Standard Operating Procedure 2 (SOP 2)

Review Health Assessments for Looked After Children

Why we have a procedure?

Research evidence indicates that Looked After Children have poorer life chances when compared with their peers who have not needed to go into care. The Service for Looked After Children (LAC) including Health Assessments is set out within legislative framework and guidance, in particularly Promoting the Health of Looked After Children (2002) which was further updated in the Statutory Guidance on Promoting the Health and Well-Being of Looked After Children Department of Health (DOH) 2009 and Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (DFE and DOH 2015)


National Institute for Clinical Excellence (NICE 2013) has 8 quality standards for the health and wellbeing of looked after children and young people

https://www.nice.org.uk/guidance/gs31 . Across these standards health care has a duty to ensure that all aspects of the children’s and young people’s health needs are met by working in collaboration with partner agencies.

The purpose of this standard operating procedure is to ensure that Health Visitors and School Nurses have clear directions for undertaking Review Health Assessments for children in care.

What overarching policy the procedure links to?

Safeguarding Children Policy

Which services of the trust does this apply to? Where is it in operation?

<table>
<thead>
<tr>
<th>Group</th>
<th>Inpatients</th>
<th>Community</th>
<th>Locations</th>
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<tbody>
<tr>
<td>Mental Health Services</td>
<td>☒</td>
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<td>Learning Disabilities Services</td>
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<tr>
<td>Children and Young People Services</td>
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<td>all</td>
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Who does the procedure apply to?

- Health Visitor’s, School Nurses and LAC Health Team - Competencies required to level 3 of the Intercollegiate Competency Framework (LAC) (March 2015)

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf
**When** should the procedure be applied?

The review of the child’s health plan must happen at least once every six months before a child’s fifth birthday and at least once every 12 months after the child’s fifth birthday (DFE and DOH 2015).

Documentation to be completed will be sent six weeks before the due date to the appropriate Health Visitor or School Nurse by the Safeguarding Administration Team, notifying them that the assessment needs to be carried out.

The exception for this will be when a child has had a Preadaptation Medical (PAM) within 3 months.

**How** to carry out this procedure

**Methodology and procedures**

The Review Health Assessment (RHA) should be completed by no later than the due date. Documentation will be sent out by the LAC Health Team 6 weeks before the assessment is due to be completed.

Should a Health Visitor or School Health Advisor not be able to complete the assessment by the due date, they will need to discuss this with their team leader to identify another member of the team who can assist with this process. If not the LAC Health Team will attempt to do so after consultation with the Health Visitor or School Nurse.

Young People aged 16-18 years old will be seen by the Specialist Nurse for LAC.

Young people who do not have a responsible school nurse will be seen by the LAC Health Team.

The LAC Health Team will complete RHAs for Dudley LAC placed out of borough when no other services can be commissioned to complete the RHA.

The RHA documentation sent out (electronically via NHS.NET team accounts) by the LAC Health Team will contain the following documentation:

All Health Practitioners will receive a covering email with Part A of the British Adoption and Fostering forms (BAAF) as an attachment (a copy of these forms can be found on Intranet on Dudley Safeguarding Children page).

The practitioner will need to access their own blank Part Bs, Part Cs and Strengths and Difficulties Questionnaire (SDQs) as appropriate (a copy of this questionnaire and covering letter can be found on Intranet on Dudley Safeguarding Children page). See criteria below:

- 0-3 – RHA-C (Part B and Part C) without SDQ
- 4-9 – RHA-C (Part B and Part C) with SDQ
- 10+ RHA-YP (Part B and Part C) with SDQ

The health care professional should consult with the Social Worker to enquire whether there are any health concerns about the Looked After Children and Young People (LACYP).
The assessment can take place at the most appropriate venue, which may be school, clinic or home, and this should be arranged with the LACYP’s carer or young person if age appropriate.

If the appointment is made by telephone, confirmation letters can be sent to the carer. If unable to contact by telephone to arrange the health assessment after 3 attempts then a letter should be sent informing the carer of the date and time of the assessment and a copy of this letter to be sent to the named social worker for the LACYP.

Prior to the Health Assessment taking place, it is good practice for the health practitioner to contact the child/young person’s GP for any new information since the last Health Assessment.

The previous Health Plan should be consulted to ensure that all issues have been addressed or whether there are any still outstanding. Where there are resolved issues record this on Part C of health plan in section titled “Changes in health since last assessment”. Should any issues still need to be addressed they should be incorporated into the new Health Plan.

If any health issues are proving too difficult to address this should be discussed with the SW and a way forward established.

A valid consent is necessary for the assessment to take place, which can be addressed in a number of ways:
- The Social Worker/ Team Leader will sign the consent section on Part A of the BAAF form when there is a care order
- Attendance of the parent on the day of the Review Health Assessment to sign the consent. Section 20 will usually need parental consent
- The young person is deemed competent to consent for themselves
- The carer may have delegated responsibility to consent for the child

When the review Health Assessment is completed the paperwork is disseminated as follows:
- One full copy of the BAAF Form to be retained in the child’s health record
- One full copy of the BAAF Form (Part A, Part B and Part C), plus one copy of Part C and the completed SDQ Form (as appropriate) to the LAC Health Team, who will forward Part C to the carer via the Fostering Team and the SDQ to the Local Authority
- One copy of Part C to be forwarded to the child’s GP as the main health record holder
- One copy of Part C to the child’s Social Worker who will if appropriate forward a copy to the child’s parent(s)

Please note that Part C of the BAAF form is the Summary Report and Care Plan of the RHA.

As long as the child/ young person is looked after the health assessments will be an ongoing process carried out in line with their age requirements for LAC and the review cycle within this process will be repeated.

If the Health Visitor or School Nurse carries out an assessment and identifies that a LACYP requires input from CAMHS, the child/ young person should be discussed with the Social Worker. The referral will then be made by the social
worker to the general CAMHS or specialist CAMHS service for LACYP as appropriate.

The Health Action Plan for the child/ young person will be an active document. It will inform all parties of the health actions to be taken.

When a LAC moves from one Health Professional to another, health action plan should be shared verbally and records should be transferred directly, so that the handover of care is seamless ensuring that all identified health needs continue to be met.

The LAC Health Team will be responsible for quality checking all completed RHAs. For the RHAs that have quality issues the practitioner will be sent a quality issues letter returned to the practitioner with which will identify how improvements should be made. The letter includes a check list for the practitioner to redistribute the amended RHA.

**Should you have any problems in applying this protocol to your practice please contact the Designated Nurse for LAC.**

**Clarification of Terminology.**
- ASQ - Ages and Stages Questionnaire
- BAAF forms - British Adoption and Fostering forms
- LACYP - Looked After Children and Young People
- RHA - Review Health Assessment
- SDQ - Strengths and Difficulties Questionnaire

**Additional Information/ Associated Documents**
- BAAF forms
- ASQ
- SDQ
- Appointment letter
- Quality issues letter

**Equipment and Supplies**
Height measures and scales Equipment for ASQ

**Cautions and Interferences**
Consent - Consent will usually have been obtained prior to Part A being sent to the practitioner. If clarity is needed please consult the LAC Health Team/ Safeguarding Children’s team on 01384 366210

Confidentiality - Consider the young person’s views on what should be shared on the RHA and Health Plan. Where there are safeguarding issues these should always be reported to the Social worker and the young person should be informed that this will happen. Please contact the LAC Health Team/ safeguarding children’s team for advice and support on 01384 366210

Exceptions - There can be delays with completing a RHA which are out of the control of the Health Professionals. These delays should be reported to the LAC Health Team as soon as possible so that they can be included in the reporting. Exceptions include:
- Carer/ young person did not attend
- Carer/ young person cancelled
- Refusals
- Child has moved placement

**Review Health Assessment Process**

6 Weeks before due date part A is sent to Health Professional Practitioners electronically. The practitioner will need to access their own blank Part Bs, Part Cs and SDQs as appropriate. See criteria below:

- 0-3 – RHA-C without SDQ
- 4-9 – RHA-C with SDQ
- 10+ RHA-YP with SDQ

Health Professional to contact carer/ young person to arrange Health Assessment

Send letter to confirm appointment (optional if spoken to them to arrange)

Contact Social worker/ GP as appropriate to ask if they are aware of any health concerns

Health practitioner to consult previous health plan to review all health issues. Where issues have been resolved please record this on Part C “Changes in health since last assessment”.

Complete health Assessment Part B and Part C. Include all identified health needs on Health Plan.

Please note that it is best practice to type up the Health Assessment

When the review Health Assessment is completed the paperwork is disseminated as follows:

- One full copy of the BAAF Form to be retained in the child’s health record
- One full copy of the BAAF Form, plus one copy of Part C and the completed SDQ Form (as appropriate) to the LAC Health Team
- One copy of Part C to be forwarded to the child’s GP as the main health record holder
- One copy of Part C to the child’s Social Worker who will if appropriate forward a copy to the child’s parent(s)

The LAC Health Team will be responsible for quality checking all completed RHAs. For the RHAs that have quality issues the practitioner will be sent a quality issues letter returned to the practitioner with which will identify how improvements should be made. The letter includes a check list for the practitioner to redistribute the amended RHA

Unable to make contact x 3
Inform social worker.
Send letter with appointment including where time and venue

Send letter to confirm appointment (optional if spoken to them to arrange)
Where do I go for further advice or information?

- LAC Health Team
- Safeguarding Children Team
- Team Leaders
- Dudley Safeguarding Children Board
- Wolverhampton Safeguarding Children Board
- Sandwell Safeguarding Children Board
- Walsall Safeguarding Children Board

Training
A training package has been developed for the Health Visitors and School Nurses. The training has been delivered to Student Health Visitors and is now being rolled out across the Health Visiting and School Health Teams. The remit of the LAC presentation was to provide an overview of the England and Dudley data, highlight the health needs of this vulnerable group of children and young people, provide explanation of the health assessment process (using the BAAF form) and explore roles and responsibilities for all health professionals providing care for LACYP. Training has been developed to ensure that Health Visitors and School Health Advisors have knowledge, skills and competencies outlined in the intercollegiate role framework 2012, with a focus on producing a high quality health plan. It is expected that health care professionals will attend this training at a minimum every 3 years.

A new model of Supervision has been devised and LACYP supervision will be delivered separately by the LAC Health Team. This will be done 6 monthly as group supervision and additionally as and when practitioners request for individual cases or if audit identifies any concerns.

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust’s Mandatory & Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies

Monitoring / Review of this Procedure
In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment
Please refer to overarching policy

Data Protection Act and Freedom of Information Act
Please refer to overarching policy
### Standard Operating Procedure Details

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<th>BCPFT-SAFE-SOP-09-2</th>
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<td>State if SOP is <strong>New</strong> or <strong>Revised</strong></td>
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<td><strong>Policy Category</strong></td>
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<td>Children and Adult Safeguarding Steering Group</td>
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<td><strong>Month/year consultation process completed</strong></td>
<td>September 2016</td>
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<td><strong>Month/year SOP was approved</strong></td>
<td>October 2016</td>
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<td><strong>Next review due</strong></td>
<td>October 2019</td>
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### Review and Amendment History - to be completed by Corporate Governance

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<th><strong>Version</strong></th>
<th><strong>Date</strong></th>
<th><strong>Description of Change</strong></th>
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<tr>
<td>1.0</td>
<td>Oct 2016</td>
<td>New SOP developed to support overarching Safeguarding Children Policy</td>
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