The Royal Wolverhampton NHS Trust

Policy Number:
CP08
Policy Title:
Children and Young People in Care Policy

Contents

Appendices

1.0 Policy Statement (Purpose / Objectives of the policy)

1.1 The NHS has a major role in ensuring the timely and effective delivery of health services to Looked After Children (DH, 2015). This policy provides the key duties and responsibilities of professionals and the organization as stipulated within Children Act (1989,2004) and NICE Guidance (2010), providing guidance, support and processes involved in delivering the Children and Young People in Care service.

1.2 The term "Children & Young People in Care (CYPiC)" was introduced by Wolverhampton Local Authority following consultation with the Children in Care Council echoing the wishes of the young people in care in 2019. However much of the statutory guidance refers to this group as "Looked After".

1.3 This policy is supplemental to not a replacement for the Wolverhampton Safeguarding Together policy and procedures. These policies and procedures can be accessed via the following link: www.wolverhamptonsafeguarding.org.uk .

1.4 The Trust is committed to working in partnership with parents, carers and families to promote an open, transparent and non-judgmental environment. The Trust recognises the importance of listening to children and young people and ensuring that their opinions are taken into consideration. The Department for Education and Skills (2007) states that each child in care should have a named health professional to help ensure that their needs are met; this health professional is to ensure that the child's health assessments and reviews are undertaken, to co-ordinate the child's health care plan on actions falling to the NHS, and to act as a key health contact to the child or young person's social worker.

1.5 Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Children in care have greater risk of poorer mental health as well as developmental and physical issues (RCPCH, 2020). Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Department for Education and Department of Health and Social Care, 2015).

1.6 This policy has been developed to promote the health and wellbeing of our CYPiC who are in the care of Wolverhampton Local Authority, wherever they are placed, and those placed in Wolverhampton by other local authorities who access services provided by The Royal Wolverhampton NHS Trust.

2.0 Definitions

2.1 Adoption

Adoption is a way of providing the security, permanency and love of a new family when it is not possible for a child to remain with his/her birth parents or within the birth family. Adoption is a legal process which fully transfers Parental Responsibility from the child's birth parents to their adoptive parents.

2.2 Children and Young People

In England, a child is defined as anyone who has not yet reached their 18th birthday. Child protection guidance points out that even if a child has reached 16 years of age and is living independently, in further education, a member of the armed forces, in hospital or in custody in the secure estate, they are still legally children and should be given the same protection and entitlements as any other child.

Children under 16 can consent to their own treatment if they are assessed to be Gillick competent. If the child is not Gillick competent, those with parental responsibility can make a decision on the child's behalf. In most situations, the care and welfare of children under the age of 16 will be dealt with under the care of the Children Act 1989. There are however parts of the Mental Capacity Act (2005) which apply to children under the age of 16 where the ill treatment or wilful neglect of a child who lacks capacity is considered a criminal offence.

Young people aged 16 or over are presumed to have capacity to make their own decisions, unless there's significant evidence to suggest otherwise, in which case formal best interests assessments must be completed in accordance with the Mental Capacity Act (2005).

2.3 Child Exploitation

Child exploitation is a form of abuse where a child or young person is forced or coerced into doing things for the benefit of others. Exploitation is a gradual process and can take many forms including criminal exploitation, sexual exploitation, modern slavery, radicalisation, county lines and trafficking.

2.4 Corporate Parenting

The term refers to the collective responsibility of the Local Authority and partner agencies to provide the best possible care and protection for Looked After Children and to act in the same way as a birth parent would (Children Act 1989.)

2.5 Corporate Parenting Board

The Corporate Parenting Board meets on a regular basis to consider matters which affect children and young people in care. It is also responsible for making sure that the City of Wolverhampton Council's Corporate Parenting Strategy is met.

2.6 Contextual Safeguarding

This is an approach to understand and respond to young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighborhoods, schools and online can feature violence and abuse (Firmin and Knowles, 2020).

2.7 Delegated Authority

This allows foster carers to make everyday decisions about the children and young people they care for, as far as possible, just like parents do. A child's placement plan should record who has the authority to take particular decisions about the child and it should also record the reasons where any day to day decision is not delegated to the foster carer. Decisions regarding delegation of authority should take account of the child's views and consideration should be given as to whether a child is of sufficient age and understanding to take decisions themselves.

2.8 Foster Carers

In the UK, foster carers are trained, assessed and approved to look after fostered children by a fostering service. They are child care experts working as part of a team of professionals providing children with the highest standard of care.

2.9 Health Passport

This is a record of information about a child or young person's health history and medical needs. The health passport is a blue booklet that should be issued to children and young people at their initial health assessment and should remain with them through their journey in care. The principle is the same as a parent held record whereby young people, parents and carers should be encouraged to fill in the details of any health appointments. This is not a statutory document.

2.10 Leaving Care Health Summary

This is a summary of a young person's health history which is compiled for them as they approach 18 years old. This is a statutory document.

2.11 Looked After

This term was introduced by the Children Act 1989 and refers to children and young people who are under the age of 18, those who live away from their parents or family and are supervised by a social worker from the Local Authority Children's Services.

The different sections of the Children Act under which the child could be in care are given below.

- **Section 20 –** This is a voluntary agreement with their parent who holds parental responsibility.
- **Section 31 –** A Care Order is created by court placing a child or young person in the care of the local authority, with parental responsibility being shared between parents and the local authority.
- **Section 38 –** An interim care order gives the local authority shared parental responsibility and allows them to make decisions about where the child lives and the welfare of the child.
- **Section 44 & 46** – Emergency Orders for the protection of children where the police have reasonable cause to believe the child would otherwise be likely to suffer significant harm.
- **Section 21** - When the child or young person is under remand to local authority care or subject to a criminal justice supervision order with a residence requirement.

2.12 Multiagency Child Exploitation (MACE)

MACE meetings are held when a child or young person is deemed to be at medium or high risk of exploitation following a risk assessment. The aim of the meeting is to prevent children and young people being exploited by working together to gather, share and understand important information and intelligence in order to identify potential risks, and for agencies to use their resources to protect the child and young person.

2.13 Mental Capacity Act 2005 (MCA)

The MCA details the method of obtaining lawful authority for care and treatment for those who lack capacity and applies to those over 16 years of age. Deprivation of Liberty Safeguards (DoLS) apply to those over 18 years of age who lack capacity, are under the care and control of another, and would not be free to leave their situation if they wanted to.

However, there may be cases whereby authorization of a deprivation of liberty must be obtained. It is important that 16 and 17 year olds are able to make their own choices and provide consent if they have capacity. Anyone over 16 years of age is presumed to have capacity, and many younger people (depending on their maturity) may have capacity to make decisions about healthcare. Mental capacity assessments must form the practitioner's assessment of this and should be clearly recorded. See CP06 Consent to Treatment and Investigation Policy.

The Liberty Protection Safeguards (LPS) were introduced in the Mental Capacity (Amendment) Act 2019 and is currently under review in terms of implementation for health. LPS will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. For further information on LPS please see Liberty Protection Safeguards: what they are?

Contact the Safeguarding team for further advice and support.

2.14 Parental Responsibility

This is defined in the Children Act 1989 as all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property. A person with parental responsibility means someone with the rights and responsibilities that parents have in law for their child including the right to consent to medical treatment for them, up to the age of 16 years.

2.15 Social Workers

Social Workers exercise the local authority's parental responsibility. This includes making sure that the child's needs are met, that their welfare is safeguarded and they are encouraged to develop to their full potential. Social workers have a legal duty to make sure that the child or young person physical and emotional needs are cared for appropriately.

2.16 Special Guardianship Order

This is an order appointing one or more individuals to be a child's special guardian. It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and would benefit from a legally secure placement.

2.17 Statutory Health Assessment

This is the legal health assessment of a child or young person who is CYPiC. This includes both initial and review statutory health assessments.

2.18 Statutory Initial Health Assessment (IHA)

This is the first health assessment undertaken within 20 working days of a child or young person entering care.

2.19 Statutory Review Health Assessment (RHA)

These are the subsequent assessments which continue for as long as a child holds CYPiC status and ceases when they leave care. A child under 5 years of age receives a Statutory RHA every 6 months. A child or young person over 5 years of age receives a Statutory RHA every 12 months.

2.20 Unaccompanied Asylum-Seeking Children (UASC)
These are children and young people who are seeking asylum in the UK but who have been separated from their parents and carers. While their claim is processed, they are cared for by a local authority.

3.0 Accountabilities

3.1 Clinical Commissioning Groups (CCG)
Clinical Commissioning Groups (CCG) have a duty to comply with requests from the local authority to help them provide support and services to children in need. CCG commissioners need to ensure the services they commission meet the particular health needs of CYPiC (Department for Education and Department of Health and Social Care, 2015).

The NHS contributes to meeting the needs of CYPiC by commissioning effective services to be delivered through provider organisations alongside individual practitioners providing coordinated care for each child, young person and carer.

Where a local authority arranges accommodation for a CYPiC in the area of another CCG, the originating CCG and CYPIC team remain responsible for the health services required in the hosting area.

3.2 Royal Wolverhampton Trust (RWT)
As the provider of services to children and young people in care, RWT is responsible for completing initial and review health assessments for those children and young people who are placed in Wolverhampton and up to 50 miles distant. We have a responsibility to offer CYPiC training to all staff undertaking review health assessments within the trust and provide professional advice in regards to children and young people in care in line with local procedures and national guidance. We provide a quarterly and annual report alongside regular assurance through the Dashboard to the CCG.

3.3 Chief Executive
The Chief Executive is ultimately responsible for ensuring that there are policies in place not only to protect children from abuse but also to ensure that those children and young people looked after by the Local Authority receive health care in line with the Trust's role as a Corporate parent to these children as agreed by the Corporate Parenting Board.

3.4 Head of Safeguarding
The Head of Safeguarding manages the children and adult safeguarding service and manages the children and young people in care service and provides expert leadership on all aspects of the safeguarding agenda. Responsibilities also include ensuring that the Trust has robust systems and processes in place for the protection and ongoing support of adults and children and supporting the work generated by the Wolverhampton Safeguarding Children and Adult Board.

3.5 Safeguarding Team Lead
The Safeguarding Team Lead manages the CYPiC team and provides expert leadership on all aspects of the safeguarding agenda. Responsibilities also include strategic management of the service, ensuring robust systems and processes are in place, working in partnership with Black County and West Birmingham CCG and Wolverhampton

Safeguarding Partnership to ensure a multiagency approach, and providing effective support and acting as a resource to providing accessible, accurate and relevant information trust wide.

3.6 Designated Professionals

The roles of the Designated Doctor and Designated Nurse are to undertake the statutory responsibilities outlined in "Promoting the Health and Well-being of Looked after Children" (DOH, 2015). These posts are intended to be strategic and separate from any responsibilities for individual CYPiC. This includes assisting CCG's and other commissioners of health services in fulfilling their responsibilities to improve the health of CYPiC.

3.7 Named Professionals

Named Doctors and Named Nurses have additional knowledge, skill and experience in working with CYPiC. They are responsible for promoting good professional practice within their organisation; providing supervision, advice and expertise for fellow professionals, and ensuring that training is in place as per Intercollegiate Document (2020).

The Named Doctor is responsible for contributing to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards, including implementation of effective systems of audit and developing CYPiC related guidelines. The Named Doctor also attends all key Directorate and Trust meetings, and the Trust Safeguarding Operational Group (TSOG). This enables the team to raise the profile of CYPiC within RWT and escalate concerns.

The Named Nurse's responsibilities include co-ordinating and monitoring RHA's of CYPiC placed within authority and quality assurance of all health assessments via clinical audit. The Named Nurse is also responsible for contributing to the dissemination and implementation of organisational policies and procedures as well as contributing to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards.

3.8 Specialist Nurse for CYPIC

Specialist Nurses' responsibilities include supporting the Named Nurse and Doctor to ensure that the organisation meets its responsibilities for CYPiC, undertaking health assessments and providing written reports, and ensuring that advice and support are available to multi-agency professionals, CYPiC and their carers.

3.9 Community Paediatricians

Community Paediatricians' responsibilities include completing IHA's for CYPiC, treating and monitoring identified health needs, ensuring necessary referrals for investigation and treatment of conditions identified at clinical assessment, and working collaboratively with CYPiC and their carers and colleagues in Health and Social Care to ensure that the health needs of CYPiC are met.

3.10 Medical Advisor (MA) for adoption

The medical advisors in Wolverhampton are supported by a specialty paediatric doctor and GP with special interest in paediatrics. Their responsibilities include providing an adoption medical report referring to all previous health assessments, analysing past medical health and commenting on future implications to the child, providing a written report to the agency

on the health of prospective carers and offering support and training to professionals involved in adoption process.

See Appendix 1 for the Adoption Process.

3.11 The Named Health Professional

Each CYPiC is to have a 'named' community practitioner (Health Visitor/School Nurse/Partnering Families Nurse/ Named Nurse CYPiC/ Specialist Nurse CYPiC), who is responsible for ensuring that the health needs of CYPiC are identified and addressed by implementing holistic health assessments and developing health recommendation plans. The named practitioner is expected to monitor the progress of the health plan, documenting appropriately in line with Trust policy, and is to liaise with The Named Nurse and other relevant professionals including social workers and the GP if any concerns are highlighted.

3.12 CYPiC Administrators

The CYPiC Administrators are responsible for:

- Coordinating the Initial and Review Health Assessments for all Wolverhampton CYPiC wherever they are placed in line with the agreed service specification;
- Liaising with health and multi-agency colleagues to ensure accurate information required for comprehensive, timely health assessments is requested and received.

3.13 Maternity Services (including neonatal)

- CYPiC may be seen in maternity services either as a mother in receipt of maternity care or as a new-born infant.
- It is anticipated that a mother who is in care would have been identified as such by her community midwife prior to delivery in hospital, and that this information would be recorded clearly in the mother's hand-held maternity records. The information should be checked for by the midwife caring for any young woman under the age of 18. The maternity records should document clearly who can accompany the young person and who should be contacted in the event of the birth as outlined in the birth plan.
- Infants who are voluntarily accommodated under Section 20 of the Children Act 1989 or made subject to a legal order in the immediate post-natal period should have a copy of their post-natal safeguarding plan in the obstetric and medical records. It is important that foster carer addresses are not disclosed given potential associated risks.
- Any neonate requiring medical follow up should be referred to the appropriate medical team.

4.0 Policy Detail

4.1 Team Structure

See Appendix 2 for CYPiC team structure.

4.2 Referrals

It is the statutory responsibility of the allocated social worker for each CYPiC to make all referrals for a health assessment to be undertaken as soon as a child enters care. The allocated social worker will ensure that the appropriate BAAF (British Association of Adoption & Fostering) form with the correct consent and carer details are forwarded to the CYPiC administration team within 5 working days of a child or young person entering care for IHA and a minimum of 8 weeks' notice for RHA's.

4.3 Initial Health Assessments (IHA) – timing and management (Appendix 3)

The purpose of the IHA is to identify and record existing medical conditions from the time the child is first looked after, to provide a comprehensive and holistic health assessment, and to formulate a Health Recommendation Plan (HRP). The IHA provides the opportunity to offer age appropriate health promotion for both the child and carer, and allows the child's wishes and feelings regarding their health to be recorded. A health passport is issued at the IHA which allows the carers and young person to document health information.

In accordance with statutory guidance, all IHA's will be carried out by a Registered Medical Practitioner. The IHA will be undertaken as soon as is practicable after a child becomes looked after. The health assessment should be holistic and include physical, emotional/mental health and health promotion. A typed report of the health assessment and a health recommendation plan are to be prepared for each child. The report from the IHA should be with the social worker within 20 working days of a child entering care. Interpreters will be booked for all health assessments for unaccompanied asylum-seeking children (UASC). Assessments will not take place if the interpreter is not present.

Where appropriate, the health professional should ascertain from the child's social worker which adult or adults (e.g. Foster Carer and, or Birth Parent and, or social worker) need to be present with the child for the IHA.

The Named Doctor for CYPiC is responsible for the Quality Assurance of all completed IHA's. Annex H (Appendix 11).

BAAF form IHA C (child aged 0-10 years old) or YP (Young people aged 10 years or over), is the assessment tool that is used by RWT (Appendix 3a).

4.4 Detail of Review Health Assessment (RHA) Procedure

See Appendix 4 for information in regards to the process upon an RHA request being received.

4.5 RHA – timing and management (Appendix 4a)

The purpose of the RHA is to provide a holistic review of the health and development of our CYPiC, to review the existing plan, and identify any new health concerns, providing an updated care plan. This should be done by engaging the child or young person in their own health care, reflecting their voice throughout the assessment. The RHA provides the opportunity to offer age appropriate health promotion as well as assisting young people preparing to leave care.

RAG rating has been formulated as part of the Covid recovery plan in order to increase face to face appointments and maintain minimal risk to staff and patients.

RHA requests that are due to be booked in will be reviewed at weekly allocation meetings held between the CYPiC team, and will be placed in categories red, amber and green dependent on their health need and level of risk, in order for them to be offered a suitable RHA appointment, either face to face or virtually. CYPiC will be seen by one or more of the CYPiC nurses, ANP's, health visitors, school nurses and partnering family nurses.

CYPiC in special schools will be seen by the paediatrician, the school nurse or the CYPiC nurse. See Appendix 12 for the RHA process for special schools.

The CYPiC Nurses will review I.T. systems (including Clinical Web Portal, health and local authority Eclipse etc), GP summary and previous health assessments, liaising with the allocated social worker, and, if required, with the young person and carer in order to assist with their RAG rating decision. The decision will be recorded on the RHA paperwork and Clinical Web Portal.

Following the completion of the IHA, the timetable for statutory review health assessments is as follows:

- Children birth – 5 years – every six months;
- Children and young people – 5 years – 18 years every twelve months.

Where appropriate the health professional should ascertain from the child's social worker which adult/adults (e.g. Foster Carer and/or Birth Parent and/or social worker) need to be present with the child for the RHA. The accompanying adult should have sufficient knowledge of the child's health needs and be able to provide information to support an effective assessment.

Where health assessments are required to be undertaken outside of clinic settings, the assessing health professional should contact the carer/young person to arrange a convenient time and venue for it to take place.

Contact must always be made with a carer prior to seeing a young person. Where a carer or young person does not attend the professional responsible should follow OP101 Children & Young People Did Not Attend/Failed To Be Brought/No Access At Home Policy and inform the allocated social worker and the CYPiC health team.

See Appendix 4b for information on the RHA forms.

If you have any concerns regarding a CYPiC please refer to Appendix 5 in conjunction with the Safeguarding Children's Policy and Escalation policy .

4.6 Health Information and Documentation

It is imperative the child or young person is present at their assessment, and, where age permits, if they choose to attend independently, the practitioner must also liaise with carer and social worker.

- Before commencing the assessment, it is essential to gain consent from the young person or from the child, if they have sufficient capacity and maturity, or from the adult with parental responsibility. It is important to consider and assess that the child or young person may have capacity to consent. A young person over 16 years is generally deemed competent to consent for themselves. Where capacity is questionable refer to the Mental Capacity Act 2005/2019. See Consent policy .
- For CYPiC the person with parental responsibility may be a birth parent or the local authority. Where in doubt contact their social worker for advice.
- It is the social worker's responsibility to obtain consent for statutory health assessments, routine screening and immunisations when a child is taken into care.
- It is the assessor's responsibility to review details of any previous health assessments and other relevant information to inform the assessment. This must clearly be documented in the assessment paperwork.

- For children under the age of 5 years, an age appropriate assessment tool should be used to assess development and social emotional development.
- When the completing practitioner documents on relevant paperwork it is essential that the voice of the child or young person is identified, regardless of their age or ability to communicate.
- The voice of the child or young person can be obtained via direct observation, discussions with carers and direct engagement with the child or young person, offering them the opportunity to be seen alone if appropriate.
- Where available the child or young person's health passport and personal child health record (red book) should also be updated. These should remain with the child throughout their journey, including those placed for adoption.
- At the point a child is adopted, a new red book can be offered to accommodate the child's new details, however the original red book should still remain with the child.
- Practitioners completing assessments must ensure they adhere to local and national requirements in relation to consent, documentation and record keeping. For record keeping standards see Structure and use of a health record.
- Notifications – when receiving hospital discharge or A&E notifications, the practitioner must review them, upload to electronic records or print, and add them to the CYPiC records; they must also contact the social worker to inform them of attendance and document actions on Clinical Web Portal or 0-19 eclipse. When receiving out of area local authority A&E attendances they should be forwarded by the admin team to the local authority the child or young person is looked after by.

4.7 Consent and Information Sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people (Department for Education, 2018b). Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe (Department for Education, 2018a). Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

If you have any concerns regarding a CYPiC please refer to Appendix 5 in conjunction with the Safeguarding Children's Policy and Escalation policy .

Where appropriate, concerns should be discussed with the parent or carer and unless seeking agreement is likely to:

- Place the child at risk of significant harm through delay or the parent's actions or reactions;
- Lead to the risk of loss of evidential material for example in circumstances where there are concerns or suspicions of a serious crime or induced illness.

The allocated social worker must also be consulted as part of this ensuring information is shared.

Information may be shared between professionals and local agencies without consent if it is to promote the welfare and protect the safety of children. This must be clearly documented in the child or young person's records. For further guidance on information sharing please see Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.

4.8 Special Educational Needs and Disabilities (SEND)

Children and young people in care start with the disadvantage of their pre-care experiences and, often, have special educational needs (Department for Education, 2018). Health professionals working with CYPiC should ensure that the Education, Health and Care Plan (EHCP) works in harmony with their care plan to tell a comprehensive story how about the child or young person's health needs in relation to accessing education are being met (Department for Education and Department of Health and Social Care, 2015). All health professionals undertaking health assessments should ensure that health action plans align with the outcomes in the EHCP's to ensure that, taken together, they meet the child's needs. The CYPiC team is documenting on the database from the IHA's/RHA's which children and young people have SEND and EHCP plans.

For further information on how health professionals can support CYPiC who have special educational needs please refer to 0 to 25 SEND code of practice: a guide for health professionals.

4.9 Regularity of Contact with CYPiC

Health Visiting Service/Partnering Families Team

All pre-school aged CYPiC are to receive a minimum of a face to face contact and have a review of their health recommendation plan by their named health visitor every 3 months regardless of change of placement or change of health visitor. More frequent contact with the child and carer should be undertaken according to need and professional judgement.

School Nursing Service

All school-aged CYPiC are to be reviewed by their named school nurse termly, regardless of school attendance levels. This is an opportunity to support and monitor the health recommendation plan. If the child is too young to understand the care plan, contact can be made with the carer to discuss the health recommendation plan. Contact can take place at clinic, school, in placement, via telephone or by an agreed means, and documented in the notes. More frequent contact with the child and carer should be undertaken according to need and professional judgement. The form of contact should be agreed at the time of the RHA and documented in the health recommendation plan.

RHA's for school-aged children and young people are to be offered at a suitable time and venue for the child. Under no circumstances should a statutory health assessment take place without an awareness of the appointment by the carer or guardian or social worker

If the CYPiC is looked after by another local authority, the practitioner can contact the CYPiC team for that area and request for a copy of the health recommendation plan if it is not already available to them.

4.10 Non-attendances for Health Appointments

The practitioner must document any non-attendance of statutory health assessment appointments in the health record in accordance with the OP101 Children & Young People Did Not Attend/Failed To Be Brought/No Access At Home Policy .The allocated social worker is to be contacted and informed of **all** non-attended statutory health appointments on the same working day.

See Appendix 6 for the Was Not Brought/ not attended appointments pathway for RHA's.
See Appendix 6a for the Was Not Brought/ not attended appointments pathway for IHA's.

Lateral checks are to be completed to confirm correct details, engagement with other services and ensuring the CYPiC is not outstanding other health appointments they may have – this should raise concern and be escalated further in line with the Trust escalation policy.

Three appointments will be offered, a letter will then be sent to the allocated social worker and their line manager informing them that no further appointments will be offered unless specifically requested and arranged for by the social worker in conjunction with the CYPiC team. All correspondence will be copied to the child and/or young person's GP.

NB: for any additional health appointments that CYPiC are not brought to, the health professional involved must follow the OP101 policy, ensuring the allocated social worker and their team manager is fully informed. It is not sufficient to liaise with the carers alone as they do not hold parental responsibility.

4.11 Transition

The transition from childhood to adulthood means leaving school, entering work or higher education, leaving home, and becoming more independent. CYPiC are an extremely vulnerable group of young people and transition can be made harder when professionals fail to plan or manage the process of handover from one service to another. This can have an impact on the health & wellbeing of CYPiC. The school nurse should handover to the CYPiC nurses so that the health needs of CYPiC continue to be met. Plans should be included within the final RHA in regards to referring and liaising with other services.

4.12 Leaving Care Health Summaries (LCHS)

The allocated social worker is responsible for requesting a LCHS from CYPiC health team, by sending a signed consent form from the young person for the summary to be completed. A LCHS provides young people with health information from birth to 18 years. It can include information about birth details, diagnoses, medications, ED attendances, immunisations, development, allergies, (appropriate) birth family health information, dental, vision, and details of local health support services.

LCHS will be discussed with all CYPiC placed in Wolverhampton at their RHA once they turn 16 and written consent will be gained via the social worker. If the young person refuses the LCHS, this must be clearly documented in their records and they should be informed of how they can access their health information in the future should they wish to. LCHS will be completed by the CYPiC Nurses and contact will be made with the young person to arrange for them to be issued. See Appendix 7 for the LCHS pathway.

4.13 Multi-Agency Child Exploitation (MACE)

MACE is a multi-agency professional meeting which is held in order to risk assess, plan and ultimately safeguard children and young people who are at risk of harm through a vulnerability.

Vulnerabilities can (however this is not exhaustive) include:

- Child Sexual Exploitation (CSE);
- Child Criminal Exploitation (CCE) including county lines;
- Missing from Home (MFH);

- Modern Slavery & Human Trafficking;
- Harmful Sexual Behaviour (HSB);
- Online Child Exploitation;
- Wider Contextual Safeguarding.

If you have any concerns regarding CYPiC, regular screening must be undertaken. To access the screening tool please refer to: Wolverhampton Exploitation Screening Tool 0 to 25 Years .
Concerns are to be reported to the social worker and information is to be shared with the CYPiC nurses. CYPiC who are known to MACE will have support from appropriate professionals in accordance with MACE pathway (see Appendix 8).

4.14 Youth Offending Team/Exclusion

CYPiC who have involvement from other agencies from health, such as the Youth Offending Team (YOT), or are excluded from education will follow the YOT/Pupil Referral Unit (PRU) pathway (see Appendix 9).

4.15 Sexual Health

Embrace provide free and confidential sexual health services in Wolverhampton. Everyone is welcome and the young person doesn't need to see a GP first. Please refer to: www.embracewolverhampton.nhs.uk/ for further information.
CYPIC who have involvement from the sexual health service will follow the sexual health Pathway (see Appendix 10).

4.16 Training

CYPiC training is provided as per the intercollegiate document (2020) which underpins the levels of training required for the specific staff groups. Please refer to; Looked After Children: Roles and Competencies of Healthcare Staff for further information.

All practitioners undertaking health assessments for CYPiC are expected to complete level 3 mandatory CYPiC training in line with the RCPCH intercollegiate document (2020). Staff should receive refresher training every three years as a minimum. Non-compliance of CYPiC training will be escalated in line with the OP41 Induction and Mandatory Training Policy. Training, support and guidance are provided by the CYPiC team and supervision is currently provided to practitioners as required.

4.17 Continuity of Service Provision

Any transfer of care to other health colleagues both in and out of the city is to follow the OP97 Confidentiality Code of Conduct for staff - Transferring/sharing of information by post, phone and transport (safe havens)

In all cases, the principles of confidentiality and data protection apply, in order to make sure personal identifiable information is not disclosed inappropriately. Safe haven procedures must be in place where staff are likely to receive personal information from other sites or if they wish to send personal information to other sites. When sending personal identifiable information by email or electronic transfer, personal and identifiable information must be encrypted. When sending paper notes which contain person identifiable information, make sure 'confidential' is marked prominently on the front of the envelope.

Refer also to OP12 IT Security Policy and OP07 Health Records Policy and Statement

(GDPR)

If any of the CYPiC files have school records merged with them and they have left care, the school records are archived with the CYPIC files with a destruction date of 25 years (when they reach their 26th birthday).

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No

6.0 Equality Impact Assessment

The Equality Impact Assessment has been completed and it indicates there is no adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

This policy will be reviewed every three years or earlier if warranted by a change in standards or if changes are deemed necessary from internal sources.

8.0 Communication and Training

This policy will be made available to staff via the Trust intranet page and it will be communicated at the level 3 CYPiC Training.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Application of procedural detail to practice.	CYPiC Health Personnel	Production of monthly Activity Reports, quarterly reports including exceptions and annual reports.	Monthly/ Quarterly/ Annually	CYPiC Health Steering Group CQRM
Quality Assurance of IHA's and RHA's	Named Doctor Named Nurse	Quality Assurance tool Annex H used to quality assure all health assessments.	Daily	Trust Safeguarding Group
Training Compliance	IMTG/ CYPiC Team.	Internal training monitoring.	Monthly	TSOG.

10.0 References

Children Act 1989 Available at www.legislation.gov.uk

Children Act 2004 Available at www.legislation.gov.uk

Department for Education and Department of Health & Social Care (2015) *Promoting the Health and Wellbeing of Looked after Children*. London: HM Government.

Department for Education and Skills (2007) *Care matters: time for change*. Norwich: The Stationary Office.

Department for Education (2018) *Promoting the education of looked-after children and previously looked-after children. Statutory guidance for local authorities.* London: HM Government.

Department for Education (DFE) (2018a) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. London: HM Government.

Department for Education (DFE) (2018b) *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.* London: HM Government.

Firmin, C. and Knowles, R (2020). *The legal and policy framework for Contextual Safeguarding approaches*. The legal and policy framework for Contextual Safeguarding approaches

Mental Capacity Act 2005 Available at www.legislation.gov.uk

Mental Capacity (Amendment) Act 2019 Available at https://www.legislation.gov.uk/ukpga/2019/18/enacted

NICE (2010) *Looked-after children and young people*. NICE (2010) Looked-after children and young people

Royal College of Paediatrics and Child Health (2020) *Looked After Children: roles and competencies of health care staff. Intercollegiate Document*. London: Royal College of Nursing.

Wolverhampton Safeguarding Children's Board (2016) *WSCB Escalation Policy: (Resolution of Professional Disagreements in Safeguarding Work).* Wolverhampton: WSCB

Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: CP08 1.0	**Policy Title** **Children and Young People in Care Policy**	**Status:** Final		**Author:** Named Nurse Children & Young People In Care. Named Doctor Children & Young People in Care. **Chief Officer Sponsor:** Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	V1	July 2021	ND CYPiC NN CYPiC	New policy.
Intended Recipients: Health Visiting Service, School Nursing Service, Named Nurses CYPiC, Specialists Nurses CYPIC, Paediatric Advanced Nurse Practitioners (PANPs), Paediatricians, Community Children's Nurses (CCN), Partnering Families Team (PFT), Paediatric and acute services.				
Consultation Group / Role Titles and Date: Named Nurses CYPiC, Specialist Nurses CYPIC and Safeguarding professionals RWT, Designated CYPiC and Safeguarding professionals WCCG; Related service groups - Health Visiting, School Nursing, Community Children's Nurses (CCN) , Partnering Families Team (PFT), Advanced Paediatric Nurse Practitioners (PANPs), Nurses and Paediatricians, Local Authority.				
Name and date of Trust level group where reviewed	Trust Safeguarding Group Trust Policy Group – October 2021			
Name and date of final approval committee	Trust Management Committee – October 2021			
Date of Policy issue	November 2021			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	October 2024 3 yearly review.			
Training and Dissemination: Awareness-raising of / distribution to the related service groups, Trust brief, Matrons meeting, Trust Safeguarding group.				
Publishing Requirements: Can this document be published on the Trust's public page: **Yes** If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.				

To be read in conjunction with:

Promoting the Health and Well-being of Looked After Children (DOH, 2015)

https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

QS31 Quality Standard for the Health and Wellbeing of Looked After Children and Young People (NICE, 2013).

https://www.nice.org.uk/Guidance/QS31

Children Act 1989

/www.legislation.gov.uk/ukpga/1989/41/contents?view=plain

Children Act 2004

/www.legislation.gov.uk/ukpga/2004/31/contents

RCPCH Looked After Children: knowledge, skills and competence of health care staff (Intercollegiate Document 2020).
/www.rcpch.ac.uk/resources/looked-after-children-lac

Mental Capacity Act 2005

/www.legislation.gov.uk/ukpga/2005/9/contents

Deprivation of Liberty Safeguards 2007

https://www.gov.uk/government/publications/mental-capacity-act-deprivation-of-liberty-safeguards

The Health and Social Care Act 2012

https://www.legislation.gov.uk/ukpga/2012/7/contents

The Care Act 2014

https://www.legislation.gov.uk/ukpga/2014/23/contents

The Children and Families Act 2014.

https://www.legislation.gov.uk/ukpga/2014/6/contents

General Data Protection Regulation (GDPR) 2018.

https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation

Care Matters: Time for Change 2020.
https://www.gov.uk/government/publications/care-matters-time-for-change

Court orders & pre proceedings April 2014

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306282/Statutory_guidance_on_court_orders_and_pre-proceedings.pdf

Care Leaver Strategy 2013

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/266484/Care_Leaver_Strategy.pdf	
Initial Equality Impact Assessment (all policies): **Completed Yes** **Full Equality Impact assessment (as required):** **Completed No** If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904	
Monitoring arrangements and Committee	Production of activity reports by Named Professionals for CYPIC Activity reports presented to the Trust Safeguarding operational Group (TSOG) Internal audits. Quality Assurance processes Quarterly reports CCG Dashboard CQRM report
Document summary/key issues covered. This policy provides guidance and support in relation to Children and Young People in care aimed at practitioners trust wide. It provides support for practitioners in completing statutory health assessments, outlines roles and responsibilities of the team, organisation and individuals working for the trust ensuring safe and effective standards of care are delivered for Children and Young People in Care.	
Key words for intranet searching purposes	
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No** If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

Part B **Ratification Assurance Statement**

Name of document: **Children and Young People in Care Policy**

Name of author:	Job Title:
Dr Latha Tirupatikumara	Named Doctor CYPIC
Laura Powell	Safeguarding Children Lead
Kulwinder Kaur	Named Nurse CYPIC
Rebecca Hunter	Named Nurse CYPIC
Lindsay Walker	Specialist Nurse CYPIC
Shelley Davies	Specialist Nurse CYPIC

We, the above named author confirm that:

- The Policy presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.

- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.

- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).

- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.

- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.

- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.

- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: K.Kaur

Date: 19/08/21

Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version **CP08 V1.0**	**Policy Title** **Children and Young People in Care Policy**	
Reviewing Group	Trust Safeguarding Group	**Date reviewed: August 2021**
Implementation lead: Print name and contact details		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) Development of a pocket guide of strategy aims for staff Include responsibilities of staff in relation to strategy in pocket guide.	To be placed on the intranet.	Within one month of approval.
Training; Consider Mandatory training approval process Completion of mandatory training form	Level 3 CYPiC training for all 0-19 service staff.	Ongoing Action Lead: CYPiC Named Nurses.
Development of Forms, leaflets etc; Consider Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. Type, quantity required, where they will be kept / accessed/stored when completed	Level 3 CYPiC training for all 0-19 service staff.	Ongoing Action Lead: CYPiC Named Nurses.
Strategy / Policy / Procedure communication; Consider Key communication messages from the policy / procedure, who to and how?	This policy provides guidance and support in relation to Children and Young People in care aimed at practitioners trust wide. This policy will be distributed to the related service groups, Trust brief, Matrons meeting, Trust Safeguarding group and will be available on the trust intranet.	Add timescale Action Lead: CYPiC team.
Financial cost implementation Consider Business case development	There are no financial implications to the review of this policy.	N/A
Other specific Policy issues / actions as required **e.g. Risks of failure to implement, gaps or barriers to implementation**		

Appendix 1

Adoption reports

Most adoption medicals (approx. 98%) are done from the IHA or RHA.

Initial Adoption Report:
The Social Worker requests an Initial Health Assessment appointment, requesting an Initial Adoption Medical if this is also required. This is then flagged to the doctor who is seeing the child so that a report can be dictated at the same time.

Review Adoption Reports
Review adoption medical reports are done every 12 months.
If the child is under 5 they have a Review Health Assessment done every 6 months; on receipt of the request, the adoption secretary in CYPiC health administration team will need to check when the last RHA was done or was due to be done and then put forward the request to the Consultant to dictate a review adoption medical. (A report can only be done from the RHA if it is less than 4 months old.)

If the child is over 5 they have a Review Health Assessment done every 12 months; on receipt of the request, the adoption secretary in CYPiC health administration team will need to check when the last RHA was done or was due to be done and then put forward the request to the Consultant to dictate a review adoption medical. (A report can only be done from the RHA if it is less than 4 months old.)

The adoption secretary will update the adoptions section on the Looked After Children's database ensuring that the date of request is added, date the adoption report was completed and the date it was sent off to the local authority. The database can only be accessed by the CYPiC team.
http://apps.xrwh.nhs.uk/LookedAfterChildren/Account/Login.aspx?ReturnUrl=%2fLookedAfterChildren%2f

Adult Health (AH) reports for prospective adopters and foster carers

- The forms received are AH1 forms (first report) and AH2 (update report, usually every two years) for fostering, adoption or special guardianship. These forms are received from the Fostering Team at Priory Green or the Adoption Team, Adoption at Heart.

- On receipt of the form, scan and save it onto the W drive under W:\Corporate\Nursing\Nursing\09 - CYPiC\CYPIC – (then need to select Doctor name and year and either adoption or fostering folder).

- Fostering and Adoption Database must be updated with the initial request and throughout the process of the report, including keeping records of any urgent e-mails for reports being chased up.

- The medical report is dictated and the doctor will complete the medical adviser section. This medical adviser section is scanned and saved on the W drive- W:\Corporate\Nursing\Nursing\09 - CYPiC\AH FORMS FROM 1 APRIL 2020.

- The report is typed on the correct letter template W:\Corporate\Nursing\Nursing\09 - CYPiC\CYPIC\Adoption&Fostering templates 2020 – select appropriate template and then it is sent back to the doctor to check; once checked it needs to go through the Quality Assurance process and is sent to the Consultant Paediatrician (shared responsibility of the Medical Advisors to Quality Assure AH reports)

- Once the report has been QA'ed, it is sent by secure email to the fostering admin team or Adoption@Heart admin team with a copy of the completed AH report form.

- From 1 April 2020, as the AH request forms belong to the Local Authority, the fostering team require the completed forms and Medical Advisor report to be scanned electronically and then shredded by us. The Adoption@Heart team require the form and Medical Advisor report to be scanned and then sent in the post.

Setting up prospective adopter clinics are via telephone consultation with Adoption Medical Advisors (Designated and Named doctor for Children and Young People in care), Social Worker and Prospective Adopters.

- When the request is received via email from the social worker for a prospective adopter's telephone consultation, ensure a correct telephone contact number is given to be contacted on day of appointment.

- The appointment must always be the last appointment slot in the clinic and is a 1-hour appointment slot. If there are two or more siblings, then this needs to be discussed with the Consultant as the clinic may run over into other commitments.

- The adoption secretary must create and set up a clinic date on PAS, make an appointment on PAS, and ensure that no appointment letters are sent out.

- The adoption secretary in the CYPiC health administration team informs the social worker of the date and time of the appointment by email.

- The adoption secretary in the CYPiC health administration team will request the CYPiC and hospital notes and will print off the clinic list sheet and put it altogether for the clinic.

- Once the clinic has taken place the clinic needs to be cashed up on PAS.

- The adoption secretary in health administration team must type the report on the correct letter template which is on the W drive found via: W:\Corporate\Nursing\Nursing\09 - CYPiC\CYPIC\Adoption&Fostering templates 2020 – select appropriate template. The report is then sent to the Consultant to check. Once checked, it is sent to another Consultant/ Medical Advisor for QA.

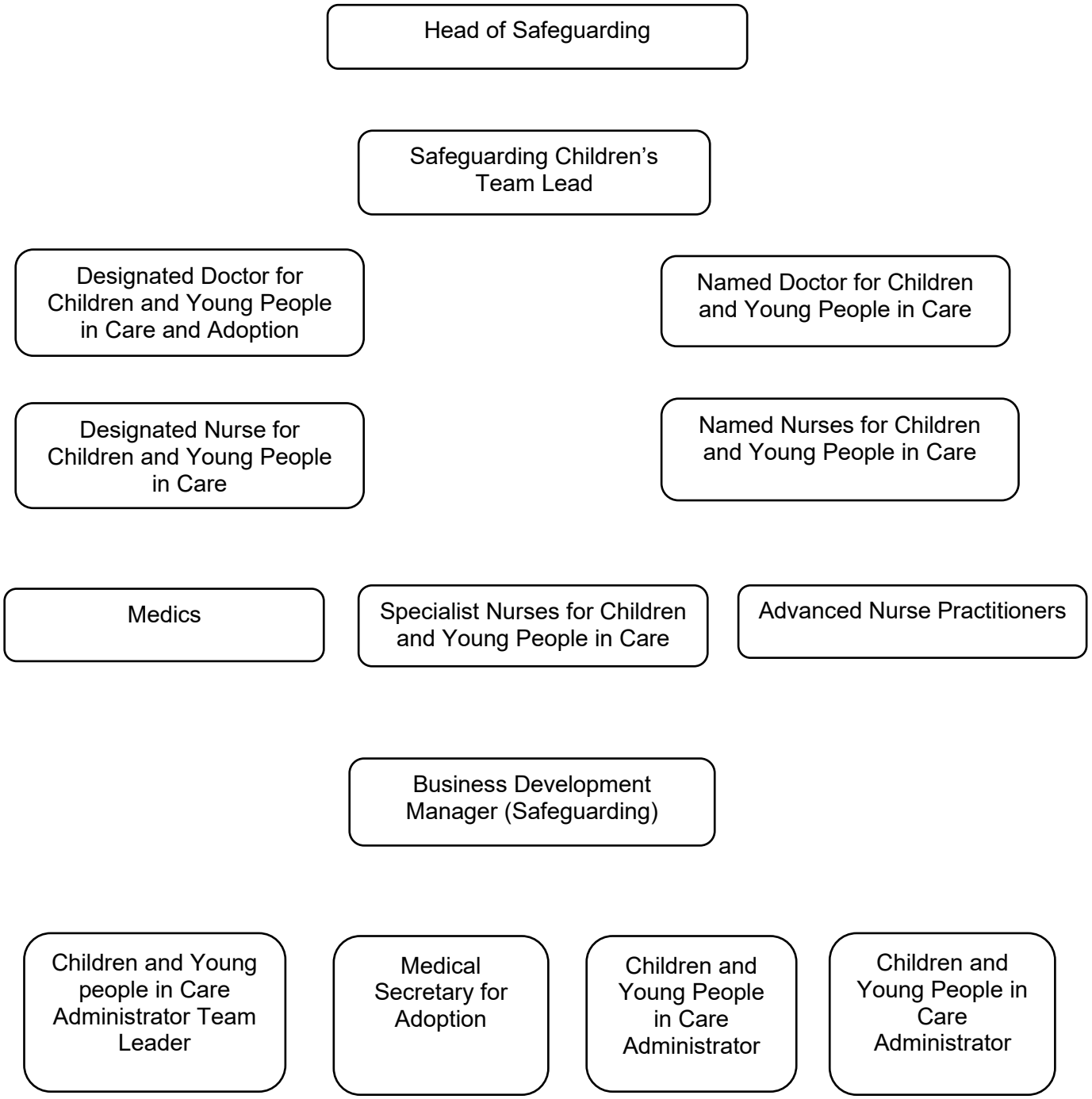
- Once the QA process is complete, the report is emailed via secure email to the requesting social worker administration team.

- The prospective adopters report is then uploaded to portal and saved on the W drive under W:\Corporate\Nursing\Nursing\09 - CYPiC\CYPIC\Completed medicals 2021.

- A copy of the prospective adopters report is filed in the CYPiC notes.

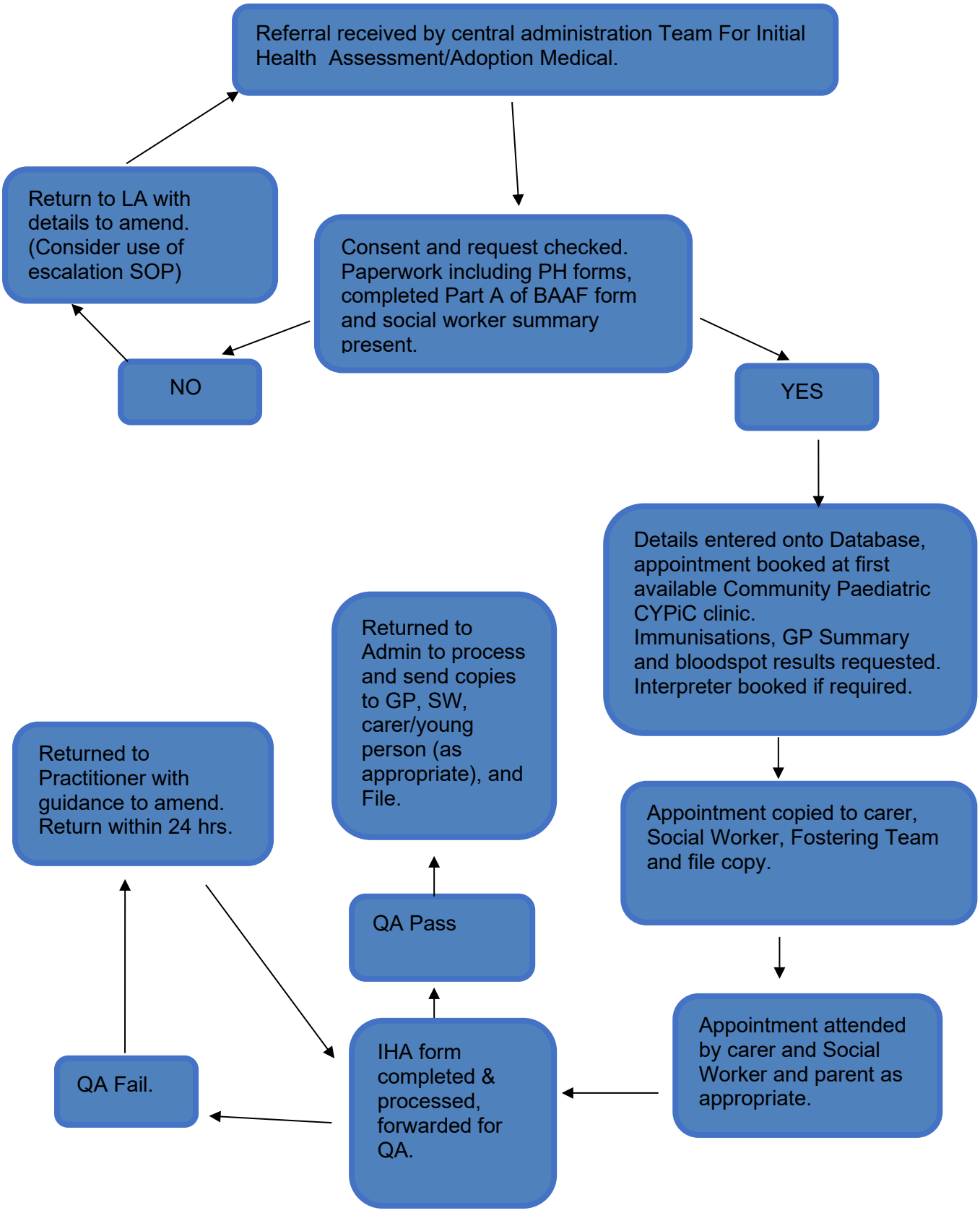
Appendix 2

Team Structure



Appendix 3

Flowchart for Statutory IHA.



Appendix 3a

IHA Assessment Forms

Part A (of BAAF form)	Part A is completed by the Social Worker and provides basic background information on the child, including their legal status, placement details and the reason they became looked after. It also includes consent to undertake the assessment.
Part B (of BAAF form)	Part B of the IHA is a holistic assessment of the child's health and must be completed by the assessing Doctor. It is recommended that the child's Social Worker, carer and birth parents (if appropriate) attend the assessment if possible to ensure a comprehensive assessment. In case they are unable to attend, accurate contact details should be provided by the child's Social Worker to enable the assessing clinician to have a telephone conversation with those concerned (Birth parents and Carer and named Social Worker).
Part C (of BAAF form)	Part C is to be completed by the assessing Paediatrician. It comprises of a Summary Report and Health Recommendation Plan which will then form part of the child's holistic care plan. **This is the only information from the BAAF form that is shared with the Social Worker /carer.** The assessing practitioner should ensure that all relevant information from Part B is summarized in Part C and that it is typed and completed in full. Where health needs are identified the required recommendations should be specific, measurable, attainable, relevant and timely (SMART). The person responsible for ensuring the need is met must be clearly identified. The name, title and contact details of the professional undertaking the assessment and the date it was completed must be provided at the end of Part C. Copies of Part C will be sent to the Local Authority administration team, Carer, Public Health Practitioner to be filed in the health records for the child/young person and young person where appropriate by the administrator. A full copy of the assessment will be forwarded to the GP.

Appendix 4

RHA Process

Social Worker for each CYPiC to forward an accurately, updated BAAF Part A form three months (and a minimum of 8 weeks) prior to review, a completed social worker summary and a completed SDQ to the CYPiC administrators.

Request recorded on the CYPiC data base and a GP Summary and immunisation status will be requested.

An interpreter will also be booked as per Trust Policy.

The BAAF form along with any available GP, Immunisation, CAMHS summary if available and Strengths & Difficulties Questionnaire, will then be forwarded to the named professional for that child/YP.

RHA's will be completed within 6 weeks of receipt of the request.

RHA are to be undertaken by:

- Health Visitor,
- School Nurse,
- Partnering Families Nurse
- CYPiC Nurse
- Paediatric Advanced Nurse Practitioner.

Band 6 School Nurses or above are able to undertake the Statutory RHA for CYPiC aged 5 –18 years. Band 5 School Nurses are able to undertake RHA for children who are of primary school age.

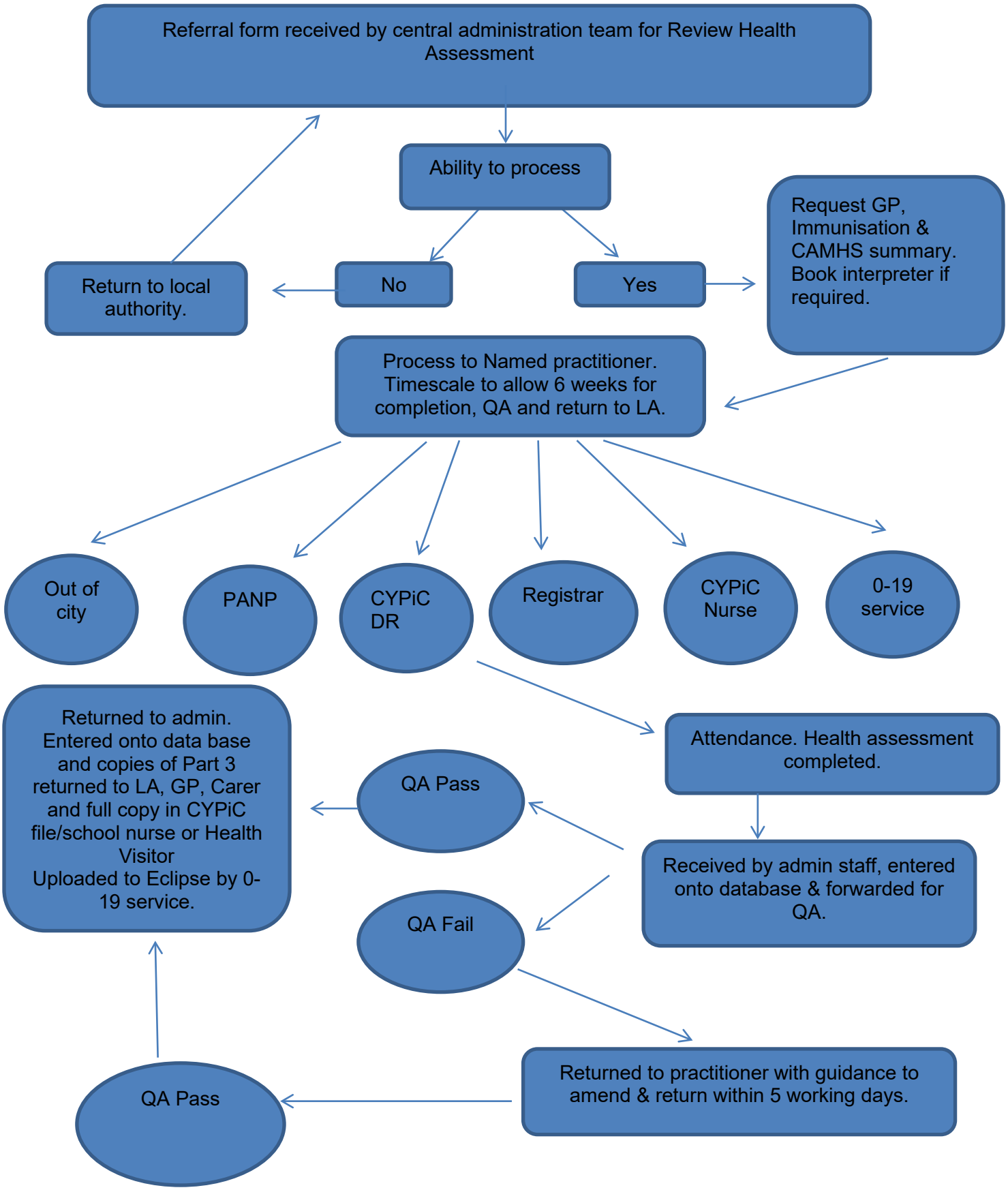
Health Visitors practising at Band 6 or above are able to undertake RHA for all pre-school children.

All UASC will be seen by either a PANP or the CYPiC Nurses.

Health information should be reviewed prior to carrying out the RHA using I.T systems such as local authority eclipse, health eclipse, care plus, clinical web portal, GP summary and previous health assessment.

Appendix 4a

Flowchart for Statutory RHA.



Appendix 4b

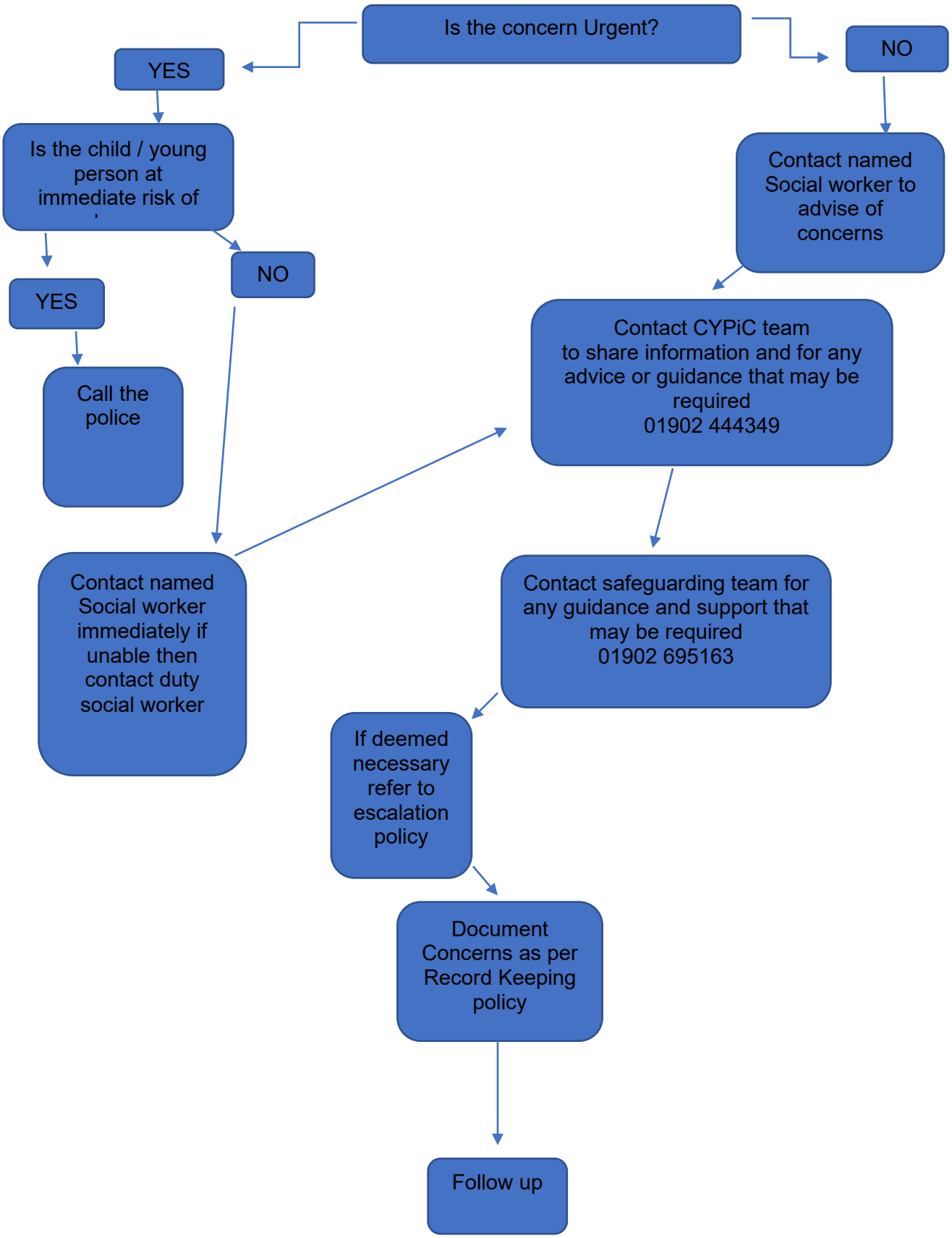
RHA Forms

Part A of BAAF form RHA-C/YP	Is completed by the social worker and provides basic information on the child, their legal status and placement details. It includes consent to undertake the assessment; assessments will not take place without consent.
Part 2 (of chosen assessment form)	Is a guide and prompt only; some questions may not be appropriate for the child/young person. If this is the case it should be documented clearly on the form so that all sections are completed. If the Named Professionals have identified other issues that need addressing that are not included on the form, supplementary pages must be added. The Strengths and Difficulties Questionnaire Score (SDQ), for Children in Care aged 4-16 years will be provided by the Social Worker and discussed with the child and carer and integrated into the RHA if provided to ensure that emotional needs are considered and addressed. Any referrals to allied agencies should be offered where appropriate and documented in the appropriate section. The name, title and work base address of the health professional undertaking the RHA and date it was completed must be provided at the end of Part 2. **Part 2 contains personal and possibly sensitive information about the child/young person. It should therefore be retained in the child's health record, and treated with the utmost care and respect to confidentiality.**

Part 3A & 3B	It is the responsibility of the Assessing Named Professional to complete Part 3 A&B. Part 3 comprises a summary report and the health recommendations which forms part of the child's holistic care plan. This is the only information from the assessment forms that is shared with the Social Worker/Carer. Ensure that all relevant information from Part 2 is summarised in Part 3A. Part 3A should be completed in full, if there are no unmet health needs identified please state ***'no unmet health needs'*** in the plan. **The issues raised in the summary report must be discussed with the Young Person and great care must be taken to respect confidentiality.** Where health needs are identified the required recommendations should be specific, measurable, attainable, relevant and timely (SMART). The name, title and work base address of the Health Professional undertaking the RHA and date it was completed must be provided at the end of both parts. Copies of Part 3A&B will be sent to the Local Authority administration team, young person/ Carer. A full copy of the assessment will be forwarded to the GP. If the assessment has been completed by a member of the 0-19 service once quality assured it will be uploaded to Eclipse by the Named Professional undertaking the RHA to the form previously created 'Generic Contact-LAC Medical'. If completed by any other professional a copy will be forwarded to the health practitioner. It is the responsibility of the practitioner carrying out the RHA to follow up referrals to other services and review health actions.

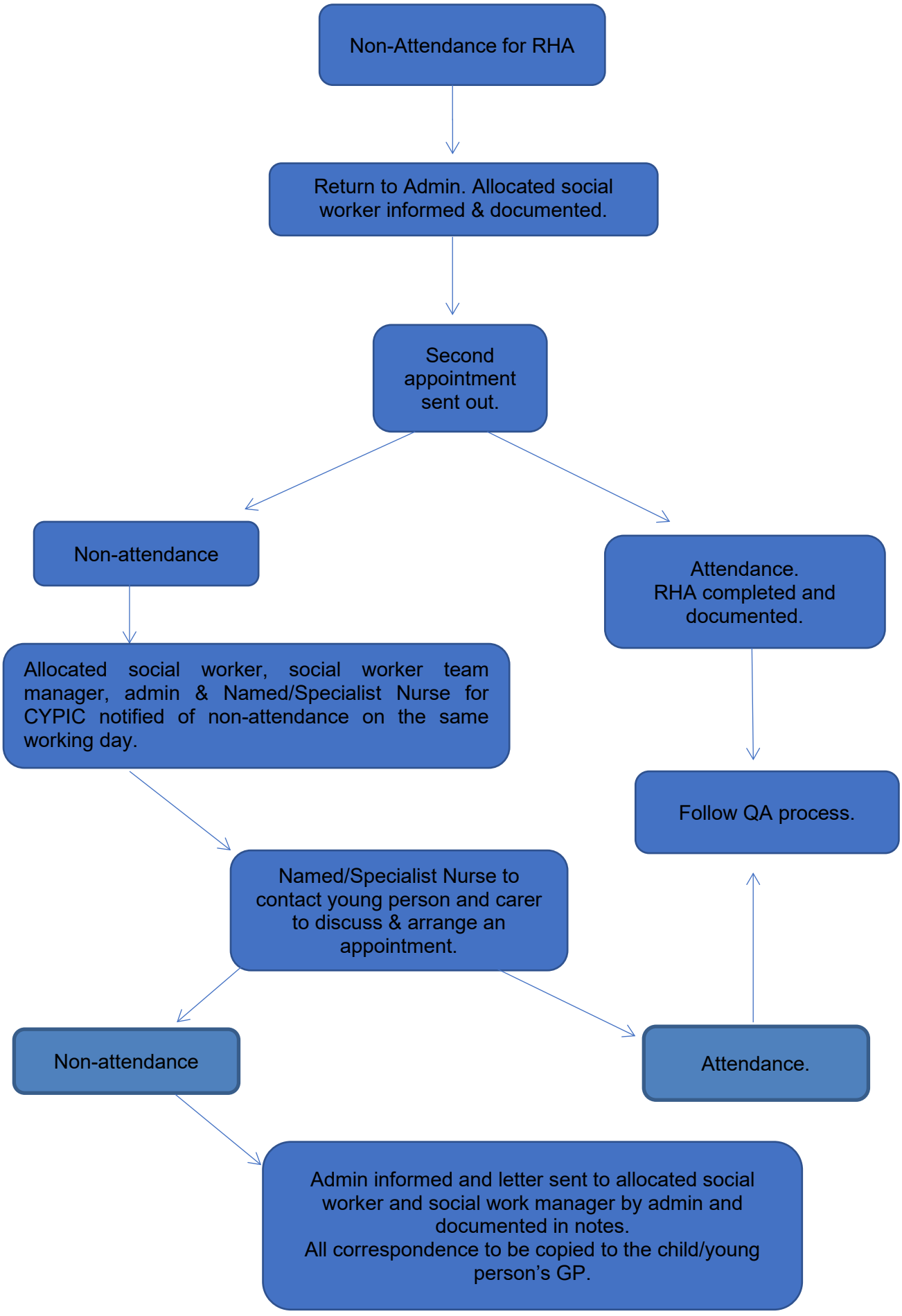
Appendix 5

Do you have a concern regarding a CYPiC



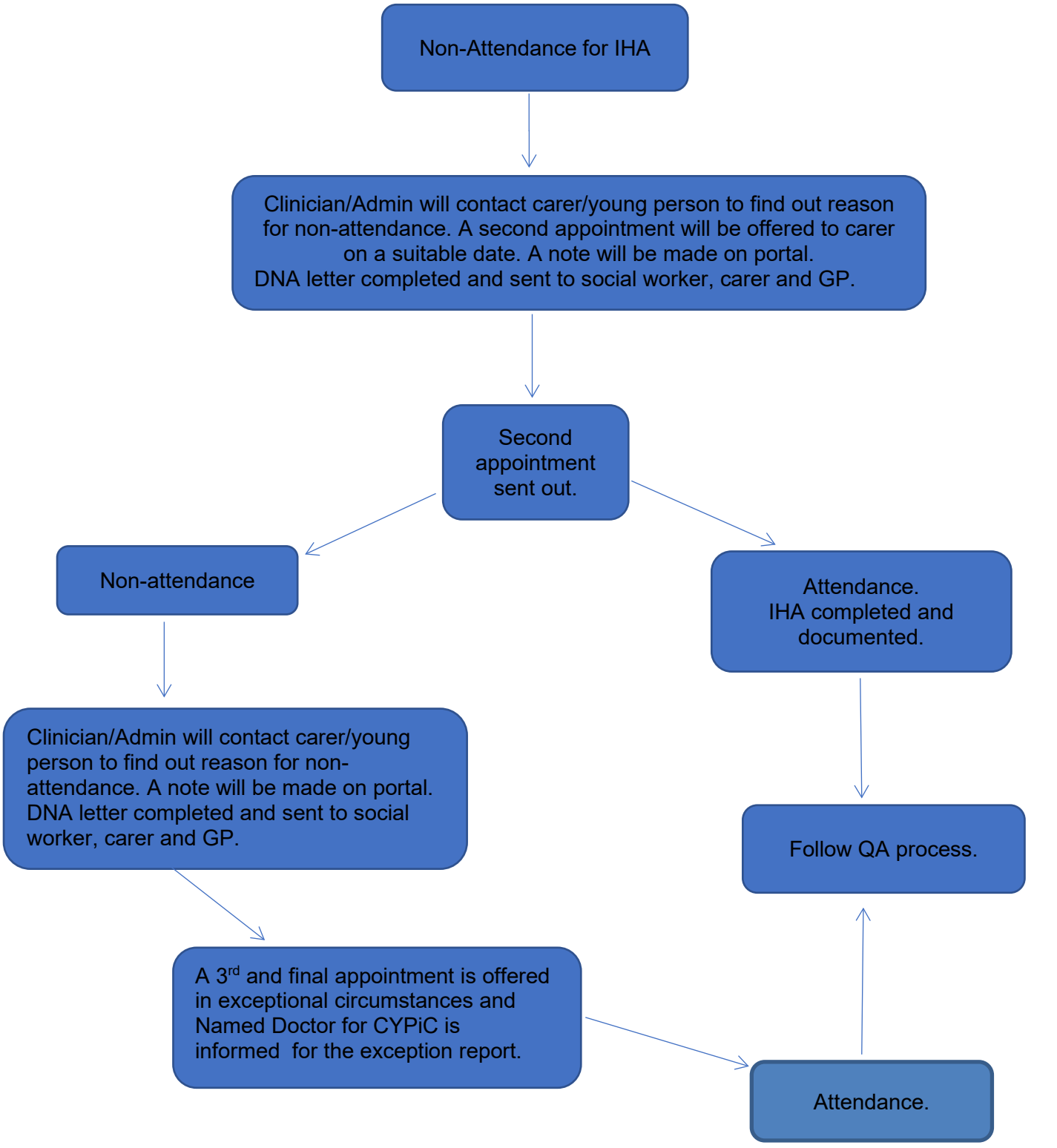
Appendix 6

Child/Young Person Was Not Brought/not attended pathway RHA's



Appendix 6a

Child/Young Person Was Not Brought/not attended pathway IHA's

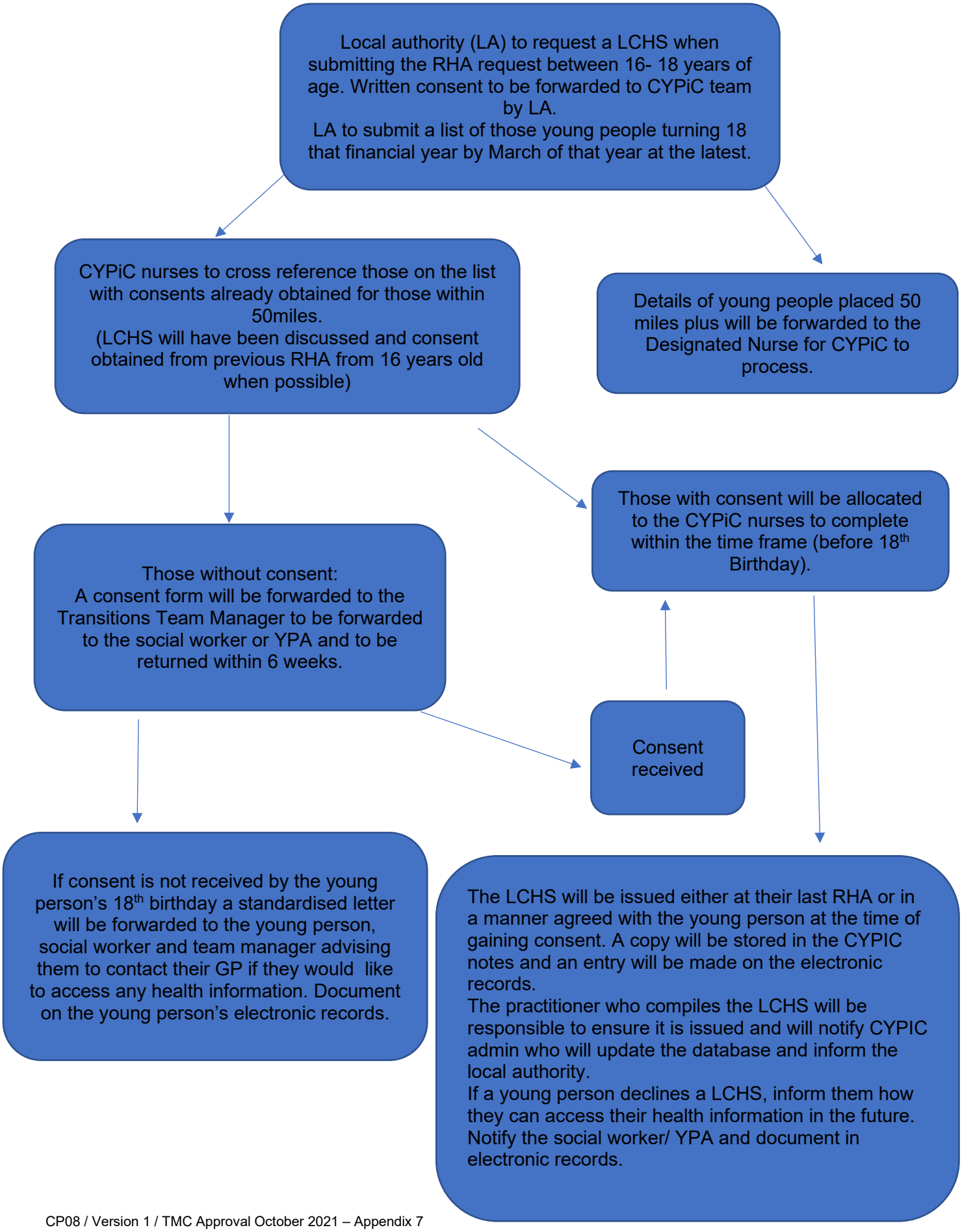


Out of area IHA's:
1st DNA - copy of DNA letter to social worker and young person and a 2nd appointment is offered.

2nd DNA – Write to social worker and inform them that they will have to make arrangements in their area for the health assessment to be completed. A 3rd appointment will be offered in exceptional circumstances and Named Doctor is informed for exception report.

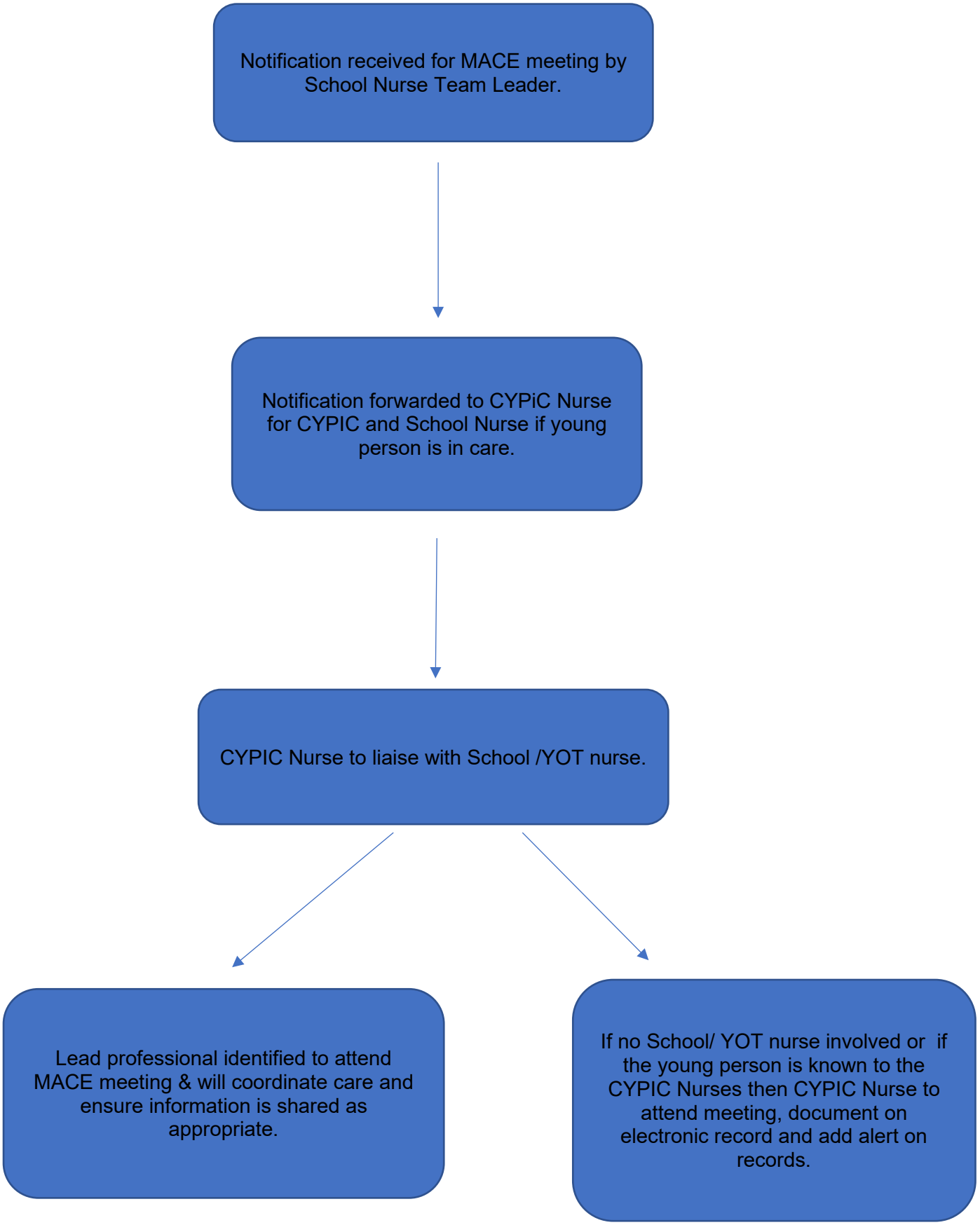
Appendix 7

Leaving Care Health Summaries Pathway



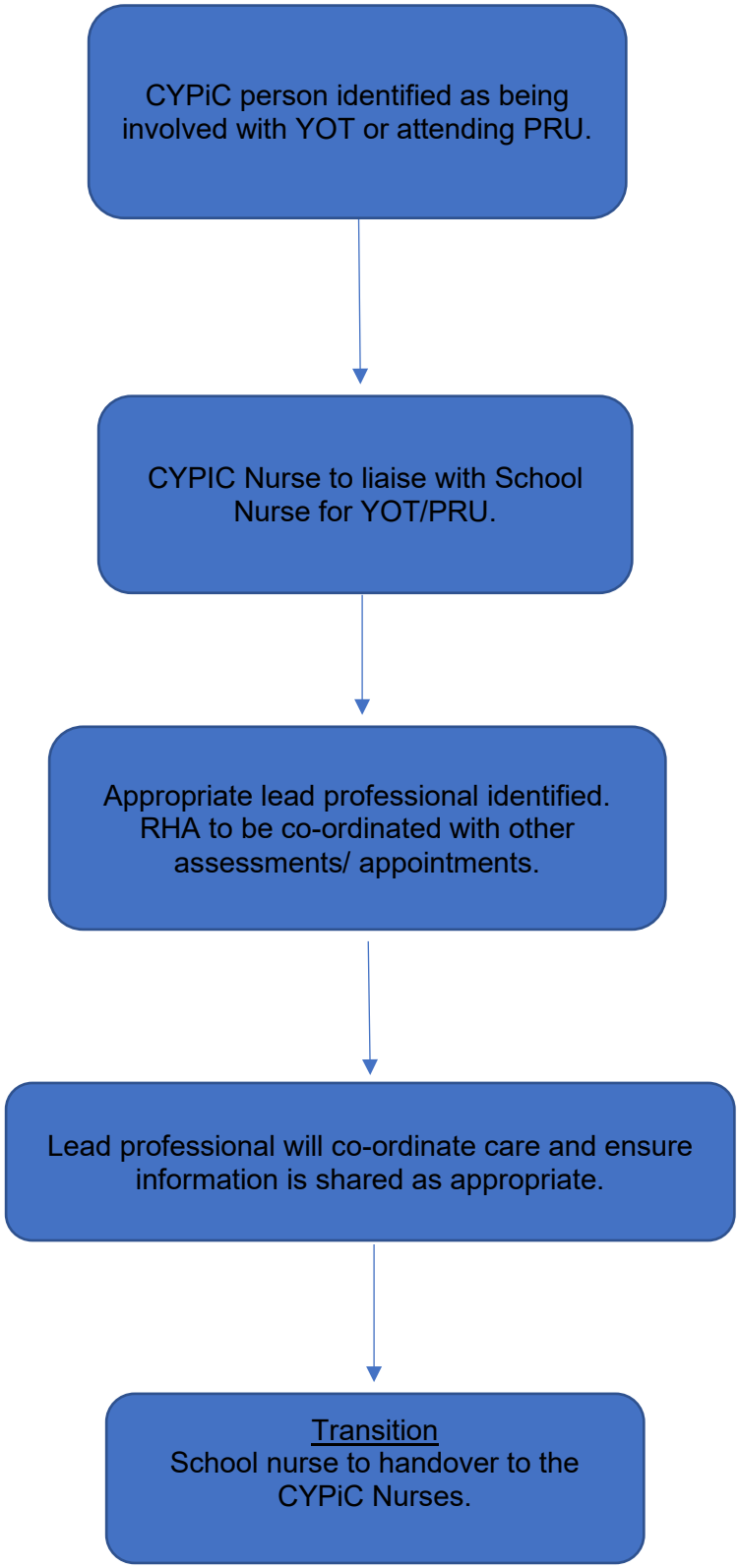
Appendix 8

Children & Young People in Care MACE Pathway

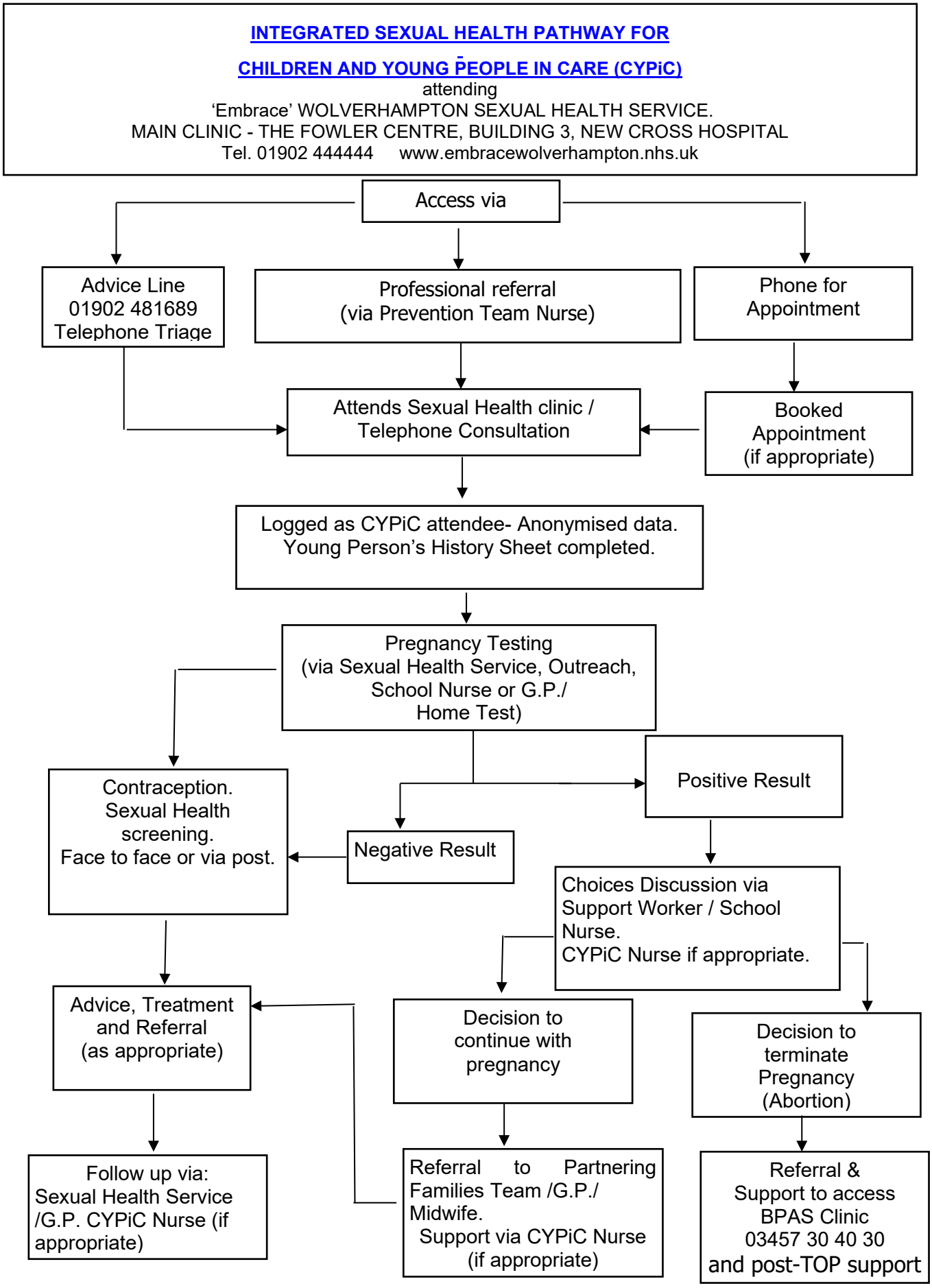


Appendix 9

Children & Young People in Care Youth Offending Team/ Pupil Referral Unit Pathway



Appendix 10: **Integrated Sexual Health Pathway for CYPiC**



Appendix 11

Annex H: Health Assessment for Looked after children checklist tool

This should be completed by the health assessor and sent to the **responsible commissioner / designated professional.** The checklist will be reviewed by the **responsible commissioner / designated professional** to support payment against the agreed quality.

For additional guidance on roles, competences of healthcare staff please see: Looked after children, Knowledge, skills and competence of health care staff. Intercollegiate role framework, Published by the Royal College of Nursing and the Royal College of Paediatrics and Child Health - May 2012

http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_RCN_LAC_2012.pdf

Child's Name			
NHS Number			
Date of Health Assessment[168]			
Date of request for Health Assessment			
Assessment completed by: .			
Qualification: Nurse, Midwife, Doctor			
Competent to level 3 of the Intercollegiate Competency Framework	Yes	No	Please delete as appropriate
Section 2			
The Summary Report and Recommendations should be typed and include: • Pre-exisiting health issues • Any newly identified health issues			
• Recommendations with clear time scales and identified responsible person			
• Evidence that referrals to appropriate services have been made.			
• A chronology or medical history including identified risk factors.			
• An up to date Immunisation summary			
• Summary of Child Health Screening			
• Any outstanding Health Appointments			
Section 3			
Child or Young Person's Consent for Assessment (where appropriate)			
Where the Young Person is over 16years written consent has been obtained for release of GP summary records, including immunisations and screening to a third party.			
Evidence that the child or young person was offered the opportunity to be seen alone.			
Evidence that child or young person's concerns/comments have been sought and			

[168] This should be within 28 days of the request.

Appendix 12

Review Health Assessment process for Special Schools in cases whereby the Paediatrician does not complete the Review Health Assessment