | Initial Health assessment to take place within 20 days and health Plan drawn up in consultation with carer/parent and child  
Health plan to be sent to Social Worker, carer, Child/Young person as identified at start of the assessment.  
A copy of the completed health assessment and health plan is to be included in Child Health Records and copy of the Summary & health plan is to be sent to the Nurse Specialists and GP and Social Worker. | Paediatrician |
| 6 | Child to have access to on-going health provision | Ensure child is permanently registered with GP and registered with dental practitioner  
Information to be highlighted on Health Plan  
If there are any difficulties accessing services the Nurse Specialist for Children in Care to be informed and follow up. | Social worker/ Health professional  
Nurse Specialist for Children in Care |
| 7 | Child to have health reviewed within the timescale set out in the statutory guidance | Review Health Assessments to be requested 8 weeks before they are due and forwarded to the child’s lead health professional for completion. See appendix 3  
Health assessments and health plans to be quality assured  
Health care plan to be sent to the, Social worker, Carer, Child/Young person see Appendix 3 (RHA pathway)  
A full copy of the completed Health Assessment is to be returned to Nurse Specialist for quality assurance (See appendix 12).  
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 | Social Worker  
Nurse Specialists for Children in Care  
Nurse Specialists for Children in Care  
Lead Practitioner  
Nurse specialists for Children in Care |

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. (See appendix 2)
- 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’ (Assessment’ http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-Leaflet-V2.pdf) 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 (appendix 4) should be signed and the practitioner’s details completed;
- 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 Nurse Specialist will request the BAAF RHA-C form from the Social Worker 8 weeks prior to this date; See appendix3
- 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 BAAF form RHA-C (Appendix 4) is sent to the child’s lead health practitioner, 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’ http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-Leaflet-V2.pdf 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;
o Social and self- help skills;
o Accident prevention.


- 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’ (http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-form-V3.pdf) 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 Heath assessment. The Nurse Specialist will request the BAAF RHA-C form from the Social Worker 8 weeks prior to this date; (see appendix 3)
- 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 BAAF form RHA-C (Appendix 4) is sent to the child’s health practitioner with Part A fully completed by the child’s Social Worker;
- The Review Health Assessment is arranged at a time and location convenient to the child and carer. The information leaflet “Your Health Assessment” http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-Leaflet-V2.pdf 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 advise.
- 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:
  o Physical health and management of specific health conditions e.g. Asthma;
  o Communication Skills;
  o Ability to make relationships and relate to peers;
  o Mental and emotional health, including low mood, conduct disorders. The SDQ (Appendix 5) completed and scored and recorded on health care plan;
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.


- 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 school aged children 10-16 years**

- The Review Health Assessment RHA needs to be undertaken 12 months after the Initial Heath assessment. The Nurse Specialist will request the BAAF form from the Social Worker two months prior to this date;
- 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;
- BAAF form RHA-YP sent to Practitioner with Part A fully completed by the child’s Social Worker;
- Health Assessment is arranged at a time and location convenient to child and carer. Information leaflet ‘Your Health Assessment’ ([http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-Leaflet-V2.pdf](http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-Leaflet-V2.pdf)) and SDQ for parent/care 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 for the arranged assessment to take place alternative arrangements should be made with the child and their carer to discuss their concerns and identify how their health needs can be addressed. 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:
o 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;

o Emotional health and well-being, including low mood, depression or self-harming behaviour. SDQ completed and scored and recorded on health care plan (www.sdqinfo.org/ and http://www.sdqscore.org/Amber);

o 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;

o Dental health. The last dental appointment is recorded on the health care plan;

o Health issues including alcohol, tobacco and other substance misuse. Provide details of support services available to young people;

o Ensure childhood immunisation programme is complete and identify gaps.


- 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’ (http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-form-V3.pdf) 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 & Health Passport

- At the Review Health Assessment closest to their 14th Birthday a copy of ‘Me and My Health Guide’ (http://www.cicc.org.uk/wp-content/uploads/2013/03/Me-and-My-Health-Guide-2013.pdf) will be given to the young person with an opportunity to go through and discuss relevant sections with a health professional; This should be recorded on the Health plan.

- At the Review Health Assessment closest to their 14th Birthday a Health Passport (Appendix 8) is discussed, completed and offered to the young person. This is then reviewed on an annual basis at subsequent Review Health Assessments (See Appendix 4). When a child completes a Health Passport (Appendix 8) or it is updated this should be recorded on the Review Health Assessment document and Health Plan.

- A copy of ‘Rate your ‘Your Health Assessment’ (http://www.cicc.org.uk/wp-content/uploads/2013/03/98159-Health-Asst-form-V3.pdf) is left for child to complete and return in a freepost envelope.

- A copy of the health summary, health care plan and Health Passport 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.

5.6 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 the Nurse Specialist for Children in Care 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 **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 ([www.sdqinfo.org/](http://www.sdqinfo.org/)). For children aged 4-16 years (inclusive) the SDQ (Appendix 5) is completed by the carer at the health assessment. 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 ([appendix 7]). A referral to the Caring To care Service can only come from the Social Worker.

5.8 **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 (Appendix 8). 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 (Appendix 8) a minimum of 2 days before the meeting. Other responsible local authorities may have different processes.

5.9 **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. For health practitioners employed by East Cheshire NHS Trust the Child Health Records are to be forwarded to the Nurse Specialist who will complete this process.

The CWP Lead health practitioner is to arrange supervision to discuss closing the case. Health practitioners in East Cheshire Trust are advised to keep these children on a universal plus programme of extra support for a minimum of 6 months.

5.10 **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 (see [appendix 9]).

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 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 sexual exploitation / 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.

5.11 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.

5.12 Record keeping
In line with CWP and ECT 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 CORAM BAAF paperwork should be filed in the records along with any subsequent health actions or referrals.

5.13 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 (Appendix 8).

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.

5.13 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 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 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 cares 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 sufficient age and understanding to make the decision. If the child is subject to an Interim or Full 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)

5.15 **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 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 but the 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 definition's)

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

5.16 **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;

The responsible Local Authority are required to notify Ofsted of serious illnesses and, accident’s and where a serious disease occurs in a carer’s home which requires notification by a medical practitioner.
5.17 **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;
- Ofsted;
- Named 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)

6. **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 updated annually by the Nurse Specialists for Children in Care.

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 and East Cheshire NHS 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

7. **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/East Cheshire 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 & supervisor dependent on individual case.

It is a requirement of East Cheshire NHS Trust that all health practitioners who have Children in Care on their caseload receive clinical supervision on a 6 monthly basis. See appendix 11 for copy Supervision documentation
# Appendix 1: Schedule for Health Assessments

**Schedule for Children in Care Health Assessments**

<table>
<thead>
<tr>
<th><strong>Initial Health Assessment</strong></th>
<th><strong>Undertaken by</strong></th>
<th><strong>BAAF form used</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical examination</td>
<td>Community Paediatrician within 20 working of entering care.</td>
<td>IHA-C for under 10 years old</td>
</tr>
<tr>
<td>Review of parents medical history</td>
<td></td>
<td>IHA-YP for over the age of 10 years</td>
</tr>
<tr>
<td>Review of child/young person’s past medical history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care plan drawn up and made available for the first review and overall care plan.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Review Health Assessment Under 5 years old</strong></th>
<th><strong>Undertaken by (See Appendix 3)</strong></th>
<th><strong>BAAF form used</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of previous health care plan to ensure any outstanding health needs that were identified have been met</td>
<td>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</td>
<td>RHA-C</td>
</tr>
<tr>
<td>Review of general health needs. Age appropriate health promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care plan drawn up within statutory timescales to be reviewed in 6 months’ time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Review Health Assessment over 5 years old.</strong></th>
<th><strong>Undertaken by (See Appendix 3)</strong></th>
<th><strong>BAAF form used</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of previous health care plan to ensure any outstanding health needs have been addressed</td>
<td>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</td>
<td>RHA-YP</td>
</tr>
<tr>
<td>Review of general health including emotional health and well-being.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age appropriate health promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care plan drawn up within statutory timescales to be reviewed in 6 months’ time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Returned Health Assessments

All completed Health Assessments are to be returned to Nurse Specialist when completed for Quality Assurance.

Once completed health assessments are Quality Assured using a Tool based on national quality standard.

Health assessments which pass the quality assurance proceed to be processed and uploaded onto liquid logic.

Health assessments which require further amendment are returned to the practitioner and escalated instigating the “FAILED Quality Assurance Pathway” (Appendix 10)

The follow up of all outstanding Review Health Assessments is instigated using the escalation process **Appendix 3**

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.
Appendix 2: Initial Health Assessment Pathway – (Children & Young People Originating from Chester & Ellesmere Port)

Child/Young Person becomes child/young person in care (0-19 years)

Social Worker initiates Initial Health Assessment on the day the Child/Young Person becomes a Child/Young Person in Care:
- Specialist Nurse and School Health Supervisor notified within 48 hours.
- Consent obtained from adult with parental responsibility, or child/young person if they have capacity to consent for themselves.
- Part A of appropriate British Association for Adoption and Fostering (BAAF) Form completed – IHA-CYP.

Specialist Nurse to:
- notify School Health Supervisor, GP, Health Visitor, School Health Advisor and Family Nurse Practitioner (if relevant)
- Child/Young Person becomes child/young person in care within 48 hours of notification from Social Worker;
- oversees collation of previous health information.

Social Worker books Initial Health Assessment appointment directly with School Health Supervisor and confirms appointment with carer of child/young person and young person (dependent on age and understanding).
- If appointment is within 2 working days, advise Specialist Nurse and seek advice.
- If child/young person is placed out of area refer to out of area IHA Pathway.

School Health Supervisor to book and confirm Initial Health Assessment appointment with Social Worker, Carer of child/young person and young person (dependent on age and understanding).

Social Worker sends IHA-CYP Form to School Health Supervisor within 48 hours of Child/Young Person becoming a child/young person in care.

Community Paediatrician conducts Initial Health Assessment within 20 working days of the Child/Young Person becoming a child/young person in care.

Community Paediatrics to retain original Initial Health Assessment Form and send full copy to GP, Specialist Nurse, Health Visitor, or School Health Advisor and Family Nurse Practitioner (if relevant) and distribute 1 copy of Part C to:
- Social Worker
- Independent Reviewing Officer
- GP

1 copy of Health plan to:
- Carer of Child/Young Person
- Young Person (dependent on age and understanding)

Part C of Initial Health Assessment Form to be available at Child/Young Person in Care Review. All health recommendations to be reviewed by Social Worker at Child/Young Person in Care Reviews.

Final Children in Care Initial Health Assessment Pathway 16.07.15 BA
Appendix 3: Children in Care Initial Health Assessment Pathway (Children/Young People Originating from Vale Royal)

CHILDREN IN CARE INITIAL HEALTH ASSESSMENT PATHWAY (Children/Young People originating from Vale Royal)

Child/Young Person becomes child/young person in care (0-19 years)

Social Worker initiates Initial Health Assessment on the day the Child/Young Person becomes a Child/Young Person in Care:
- Nurse Specialist and Community Paediatric Secretary notified within 48 hours.
- Consent obtained from adult with parental responsibility, or child/young person if they have capacity to consent for themselves.
- Part A of appropriate British Association for Adoption and Fostering (BAAF) Form completed – IHA-C/YP.

Nurse Specialist to:
- Notify Community Paediatric secretary, GP, Health Visitor, School Health Advisor and Family Nurse Practitioner (if relevant)
- Child/Young Person becomes child/young person in care within 48 hours of notification from Social Worker.

Social Worker books Initial Health Assessment appointment directly with Community Paediatric Secretary and confirms appointment with carer of child/young person and young person (dependent on age and understanding).
- If appointment is within 2 working days, advise Nurse Specialist and seek advice.
- If child/young person is placed out of area, refer to out of area IHA Pathway.

Social Worker sends IHA-C/YP Form to Community Paediatric secretary within 48 hours of Child/Young Person becoming a child/young person in care.

Community Paediatrician conducts Initial Health Assessment within 20 working days of the Child/Young Person becoming a child/young person in care.

Community Paediatrics to retain original Initial Health Assessment Form and send full copy to Nurse Specialist, Health Visitor, or School Health Advisor and Family Nurse Practitioner (if relevant) and distribute 1 copy of Part C to:
- Social Worker
- GP
- Independent Reviewing Officer

1 copy of Health Plan to:
- Carer of Child/Young Person
- Young Person (dependent on age and understanding)

Part C of Initial Health Assessment Form to be available at Child/Young Person in Care Review. All health recommendations to be reviewed by Social Worker at Child/Young Person in Care planning meetings.

Vale Royal Children in Care Initial Health Assessment Pathway 03.02.16 BA
Appendix 5: Children in Care Review Health Assessment Pathway

CHILDREN IN CARE REVIEW HEALTH ASSESSMENT PATHWAY

Child/Young Person becomes child/young person in care (0-19 years) and an initial Health Assessment has been completed (see RHA Pathway)

Social Worker initiates Review Health Assessment 8 weeks before the due date
- Part A of appropriate British Association for Adoption and Fostering (BAAF) Form completed – RHA C/YP
- Consent should be obtained from the adult with parental responsibility or child/young person if they have capacity to consent for themselves and indicated on the form RHA C/YP

Child/Young Person is placed out of area
Nurse Specialist to:
Notify within 48 hrs of receiving notification from the social worker the Designated/Specialist Nurse for Looked after children in the area the child has been placed, GP, Health Visitor, School nurse and Family Nurse Practitioner (if relevant)

Social Worker sends RHA-C/YP Form part A to Nurse Specialist work tray via the live children's information recording system (Liquid Logic)

The Lead health practitioner undertakes the health assessment before the due date and completes part B and C of the RHA-C/YP form and Health Part D form

The original Review Health Assessment Form is returned to the Nurse Specialist with the completed Part D and SDQ for Quality Assurance and distribution and uploading onto the local authority live children's system.

Nurse Specialist sends:
1 full copy of Review Health Assessment to the examining practitioner to retain in the child's records
1 copy of Part C to:
- Child’s GP
- Health Plan to:
  - Carer of Child/Young Person
  - Young Person (dependent on age and understanding)

Part C of Review Health Assessment Form to be available at Child/Young Person in Care Review. All health recommendations to be reviewed by Social Worker at Child/Young Person in Care Reviews.

RHA Pathway Cheshire West and Chester Children in Care 22.10.15
Appendix 6: IHA-C  IHA-YP  RHA-C  RHA-YP  BAAF Forms

BAAF IHA-C

BAAF IHA-YP

BAAF RHA-C

BAAF RHA-YP
### Appendix 7: Health Assessment Data Information (Part D)

#### Health Assessment Data Information (Part D)

- Is this an IHA / RHA (please circle)
- Date: ............................
- NHS Number: ...........................
- Name of Child/Young Person: ...........................................................................................................
- DOB: ............................ Male/Female (please circle)
- Originating Local Authority Area: ...........................................................................................................
- Originating Postcode: ............................
- Local Authority where placed: ...............................................................................................................
- Current Postcode: ............................

**NOTE:** Please tick unless specific information is requested

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<td>Allergies / adverse reactions to medication, food, animals</td>
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<tr>
<td>Please Specify:</td>
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<td>Anaemia</td>
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<tr>
<td>Asthma</td>
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<td>Autistic Spectrum Disorders (including Aspergers)</td>
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<td>Blood borne Infections e.g. HIV, hepatitis</td>
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<tr>
<td>Cancer</td>
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<td>Cardiac</td>
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<td>Co-ordination difficulties</td>
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<td>Coeliac Disease</td>
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<td>Congenital Anomalies</td>
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<td>Cystic Fibrosis</td>
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<td>Emotional / Behaviour / Mental Health</td>
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<td>Enuresis (day / night time wetting)</td>
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<td>Epilepsy</td>
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<td>Failure to Thrive</td>
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<tr>
<td>Foetal Alcohol Spectrum Disorder</td>
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<tr>
<td>Gastro Intestinal</td>
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<td>Genetic Problems e.g. Chromosomal</td>
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<tr>
<td>Growth e.g. short stature, micro cephaly (small head), macro cephaly (large head)</td>
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<tr>
<td>Hearing Problems (including glue ear, hearing aids)</td>
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<tr>
<td>Intrauterine Exposure Risk</td>
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<tr>
<td>Leukaemia / Blood Disorders</td>
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<td>Muscular Disorder</td>
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<td>Obesity</td>
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**VERSION 050814**
Appendix 8:   Strengths & Difficulties Questionnaires

SDQ_English(UK)_p4-17full.pdf

SDQ_English(UK)_s11-17full[1].pdf
Appendix: 9: Strengths & Difficulties Questionnaire Pathway

CHILDREN IN CARE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) PATHWAY FOR REVIEW HEALTH ASSESSMENTS

Child/Young Person in care aged 4-16 yrs (inclusive)

Social Worker initiates Review Health Assessment 8 weeks before the due date
- Part A of appropriate British Association for Adoption and Fostering (BAAF)
  Form completed – RHA C/YP.
- Consent should be obtained from the adult with parental responsibility or
  child/young person if they have capacity to consent for themselves and
  indicated on the form RHA C/YP

Child/Young person is placed out of area –
Specialist Nurse to;
Notify within 48 hrs of receiving notification from the social worker the
Designated/ Specialist Nurse for
Looked after children in the area the child/young person has been placed, GP
and identified Health lead for the child/young person.
Completion of an SDQ for an eligible child will be requested with the next RHA.

Specialist Nurse negotiates appropriate health practitioner to undertake Review Health
Assessment (RHA) and forward C/YP health assessment pack which includes SDQ for carers of
children aged 4-16 yrs

The examining health practitioner undertakes the RHA by the due date
and completes part B & C of the
RHA-C/YP form and Health Part D form

The examining health practitioner scores and discusses the completed
SDQ with the carer and child/young person and records the total
difficulties score on the RHA Health plan together with any identified
actions that have been agreed.

The original RHA form is returned to the Specialist Nurse Health
Team with the completed SDQ for Quality Assurance, distribution
and uploading of the Health Plan and SDQ score onto the local
authority children’s information system (liquid logic)

Specialist Nurse Health Team sends:
- 1 full copy of the RHA to the examining practitioner to retain in the
  child’s records
- 1 copy of Part C to Child’s G.P.
- 1 copy of Health Plan to:
  - Carer of Child/Young Person
  - Young Person (dependent on age and understanding)

BA/ SDQ Pathway for Children in Care/09.12.15
Appendix 10: Core Assets Caring To Care Referral Pathway 2016

Core Assets Caring to Care Referral Pathway

Consultation with Child’s Social Worker to determine if referral to EH&WB Panel is appropriate. If appropriate SW advised to complete referral form, if not appropriate other advice and guidance given to Social Worker, and signposting to other services.

All referrals are heard at EH&WB Panel, where the child’s Social Worker is asked to be present to present their case. Following this the Panel make a decision about whether the referral is accepted, and if so, what type of support will be offered from the CZC service provisions: Therapy intervention, Foster Carer 1:1 support and/or REFLECT groups or up to 12 sessions with a Young Person worker.

Referrals from EH&WB Panel received and acknowledged by C2C Services Manager. Discussion with Therapy Team Manager and Project Co-ordinator to determine the level and type of support being requested, informing allocation to Therapist, Foster Carer support worker or Young Person worker.

Therapy Interventions: each therapist will have their own waiting list, so professionals/Carers/Child will have a named worker, who they can contact for updates on when Therapy intervention will commence. A letter will be send out within 5 working days of allocation to the Child’s Social Worker, Foster Carer and Child to advise who their allocated therapist is.

Young Person Support: If need is determined interim support from the Young Person worker for pre-therapy work can be completed while a child is waiting for a therapy intervention

Foster Carer support: contact will be made with the Foster Carer within 5 working days of allocation.

Young Person Support: contact will be made with the Child’s Social Worker within 5 working days of allocation to arrange a Joint Initial Visit

Reviews and Closing Cases

Therapy interventions: reviewed at session 6, 12, and before session 24 where the therapist will advise the Child’s Social Worker when the case is ready to be closed to therapy or if the child requires a limited extension to therapy intervention to complete targeted outcome. Can be referred back for further support in the future if required e.g. if child/Young person was not engaging with therapy intervention.

Foster Carer Support: 1:1 support reviewed with the Foster Carer at week 6, 12 and 18. If Foster Carer feels they need on-going support they can access REFLECT groups and telephone support. Can be referred back for further support in the future if required.

Young Person Support: closed at week 12, with exceptional circumstances case may be extended for another 6 sessions. Case can be referred back for further support in the future if required.
Appendix 11: Children in Care Adoption Assessment Medical Pathway

Children in Care Adoption Medical Assessment Pathway

Social care propose adoption for a child in care

Social Worker informs the Adoption Medical Advisor’s administrator a minimum of 4 weeks prior to the adoption tracking meeting that an adoption medical is needed (1)

Social worker obtains:
- consent to obtain and share parental health information and completes this with the birth parents (PH forms)
- consent from birth mother for maternal and obstetric information to be obtained from the hospital of the child’s birth (M&B form)

Adoption Medical Advisor’s administrator liaises with the Adoption Medical Advisor regarding the medical

Medical not required (child recently had health assessment)

Adoption Medical Advisor’s administrator collates previous health information – forms PH and M&B and case notes (3)

Adoption Medical Advisor’s administrator books and confirms appointment with child’s carer and social worker and collates previous health information – forms PH and M&B and case notes (2 & 3)

Medical required

Adoption Medical undertaken

Adoption Medical report prepared by Adoption Medical Advisor and sent by Adoption Medical Advisor’s administrator to:
- Social Worker;
- Adoption Panel Administrator;
- Health Visitor/School Nurse; and
- GP

In the best interests of the child and, therefore, best practice, the adoption medical report to be made available for consideration at the Adoption Tracking Meeting (4)

Final Children in Care Pathway 18.6.2014 FQ/IB v3
Appendix 12: Health Update for a Child in Care

Health Update for A Child in Care

Report for statutory review of arrangements meeting (LAC Review).

Date of meeting: ________________  Health Practitioner attending: YES/NO

Date most recent health assessment completed:

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<th>DOB:</th>
<th>NHS Number:</th>
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<tr>
<th>Health Recommendations from last Health Assessment (Part C-Health Care Plan)</th>
<th>Health actions completed</th>
<th>Comments</th>
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<table>
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<th>Chronology of significant events since last Review Meeting</th>
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<tbody>
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In the event of a health action identified on the health care plan not being completed has the matter been discussed with the Nurse Specialist?

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<th>Name</th>
<th>Designation</th>
<th>Date</th>
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<td>Yes</td>
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Base:  Tel No:  

Email address:  

Please send the completed form 2 days before the Review of Arrangements Meeting from an nhs.net account to safeguardingirowest@cheshirewestandchester.gcasx.gov.uk to be forwarded to the appropriate IRO.

1/8/14
Appendix 13: My Health Passport

![My Health Passport](image-url)

- **Name:** 
- **Date of Birth:** 
- **NHS Number:** 
- **GP Name:** (Enter) 
- **GP Tel No.:** 
- **Dentist:** 
- **Dentist Tel No.:** 
- **Allergies:**

For health advice and information visit NHs Choices - www.nhs.uk or if you urgently need medical help or advice but it's not an emergency you can call NHS 111.

Produced by Children in Care Council, NHS Walsall Clinical Commissioning Group & NHS West Cheshire Clinical Commissioning Group.
Appendix 14: Children in Care/Care Leavers Health Passport Pathway

Social Worker initiates annual Review Health Assessment (RHA-YP) for a young person when it is next due during their 14th year.

Nurse Specialist to send the Review Health Assessment request and health information pack to the central point of contact for the relevant 5-19 yrs health and wellbeing team to identify an appropriate School Nurse to complete with the child/young person.

The Review Health Assessment information pack for children and their carers should contain:
- “Your Health Assessment”
- “Rate My health Assessment”
- “Me and My health guide”
- Health Passport

School Nurse books Review Health Assessment appointment directly with the child/young person and young person (dependent on age and understanding).

School Nurse conducts Review Health Assessment and agrees the Health Plan with the child/young person.

School Nurse completes an electronic Health Passport with the child/young person and offers the young person a credit sized hard copy of the Health Passport to keep for their personal use. Completion of the Health Passport is documented on the health plan.

A full copy of the completed health assessment is returned to the Nurse Specialist with the completed Health Passport to quality assure, distribute as per pathway (See Review Health Assessment Pathway) and upload onto the Children’s social care information record for the child/young person (liquid logic).

Following quality assurance of the Review Health Assessment a full copy is returned with the Health Passport by email to the School Nurse to upload onto the EMIS/electronic record for the child/young person.

Health Passport pathway (final) /06.10.15
Appendix 15: Fraser Guidelines

The following links can be accessed for information around sexual health and young people.

*Gillick competency and Fraser guidelines, NSPCC factsheet (July 2012)*

*Under-16s: consent and confidentiality in sexual health services factsheet (March 2009)*
[http://www.fpa.org.uk/professionals/factsheets/consent](http://www.fpa.org.uk/professionals/factsheets/consent)
### SAFEGUARDING CLINICAL SUPERVISION FOR CHILDREN IN CARE

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#### Legal Status:

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<th>No</th>
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<th>Date last care Planning meeting?</th>
<th>Date of last Statutory Review (LAC Review) Review</th>
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<th>Date of last contact by practitioner</th>
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#### Reason for child currently being cared for

---
# Cared for Child Supervision Update completed on

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<th>Child/ren’s Name</th>
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<th>School/Nursery</th>
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<th>Type of Plan/Legal status</th>
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<th>Date of next care plan meeting</th>
<th>Date of next statutory review</th>
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<th>Has the Action Plan been adhered to</th>
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<td>If No reasons why</td>
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<th>Date Practitioner last had contact with the child(ren)</th>
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<tr>
<th>Update of child Health and Development</th>
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**Current assessment of risk/protective factors** (Including Cared for child plan, placement and contact arrangements)
To be completed in the event of failure to meet the required standard for health assessments

Please return to the Nurse specialist for children in care within 5 working days with information/amendments completed as identified

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<tr>
<td>Date returned to requesting CIC Nurse:</td>
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<tr>
<td>Date escalated to Designated Nurse Children in Care (If not amended and returned within 5 working days)</td>
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