



South Warwickshire  
NHS Foundation Trust

Women's and Children's Division

# **Integrated Care Pathway**

## **Health Assessments for Children in Care**

Updated September 2017  
The Integrated Care Pathway:  
Health Assessments for Children in Care

## **1. Aim:**

*“To provide access to the best health services for children in the care of Warwickshire County Council”*

## **2. Introduction:**

The Integrated Care Pathway has been established between Health and Children's Services, since 2006. From November 2015, the school nursing service has been provided by Warwickshire School Health and Wellbeing Service (COMPASS) and thereby becomes a partner in this agreement. It relates to children in the care of Warwickshire County Council. This Pathway was developed to improve the delivery of health services to children and young people in care and those placed for adoption in Warwickshire. The Pathway has been reviewed and updated to reflect recent changes in Statutory Guidance and service provision. It particularly supports the 2013 NICE Guidance Looked after Children and Young People 31 Quality Standard 2

Children and young people in care have the same health issues and risks as their peers, but often these are to a greater extent due to the impact of poverty, abuse and neglect. A holistic assessment must be undertaken in order to improve the longer term health outcomes of children and young people in care.

Children and young people in care often have unmet and undiagnosed health needs. Some of these can be common health problems such as asthma, bedwetting or acne. Further routine child health surveillance, immunisations, optician and dental checks are often incomplete. There may also be more complex health issues such as undiagnosed disability, significant mental health issues and inherited diseases that need to be identified.

The Integrated Care Pathway aims to ensure that all children and young people in care can:

- Access appropriate health services,
- Have their health needs fully assessed and
- Have a Health Plan implemented that identifies how the health needs will be addressed and reviewed.

The Integrated Care Pathway also provides:

- Clarification of roles and responsibilities of professionals involved in the multidisciplinary service
- Consistency of service for the young person concerned based on recognised good practice
- Definition of anticipated course of action allowing for variation
- Streamlined and standardised documentation
- Quality monitoring of service delivery against agreed standards

The Adherence and Outcomes of the Pathway will be monitored through clinical governance procedures and reviewed by the group members of the Health for Looked After Children (HELAC) and Corporate Parenting Development groups on a yearly basis.

### **3. Minimum Standards incorporated in the Health Care Pathway:**

There are a number of key outcomes that this Care Pathway aims to achieve which have been incorporated as minimum standards in the delivery of services, in line with the revised Statutory Guidance of Promoting the Health and Well-being of Looked after Children, Department of Health 2015 and the 2013 NICE Guidelines Looked after Children and young people.

#### **Key Minimum standards:**

- Children under 5 years of age will have a Health Assessment every 6 months
- Children and young people over 5 years of age will have a Health Assessment every 12 months. This includes young people in custody or on bail.
- The Initial Health Assessment will aim to be completed before the first four week statutory Looked After Review (within 28 days of becoming looked after) and certainly by the second review.
- Children and young people will have a registered GP
- Developmental checks will be up to date
- Dental checks will be up to date in line with their dentist's recommendations.
- Immunisations will be up to date
- Vision screen will be up to date; Children should have their vision checked prior to school entry and then every 2 years as a minimum. Refer to orthoptist / optician if there is a concern.
- Strength and Difficulties Questionnaire will be completed and reviewed at all health assessments for all children in care aged 4 year and over who have been looked after for 12 months or more.
  - An SDQ should be completed in respect of all looked after children aged 4 years and over, as this is a useful screening tool to identify mental health problems and enhances the overall quality of a health assessment. This is completed by young people as well as the carer once 11 years and over. These forms are completed at the time of the health assessment.
  - There is a requirement for the SDQ to be completed annually on all children aged 4 years and over, who have been looked after continuously for 12 months or more. This is to provide information on a young person's emotional and behavioural health and is reported to the DCSF on an annual basis.

- **High SDQ scores (greater than 14 as per the 2016 CQC report 'Not Seen, Not Heard')** indicate concerns of emotional well-being and should be used as evidence and as a prompt to consider a referral to the appropriate targeted or specialist mental health and well-being service.
- If a child is placed out of area and the SDQ is not completed by the receiving LAC Team during the Health Assessment, Warwickshire LAC Team will inform the social worker. Warwickshire LAC Team will send the SDQ form(s) to the foster carer and request this is completed and returned to the LAC team or completed with the social worker at the next visit. Social worker to then return the completed SDQ to the LAC Team for scoring.
- A summary of their health information will be provided to young people as they approach independence (Health Passport).
- Guidance relating to the health service they can expect will be offered to young people who are in care both verbally and as a leaflet.
- The Initial Health Assessment (IHA) will be completed by a registered medical practitioner in accordance with the Children's Act, the revised 2015 Statutory Guidance and the 2015 Intercollegiate Framework. Review Health Assessments may be completed by registered nurses, health visitors or midwives with appropriate experience.
- The health assessment is recorded on the latest forms devised by CORAM-BAAF.
- **Demographic information including enduring signed consent and signed Care Plan/ Care Plan/ Care Plan/ Pathway Plan is provided by the social worker** requesting the assessment plus signed PH (Parental Health) and Consent Forms.
- **The health assessment is completed and recorded by the examining health professional** and retained within the child's/ young person's health records  
**This includes a comprehensive summary report and Health Plan.**
- Notifications
  - The Placement Hub must notify the LAC team via [happy.pies@nhs.net](mailto:happy.pies@nhs.net) email address regarding any admissions and moves so that health records can be updated and other LAC teams notified as appropriate.

#### **4. Consent** *(From Department of Health: Seeking Consent working with children):*

- 4.1 Consent from parents is important but can be confusing. Social workers need to explain that the information on the child and birth family is essential to meet the child's current and future health needs.

There are at least four different aspects to consent: -

- *Emergency Treatment:*  
Parents' consent to this on the Placement Plan.
- *Preventative Treatment (such as immunisations):*  
Parents' consent to this on Placement Plan.
- *Consent to Obtain and Share Medical Information (CORAM-BAAF Consent Form):*  
Birth parents will need to complete one form each and can sign on behalf of their child (provided they have parental responsibility). This will enable the doctor to clarify the health history of the child and parents if required.
- *Consent to have a Health Assessment (Enduring Consent Form)*  
A parent can consent to this assessment. A young person may also give consent if appropriate. Alternatively if a child or young person is subject to a Care Order, the social worker can give consent for the health assessment.

NB: In requesting the health assessment and signing the consent, social care need to be aware that health practitioners will share information on a need to know basis in the best interests of the child

Young people over 16 years old are presumed in law to be competent to give consent for themselves for their own treatment and procedures, like adults. However, it is good practice to encourage the young person to involve their families in the decision-making process.

- Like adults, young people aged 16 and 17 may sometimes not be competent to take particular decisions. For example, they may be unconscious, or be unable to take a decision because of the effects of pain, fatigue or medication. For a person to have the capacity (be competent) to take a particular decision, they must be able to comprehend and retain information material to the decision, especially as to the consequences of having or not having the intervention in question, and use and weigh this information in the decision-making process.
- It must not be automatically assumed that a child with learning disabilities is not competent to take his or her own decisions: many children will be competent if information is presented in an appropriate way and they are supported through the decision-making process.
- If a child of 16 or 17 is not competent to take a particular decision, then a person with parental responsibility can take that decision for them, although the child should still be involved as much as possible. However, once children reach the age of 18, no-one else can take decisions on their behalf. If an 18 year-old is not competent to take their own decisions, health professionals can provide treatment and care that is in their "best interests".

- 4.2 A young person under 16 is not automatically presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16s will be competent to give valid consent to a particular intervention if they have “sufficient understanding and intelligence to enable him or her to understand fully what is proposed” (sometimes known as “Gillick competence”). In other words, there is no specific age when a child becomes competent to consent to treatment: it depends both on the child and on the seriousness and complexity of the treatment being proposed.

If a child under 16 is competent to consent for himself or herself to a particular intervention, it is still good practice to involve their family in decision-making unless the child specifically asks you not to do so and you cannot persuade them otherwise. As with older children, it is important to respect any request from a competent under-16 year old to keep their treatment confidential, unless it can be justified that is necessary disclosure on the grounds that there is reasonable cause to suspect that the child/ young person is suffering, or is likely to suffer, significant harm.

- 4.3 If under 16, a young person may still be able to give consent themselves provided they are able to understand what is involved in the proposed assessment, examination, or treatment. This means that they may be able to agree by themselves to some treatment, investigations or immunisations, and not to others. For example, if they are 13 or 14, they may be able to give consent themselves for an injection to protect them against meningitis. However, the information needed for agreeing to something as serious as a heart operation might be too much to weigh up for them. In Warwickshire the clinician needs to make that decision. The parent or social worker must sign the consent on the CORAM-BAAF form for a child below 16 years. Alternatively, parents can sign the consent in the placement plan to say they consent for health assessments required by law for looked after children.
- 4.4 For further information refer to:

*Consent – what you have a right to expect. A guide for children and young people (DOH)*  
<http://www.doh.gov.uk/consent/childconsent.pdf>

*Seeking Consent: working with children (DOH)*  
<http://www.doh.gov.uk/consent/childrensguidance.pdf>

*Reference Guide to Consent for Examination or Treatment (DOH)*  
<http://www.doh.gov.uk/consent/refguide.pdf>

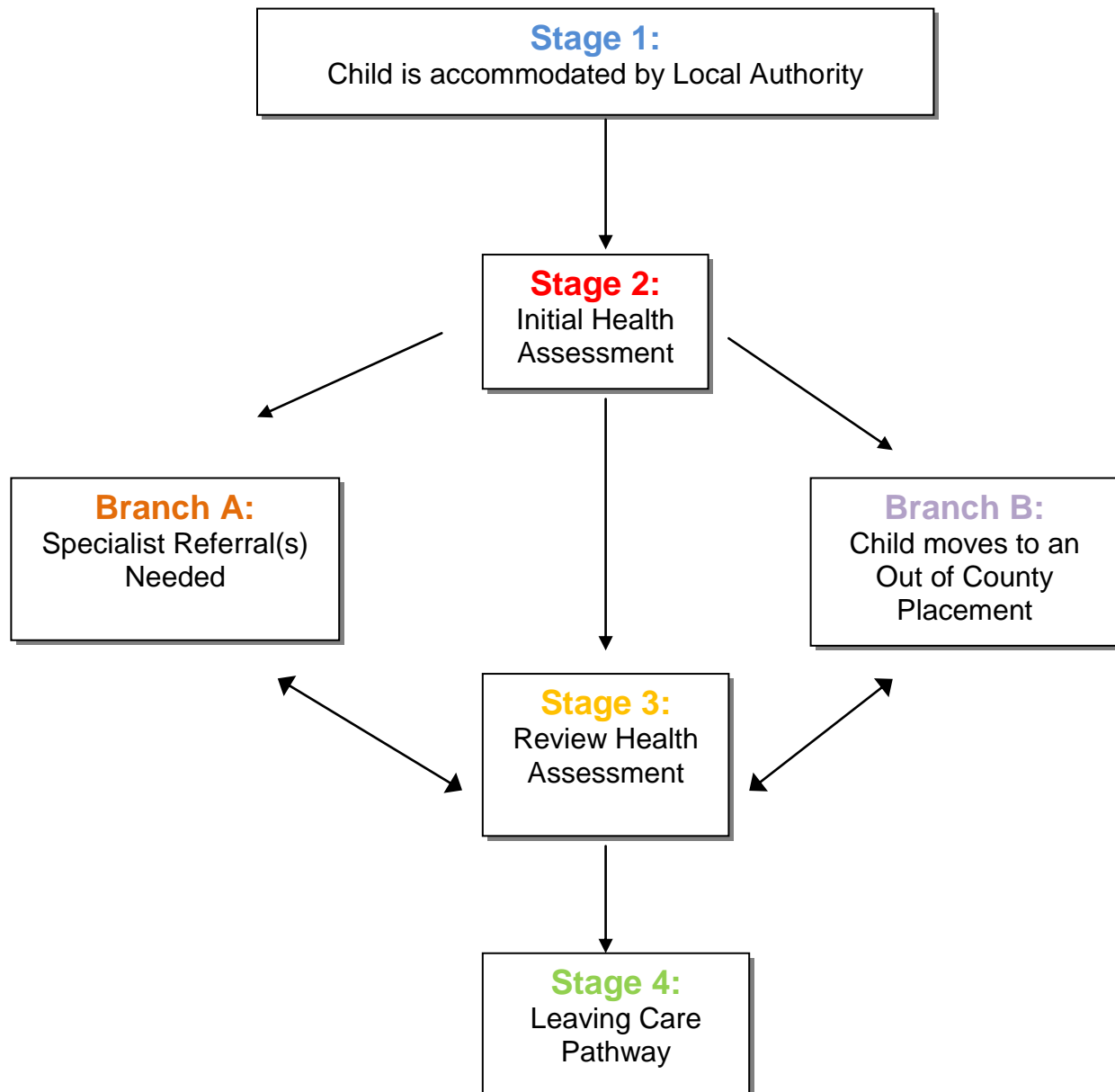
## **5. Variation Monitoring**

- 5.1 This applies where the health assessment arrangements are organised as outlined by this Guidance.
- 5.2 Variance from the Pathway will be identified from MOSAIC data, on a quarterly basis and via the Independent Reviewing Officers. The IRO will then liaise with designated / named

health staff and Operational Managers to identify reasons and ensure the young person's health needs are being met.

- 5.3 The LAC administrator will email the strategic lead manager and data analyst within social care the monthly IHA tracking from (compliance) in order for outstanding IHAs to be followed up.

## 1. INTEGRATED HEALTH PATHWAY PROCESS MAP



6.1 This Process Map consists of four core stages with two possible 'branches'.

- Each stage is broken down into mini process maps providing detailed information relating to each stage.
- Following the map for each stage there are requirements and good practice points which have been agreed as adding to the quality of the service. The branches are treated in the same way.

## 7. **Stage 1: Child Accommodated**

Child is accommodated by Local Authority (LA)

Social Worker to:

- Complete signed Enduring Consent Form .
- Complete Care Plan/ Pathway Plan
- Seek consent to obtain and share medical information from parent using both CORAM-BAAF Consent and PH (parental health) with birth parents.
- To arrange the Initial Health Assessment the **Social Worker** will need to email the above paperwork to the Warwickshire LAC Health Administrator who will follow LAC Health Administrator's flow chart (Appendix A).

**Health Assessment Request form and signed enduring consent to be received by LAC administrators within 2 working days of child being accommodated.**

Care Plan/ Pathway Plan and remaining paperwork to follow **within 5 days** of accommodation.

**LAC administrator:**

- Enduring signed consent to be attached to the Coram-BAAF form
- CORAM-BAAF Initial Health Assessment Form (for appropriate age, including the child's name) to be provided to practitioner completing the assessment
- Request information from GP

**Note: The PH Form is required if the birth parents are not attending the appointment**

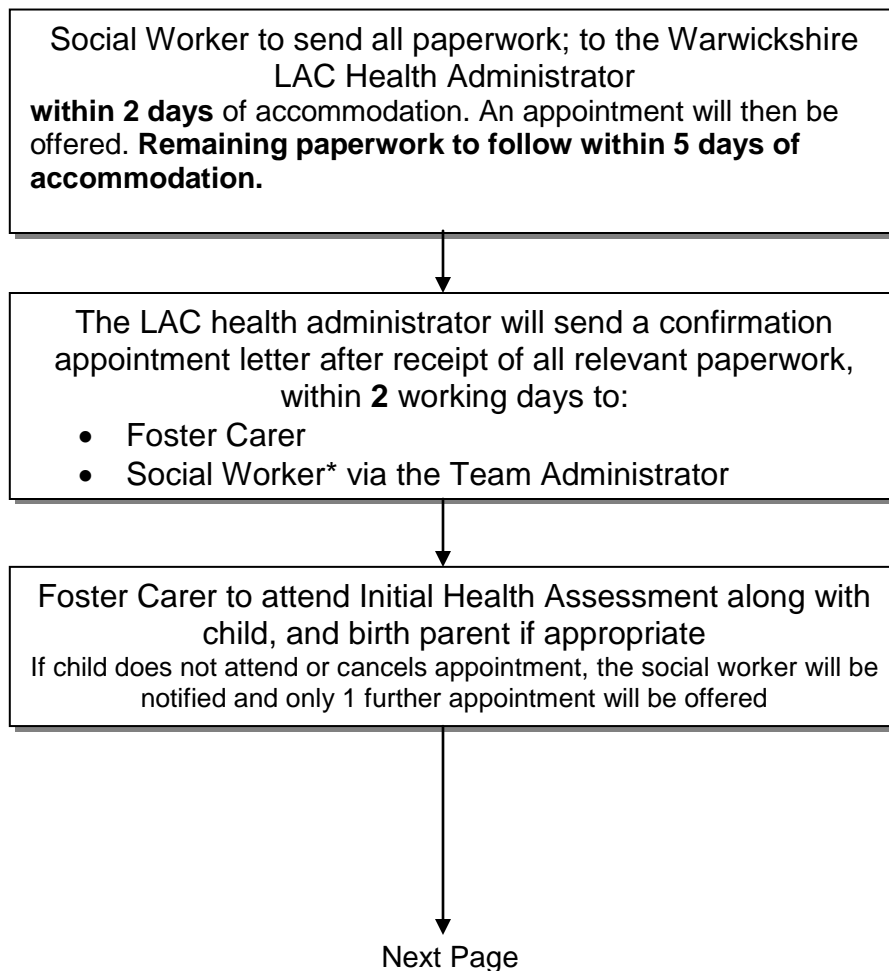


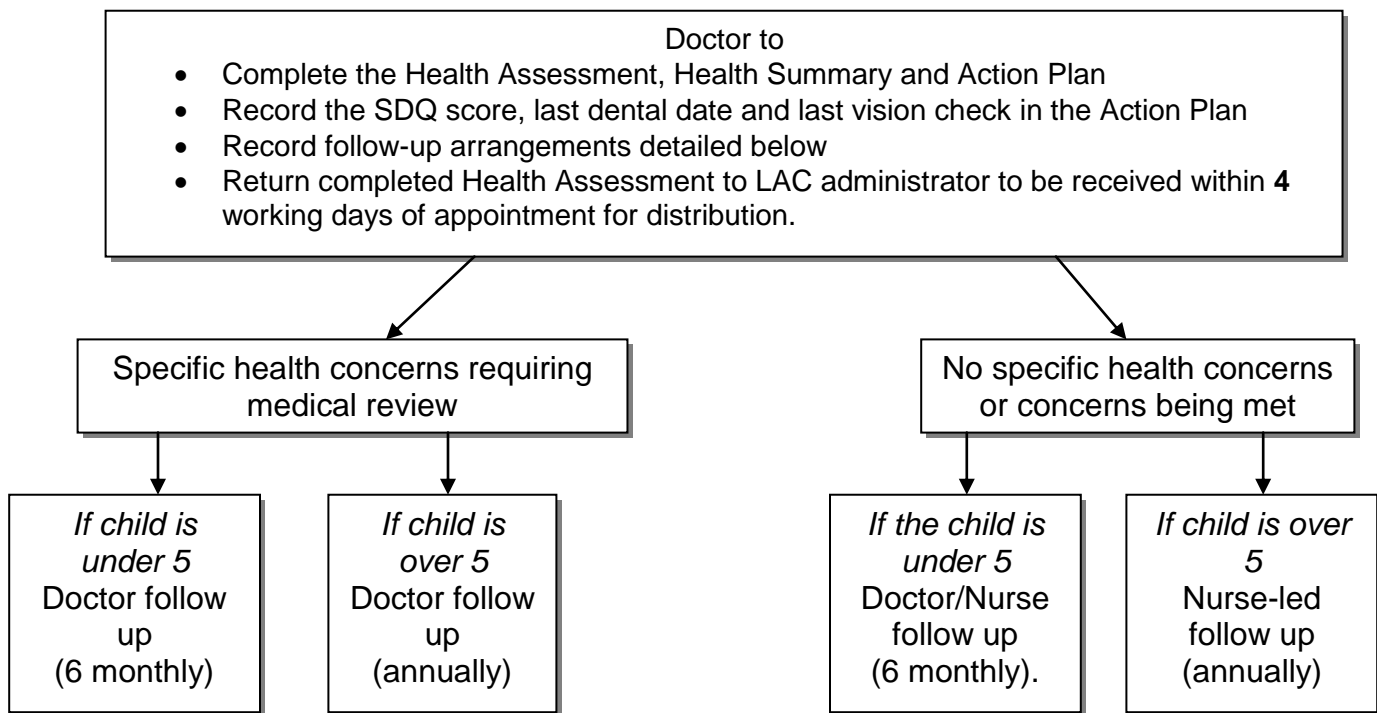
## 7.1 Good Practice Points in relation to **Stage 1 – Child accommodated by LA:**

- **FLAG WITH PAEDIATRICIAN** If a child or young person has recently had a recent **full** assessment of their medical and developmental needs. This *could* be used as the Health Assessment provided that the doctor who saw the child is able to provide a comprehensive summary AND specify health recommendations for the Action Plan. This should be discussed with the named nurse if appropriate. This process aims to reduce the requirement for repetitive medical assessments.
- The Initial Health Assessment will be booked with the a community paediatrician working for the LAC Health Team, except where the child is already known to another doctor who is able and willing to complete the health assessment.  
This is particularly pertinent for the child/young person with complex medical or disabilities.  
The social worker should clarify with the family the name and contact details of the doctor who reviews the child's / young person's health and discuss this with the named nurse.

8.

### Stage 2: Initial Health Assessment





**\* The Social Worker must take responsibility for informing the birth parents of the health appointments, if appropriate**

## 8.1 Good Practice Points in relation to Stage 2- Initial Health Assessment

- Information required for an effective Health Assessment includes:

**Social worker to provide:**

Signed enduring consent with demographic details

Care Plan/ Pathway Plan

CORAM-BAAF PH Forms signed if possible

CORAM-BAAF Consent Form signed if possible (to be able to share information)

**Additional paperwork:**

CORAM-BAAF IHA form to complete assessment (available on swift intranet / sent by LAC admin to practitioner)

Strengths and Difficulties Questionnaire

Can also use updates as shared at children's panel / Edge of Care Minutes / Core Assessment / CP Minutes as available

Personal Child Health Record ('Red Book') to be brought by foster carers, if available

- 8.2 Birth parents should be invited to the health assessment appointment by the social worker if appropriate. This ensures accurate information is obtained as far as possible about the health needs of a child and facilitates a better awareness of the health needs of a child in the future.
- 8.3 In advance of the Health Assessment, the social worker or foster carer should discuss with the child/young person the health assessment process and benefits.

- 8.4 Social workers who wish to attend the Health Assessment are welcome to do so.
- 8.5 A successful Health Assessment will require a flexible child/young person centred approach, appropriate to their age and stage of development. During the Health Assessment the young person should be given the opportunity to understand the purpose of the Health Assessment and also decide if they wish to have some time to discuss any particular health issues alone with the doctor.
- 8.6 Children/young people in care are a vulnerable group. The focus of the assessment should be on assessing their current health and ensuring they are able to access universal services as well as targeted and specialist services where necessary for promoting their health and well-being.
- A Health Plan should set out how health needs identified in the assessment will be addressed, including intended outcomes, actions needed, the person responsible and with the timescales for achieving these objectives.
- 8.7 There is a requirement for the Strengths and Difficulties Questionnaire to be completed that will provide information on the emotional and behavioural well-being of children in care. This questionnaire should be completed by the child/young person's foster carer, and discussed and validated at the Health Assessment appointment. Young people should be encouraged and supported to complete their own version of this questionnaire if aged 11 years or older. The SDQ score will be included on the Health Action Plan.
- **High SDQ score (higher than 14) indicates concerns for the child / young person's mental health or emotional state** and as a result consideration should be given to referring the child to an appropriate service. The Social worker will be advised of the need for a referral / referral in Health Action Plan. The practitioner undertaking the assessment should aim to discuss this with the social worker.
  - In the Child's MOSAIC record, the social worker should record the **highest** SDQ score. If there is a significant difference between the SDQ scores, the social worker will need to consider triangulation with a teacher/ youth worker/ direct worker.
- 8.8 A Health Assessment is not an isolated event, but part of a continuous process. Information from the Health Assessment should be incorporated into the LAC Review process and incorporated within the minutes and in the Care Plan. The Independent Reviewing Officers should ask specifically for the health recommendations for the Care Plan and clarify that all actions have been completed. If these have not been followed they should be identified as recommendations from the statutory review as specified in the minutes.
- NB: In requesting the health assessment and signing the consent, social care need to be aware that health practitioners will share information on a need to know basis in the best interests of the child
  - **NB: Health and social care staff must be clear about the role and function of the health assessment and the role of the Community Paediatrician in the undertaking of the assessment. It is important that any information / concerns**

which are pertinent to the assessment are shared with the paediatrician who will carry out the assessment. However, any health concerns must be shared with the GP by health and social care staff for on-going review and actions. It is role of the paediatrician to undertake a one off assessment and not to be seen as the clinician responsible for a child's primary health needs.

## 9. **Stage 3: Review Health Assessment**

Social worker to send all paperwork to the LAC Health Administrator **4-6 weeks prior to due date** i.e. Coram-BAAF form, enduring consent if not previously obtained plus updated Care Plan/ Pathway Plan if there have been changes.

**Paperwork will be returned if incomplete.**

The LAC Administrator will follow flow chart (Appendix A) and send an acknowledgement and/or confirmation letter to:

- Foster carer's home and Social worker via the Team Administrator
- Request information from GP

If child does not attend or cancels appointment, social worker will be notified and only 1 further appointment will be offered

Health Assessment completed by the relevant health professional - health visitors and school nurses follow flow charts (Appendices C and D respectively).

### **For a Doctor Led Health Assessment**

LAC Health Administrator to send full copy of completed Health Assessment to:

- LAC Nurse
- GP
- Health Visitor / School Nurse

Copies of the Health Summary and Action Plan to:

- Social worker via Team Administrator (Full copy if adoption Medical)
- Child/young person if appropriate\*
- Carer if appropriate\*
- Parents if appropriate\*
- IRO accesses this through social care IT system

- \*specified in the placement plan

### **For a Nurse Led Health Assessment**

LAC Health Administrator to send full copy of completed health assessment to:

- LAC Nurse
- GP
- Health Visitor / School Nurse

Copies of the Health Summary and Action Plan to:

- Social worker via Team Administrator (Full copy if adoption Medical)
- Child/young person if appropriate\*
- Carer if appropriate\*
- Parents if appropriate\*
- IRO accesses this through social care IT system

\*specified in the placement plan

Specific health concerns-  
act accordingly

If child is  
under 5  
Doctor  
follow up  
(6 monthly)

If child is  
over 5  
Doctor  
follow up  
(annually)

No specific health concerns

If the child is  
under 5  
Doctor/Nurse  
follow up  
(6 monthly).

If child is  
over 5  
Nurse-led  
follow up  
(annually)

## 9.1 Good Practice Points in relation to Stage 3- Review Health Assessment

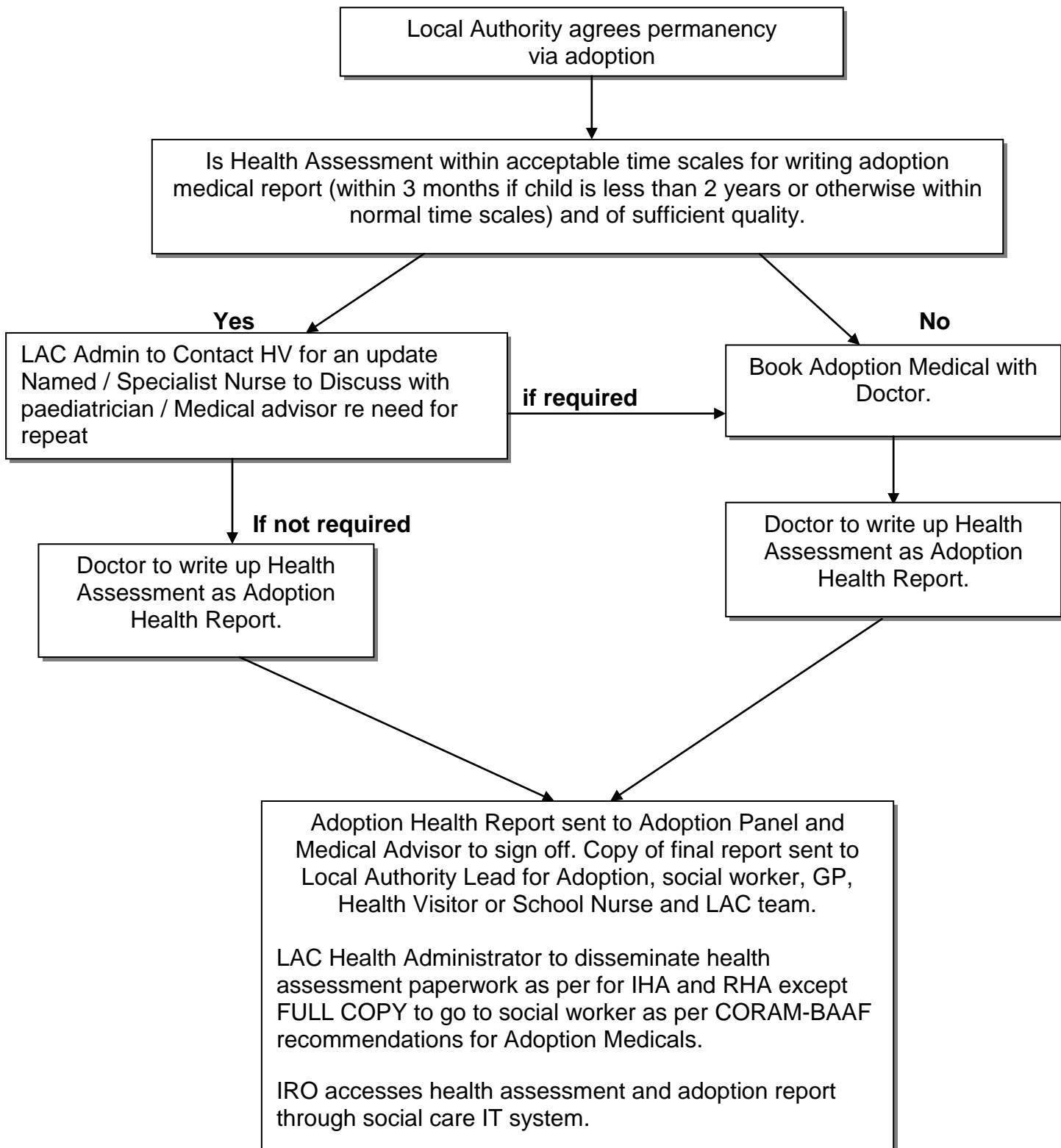
- Information required for an effective Health Assessment includes:
  - Social worker to provide:**
    - Signed enduring consent with demographic details
    - Care Plan/ Pathway Plan
    - CORAM-BAAF PH Forms signed if possible if not previously supplied
    - CORAM-BAAF Consent Form signed if possible (to be able to share information)
  - Additional paperwork:**
    - CORAM-BAAF RHA form to complete assessment (available on swift intranet / sent by LAC admin to practitioner)
    - Strengths and Difficulties Questionnaire
    - Can also use updates as shared at children's panel / Edge of Care Minutes / Core Assessment / CP Minutes as available
    - Personal Child Health Record ('Red Book') to be brought by foster carers, if available
- 9.2 Birth parents should be invited to the Health Assessment appointment if appropriate by the social worker. This ensures accurate information is obtained as possible about the health needs of a child and facilitates a better awareness of the health needs of a child in the future.
- 9.3 In advance of the Health Assessment, the social worker or foster carer should discuss with the child/young person the health assessment process and benefits.
- 9.4 Social Workers who wish to attend the Health Assessment are welcome to do so.
- 9.5 A successful Health Assessment will require a flexible child/young person-centred approach, appropriate to their age and stage of development. During the health assessment the young person should be given the opportunity to understand the purpose of the Health Assessment and also decide if they wish to have some time to discuss any particular health issues alone with the doctor / nurse.
- 9.6 Children/young people in care are a vulnerable group. The focus of the Review Health Assessment should be on reassessing their current health and ensuring they are able to access universal services as well as targeted and specialist services where necessary for promoting their health and well-being. For young people, time should be spent on discussing lifestyle issues and providing information on accessing healthcare in the future.
  - A Health Plan should set out how health needs identified in the assessment will be addressed, including intended outcomes, actions needed, the person responsible and with the timescales for achieving these objectives.
  - There is a requirement for the Strengths and Difficulties Questionnaire to be completed that will provide information on the emotional and behavioural wellbeing of children in care. This questionnaire should be completed by the child/young person's foster carer, and discussed and validated at the Health Assessment

appointment. Young people should be encouraged and supported to complete their own version of this questionnaire if 11 years or over. The SDQ score will be included on the Health Action Plan.

- In the Child's MOSAIC record, the social worker should record the **highest** SDQ score. If there is a significant difference between the SDQ scores, the social worker will need to consider triangulation with a teacher/ youth worker/ direct worker.
- High SDQ score (higher than **14**) indicates concerns about the mental health of emotional wellbeing of the child/ young person and consideration should be given to referring to an appropriate service. The Social worker will be advised of the need for a referral / referral in Health Action Plan. The practitioner undertaking the assessment should aim to discuss this with the social worker.

- 9.7 If a child has an up-to-date Health Assessment which has been completed within the past 3 months for a child of under 2 years or otherwise within normal timescales, then this report can be used for the purposes of the Adoption Health Report where adoption is the agreed plan. It will not then be necessary for the child to be seen again by a doctor. Additional information will be required by the doctor in completing the Adoption Health Report.
- 9.8 If the child is under 2 years and received a health assessment over 3 months ago, the LAC team request an update from the health visitor in order to decide if the child requires a further assessment to inform an Adoption Medical Report.
- 9.9 A Health Assessment is not an isolated event, but part of a continuous process. Information from the outcome and recommendations of the Health Assessment should be incorporated into the LAC Review minutes. The Independent Reviewing Officers should ask specifically about the health recommendations and clarify that all actions have been completed. If these have not been followed they should be identified as recommendations from the statutory review process.  
NB: In requesting the health assessment and signing the consent, social care need to be aware that health practitioners will share information on a need to know basis in the best interests of the child.
- 9.10 **NB: Health and social care staff must be clear about the role and function of the health assessment and the role of the Community Paediatrician in the undertaking of the assessment. It is important that any information / concerns which are pertinent to the assessment are shared with the paediatrician who will carry out the assessment. However, any health concerns must be shared with the GP by health and social care staff for on-going review and actions. It is role of the paediatrician to undertake a one off assessment and not to be seen as the clinician responsible for a child's primary health needs.**
- 9.11 **NB. The role of the Family Nurse Practitioner needs to ensure that due account is taken that the needs of the parent/ foster carer are addressed separately from the overview of day to child health and development which would normally be monitored by a Health Visitor.**

## Adoption





## 10.1 Good Practice Points in relation to Adoption

The Adoption Panel or Agency Decision Maker will require comprehensive health information about an individual child and the availability of relevant health information is essential. It is important that additional information is provided to enable a comprehensive Adoption Health Report to be written:

Child's Permanence Report / Care Plan  
CORAM-BAAF Parental Health (PH) Form for each birth parent  
CORAM-BAAF Maternal obstetric/ baby (M/B) Form  
CORAM-BAAF Consent Forms to share information  
Medical Reports / Notes: Hospital/Community/Child Development Centres

### Time frames:

The IRO / Adoption Team should contact the LAC Health Administrator **immediately** after the Review where the decision that the adoption process will start has been made

LAC Health Team Administrator must be notified by the Adoption Team Administrator of the date for a child to go to the Agency Decision Maker at least **6 weeks** in advance. There is no flexibility regarding the date the Agency Decision Maker meets.

The Adoption Team Administrator to copy this information to the Adoption Medical Advisor and named nurse.

The Adoption Team Administrator will check if a current Adoption Medical Report has been received prior to requesting one.

To ensure clarity about the need for an adoption medical, the Adoption Team Administrator will inform the LAC Health Team and provide a reason if the ADM date has been changed or is no longer required. This will enable the LAC administrators to allocate appointments to children who require them more urgently.

The social worker must contact the LAC Health Administrator **within 2 days** of the adoption decision being made at the Review to request an adoption medical and email the paperwork to the LAC team administrator.

**1 week** prior to the Agency Decision Maker (ADM) reaching a decision, the ADM must have the complete paperwork. This is a legal minimum requirement

### LAC Health Team's role:

LAC Health Team Administrator to be notified of clinic availability by paediatricians 6 weeks in advance.

Adoption medicals should always be **priority** for paediatric clinics.

When determining whether a new adoption medical is required, the LAC Health Team must consider:

a) If the child is under 2 years and the health assessment was completed within 3 months then this can be used for an adoption report providing it is of sufficient quality. Otherwise the LAC administrator requests an update from the health visitor. If there are changes or concerns, a new health assessment must be completed. If the health assessment has been carried out within 3 months for a child under 2 years or within normal time frames for a child over 2 years but is not of sufficient quality for an adoption report, the LAC Health Administrator must then notify the social worker if the paperwork is required for an adoption medical and the **social worker must ensure the LAC Health Administrator receives this paperwork within one week.**

b) If the child is over 2 years and the health assessment was completed within normal time frames then this can be used for an adoption report providing it is of sufficient quality. Otherwise, a new health assessment must be completed.

In both the above cases, the LAC Health Administrator must ask the clinician in the first instance or the Named Nurse or the Specialist Nurse if unable to get a rapid response from the clinician. Where it is still not clear or the LAC Nurses are not available, then clarification should be sought from the Designated / Named Doctor

The LAC Health Administrator should **ideally** allocate the adoption medical to the paediatrician who saw the child previously particularly if there is on-going monitoring by the paediatrician with the child (this is a balance between continuity and clinic availability).

The **paediatrician** must send the completed report and adoption medical to the Medical Advisor for adoption. A copy of these should then be sent to the LAC Health Administrator, the social worker and GP. The IRO can access this via the social care IT system. The LAC team administrator emails a further copy to each recipient using a secure email link to ensure it is received within timescales.

If a child is in a **prospective adoptive placement**, the health assessment is not an adoption medical unless this needs to be updated at the request of the social worker and it should then be assigned to the clinic list as an updated adoption medical report if this is the case, otherwise it should be assigned as an RHA.

Updated adoption reports are requested by the Adoption Team in preparation for Matching Panel

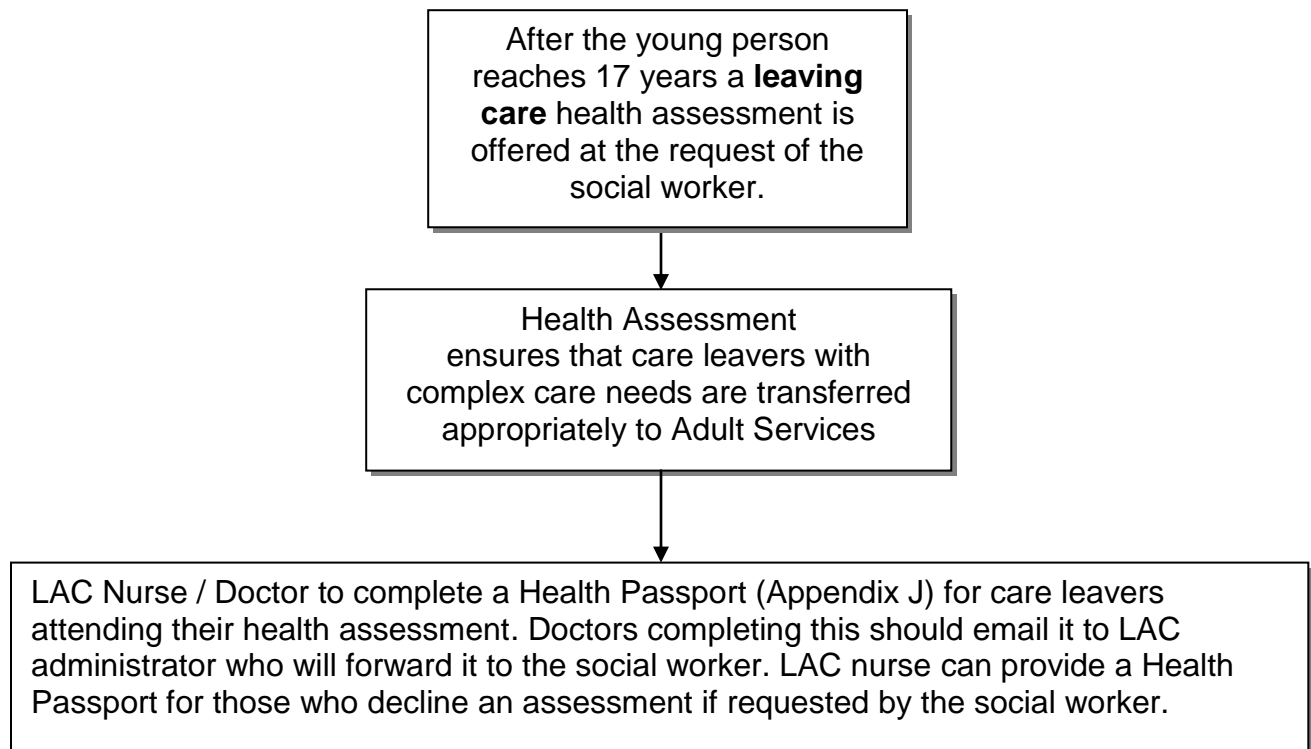
## 10.2 A comprehensive Adoption Health Report needs to include:

- Name, date of birth, sex
- Neonatal history including
  - details of the birth and any complications
  - the results of a physical examination and screening tests
  - details of any problems in management and feeding

- A full health history including
  - details of any significant illness, disability, accidents, hospital admission or attendance at an out-patient department, and in each case any treatment given
  - details and dates of immunisations
  - a developmental assessment according to age, including an assessment of motor skills, vision, hearing, speech and language, social skills and behaviour including evidence of emotional disorder.
  - for a child over five years or age, the school health history
- Examination including
  - height, weight
  - complete physical examination
  - complete developmental assessment
- Family history and implications as a result
- Prognosis of identified health issues and how the child's physical and mental health and medical history have affected his/her physical, intellectual, emotional, social or behavioural development.

11.

#### Stage 4: 17+ Leaving Care (health)



### 11.1 Good Practice Points in relation to **Stage 4: Leaving care (health)**

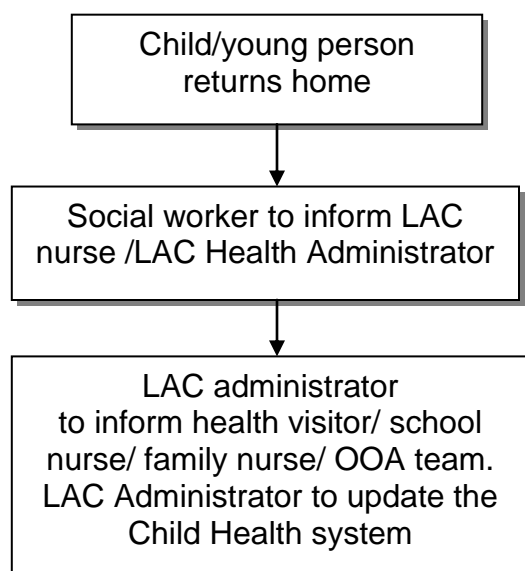
- Young people leaving care should be signposted to general health services or referred to specialist health provision as required during this important period of transition.

11.2 The purpose of a leaving care assessment should be explained to the young person. The aim is to provide as complete a summary of all health information to the young person as possible. The Nurse / Doctor will complete a Health Passport following the health appointment. A leaving care letter can also be offered by the clinician if the young person has particularly complex health needs and the young person wants this.

11.3 The Health Assessment should focus on the needs of the young person, provide advice with regards to lifestyle issues, accessing health services and ensure that care leavers with complex care needs are transferred appropriately to Adult Services.

11.4 A flexible approach is often required to ensure Health Assessment participation by the young person.

## 12. **Stage 4: Leaving Care: Child Returning Home**

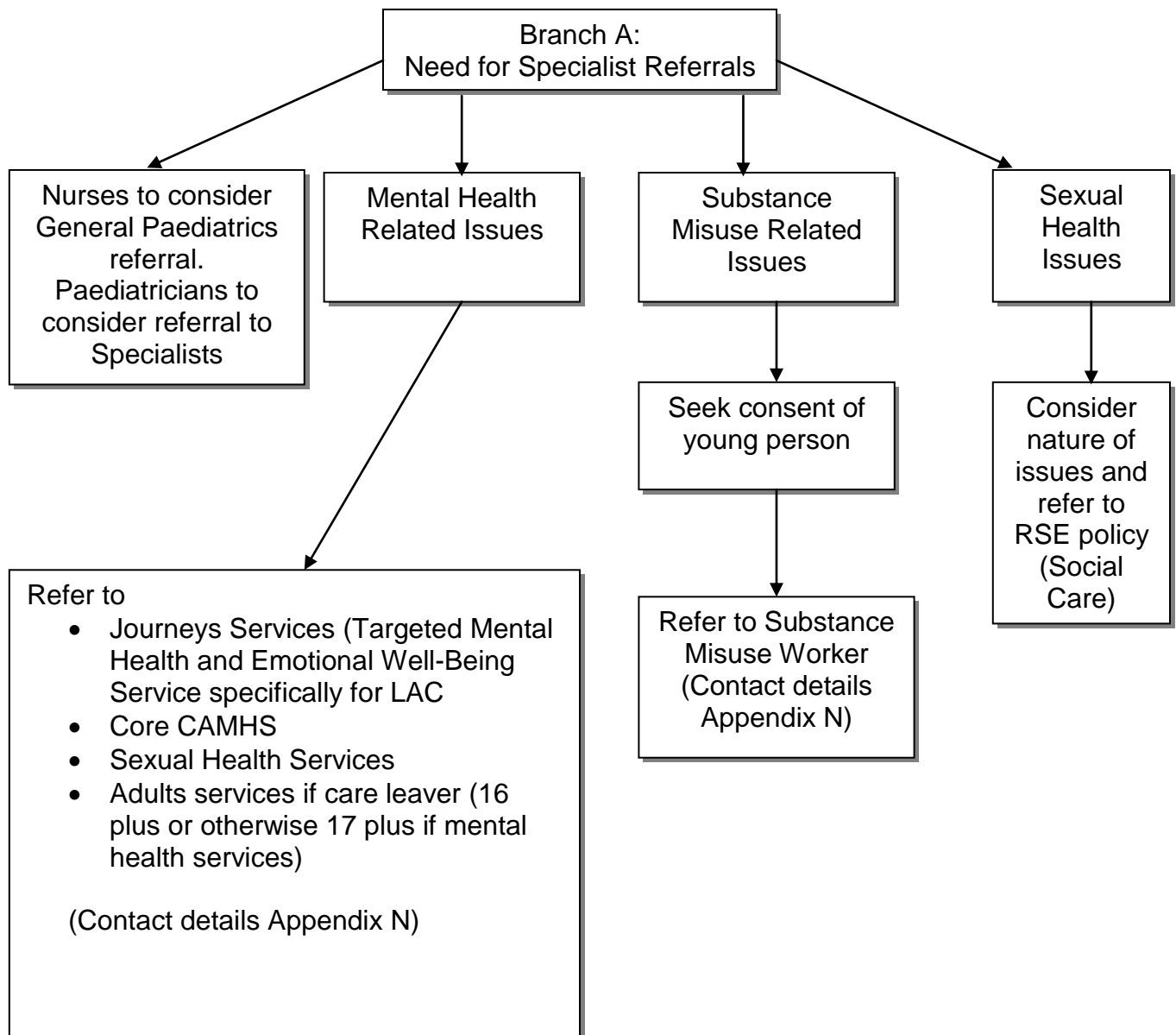


### 12.1 Good Practice Points in relation to **Stage 4: Exit care: Child returning home**

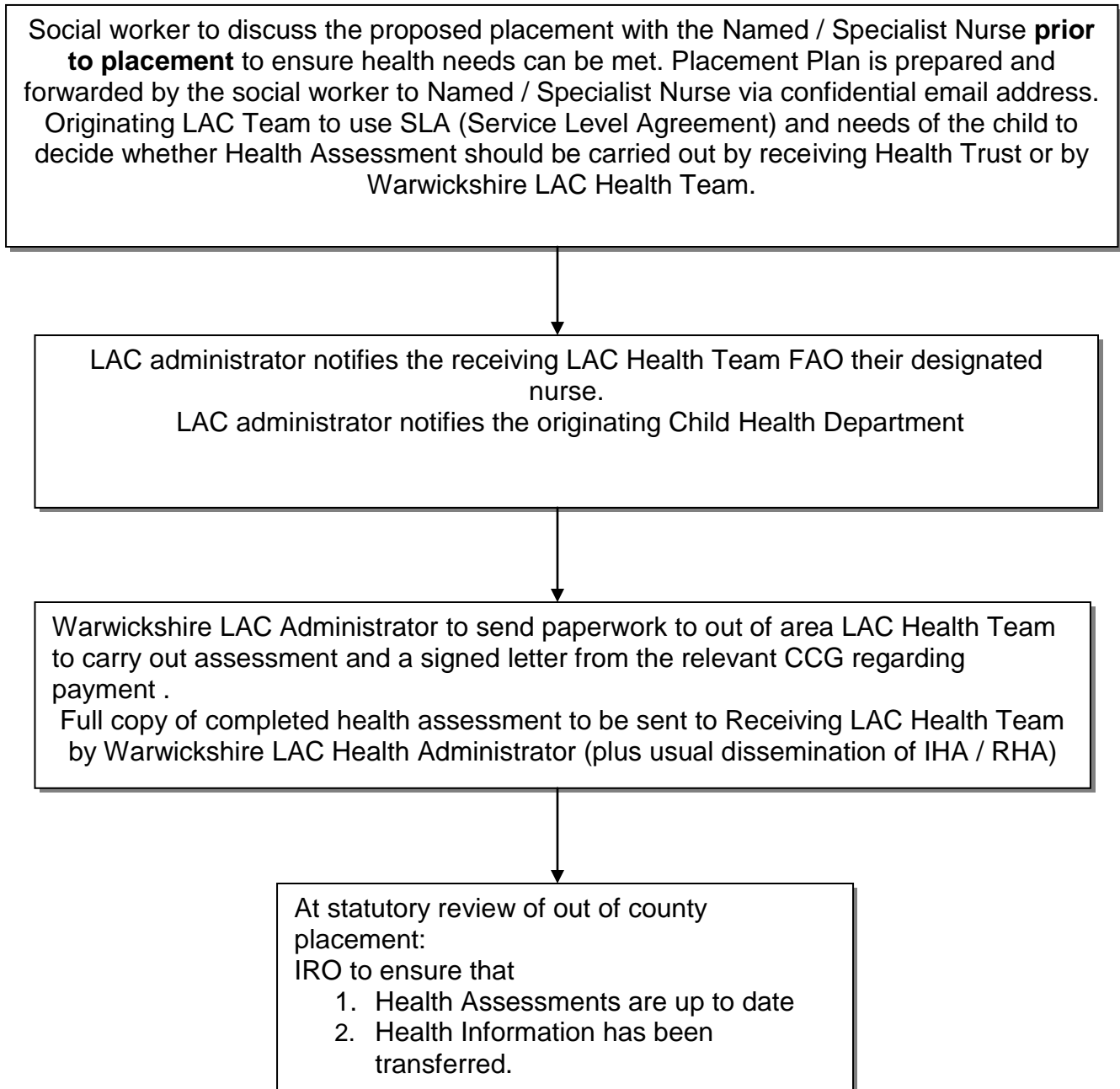
- The Health Action Plan should continue to be followed even though the child leaves care and returns home. Information should be provided to relevant health professionals as required.

13.

### Branch A - Need for Specialist Referrals



## Branch B: Child moves to an Out of County Placement



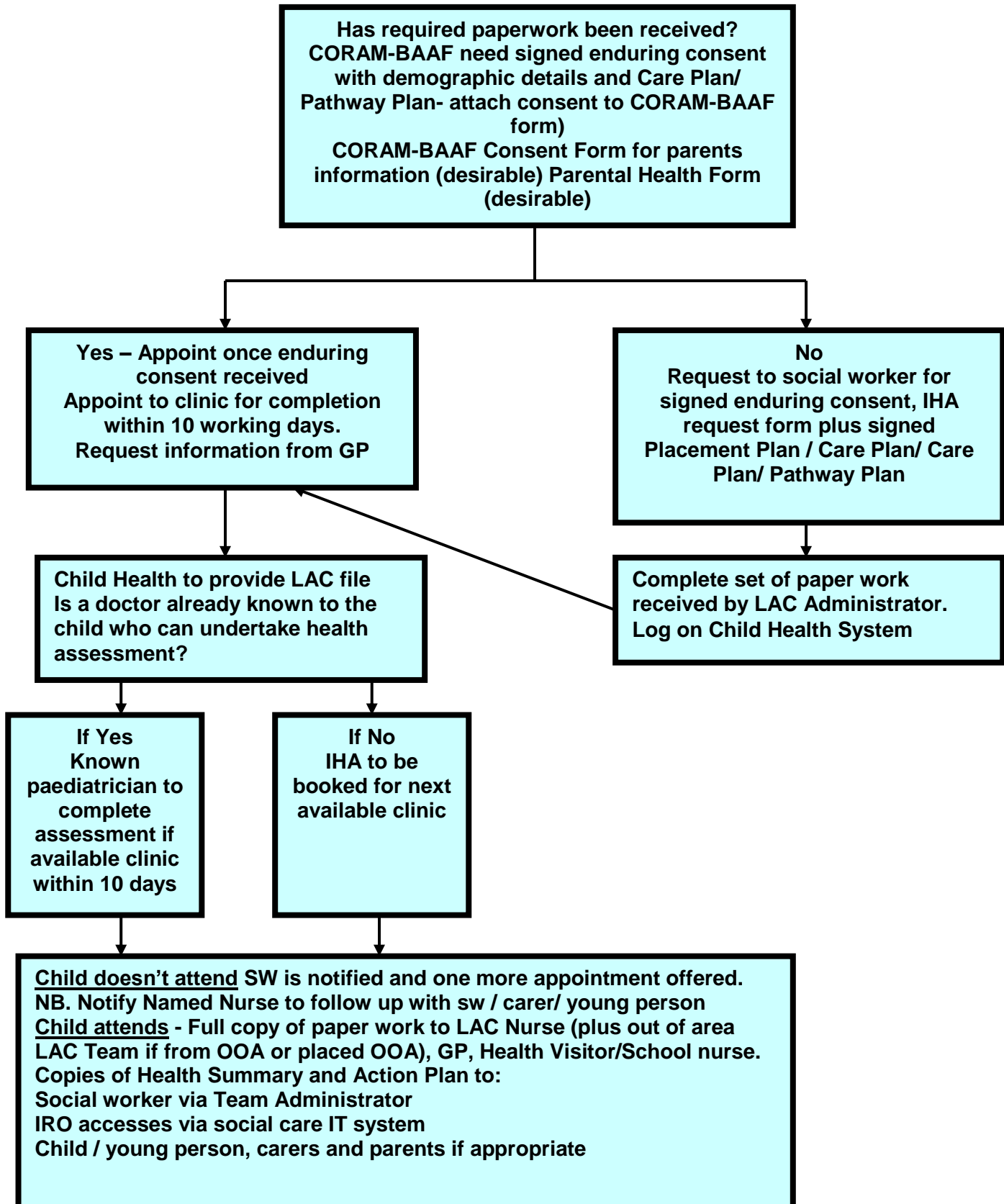
**NB. Completed Health Assessments must be sent to the LAC Health Administrator in the originating health team.**

**NB. Family nurses, health visitors and school nurses need to ensure that effective health provision is in place when health provision is being delivered across a border.**

## **Appendices**

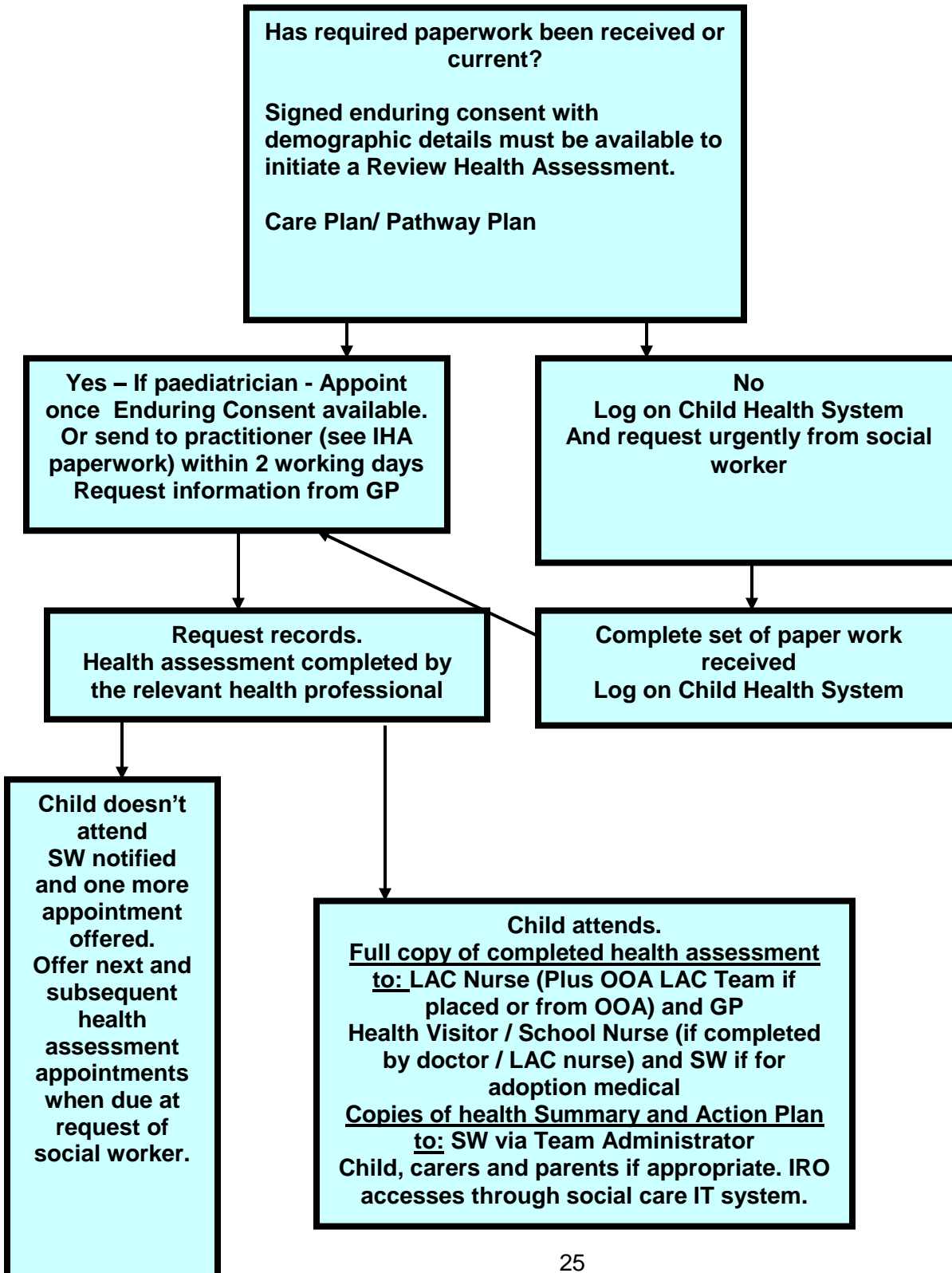
<b>Appendix A</b>	<b>LAC Health Administrator</b>
<b>Appendix B</b>	<b>LAC Health Administrator / Health Practitioner</b>
<b>Appendix C</b>	<b>Health Visitors / Family Nurse Partnership</b>
<b>Appendix D</b>	<b>School Nurses</b>
<b>Appendix E</b>	<b>All staff groups</b>
<b>Appendix F</b>	<b>Social Worker / LAC Health Team Nurse/ Paediatrician</b>
<b>Appendix G</b>	<b>Social Worker / LAC Health Team / Medical Secretary</b>
<b>Appendix H</b>	<b>Social Worker / LAC Health Team / Medical Secretary</b>
<b>Appendix I</b>	<b>Health Visitor/ School Nurse / Family Nurse Partnership</b>
<b>Appendix J</b>	<b>LAC Nurses / Doctor</b>
<b>Appendix K</b>	<b>Youth Justice / Social Worker / LAC Health Team</b>
<b>Appendix L</b>	<b>All staff groups</b>
<b>Appendix M</b>	<b>All staff groups</b>
<b>Appendix N</b>	<b>All staff groups</b>

**Appendix A**  
**Looked After Children's Health Administrator**  
**(Initial Health Assessment)**





**Appendix B**  
**LAC health administrator**  
Flow chart for Health Assessment process for  
Review Health Assessment



**Appendix C**  
**Health visiting / Family Nurse Partnership**  
**Flow chart for a Review Health Assessment (RHA)**  
**NB: ALL PAPERWORK TO GO VIA WARWICKSHIRE LAC TEAM**

Looked After Children's (LAC) Health Administrator at Riversley Park Centre (RPC) receives RHA paperwork from social worker  
Checks consent signed someone with PR (parental responsibility).  
Sends acknowledgement to foster carer and social worker

LAC Health Administrator emails RHA paperwork to health visitor / FNP nurse where child does not have specific health needs requiring Health Assessment by a paediatrician / LAC nurse.  
Paperwork to include correct Coram- CORAM-BAAF form, signed enduring consent, previous CORAM-BAAF form plus SDQ if the child is 4 years and older.

LAC Health Administrator sends paperwork to health visitor within 2 working days.  
Health visitor / FNP nurse arranges and completes assessment within **10 working days** of receiving the paperwork, informs social worker and records this in the Child Health Record. Inform LAC Health Administrator when appointment made.

Health visitor / FNP nurse to complete RHA as arranged. SDQs to be completed by carer if child is 4 years and over and recorded by health visitor on the Health Plan. With carer / parent, discuss limits of confidentiality and who will receive copies of the completed health assessment form.

Health visitor returns paperwork to reach LAC administrator within **4 working days** of appointment, keeps a copy of the RHA form and returns the completed RHA form with SDQ score to the LAC administrator for logging on the Child Health system and dissemination. **2 WNBs (Was not brought)** – inform LAC team. LAC nurse informs social worker and fostering manager. For audit trail purposes, health visitor /FNP nurse should record in the Child Health Record that paperwork has been returned to the LAC Health Administrator. Return completed paperwork to the LAC Health Administrator at RPC **within 14 working days**

The LAC Administrator sends a full copy of RHA to: GP, LAC nurse , OOA LAC Team if child from OOA (Health Visitor / Family Nurse to keep own copy)  
Health summary and Action plan to: Social worker, foster carer, parent (if the child's carer or via social worker as appropriate). IRO accesses via social care IT system.

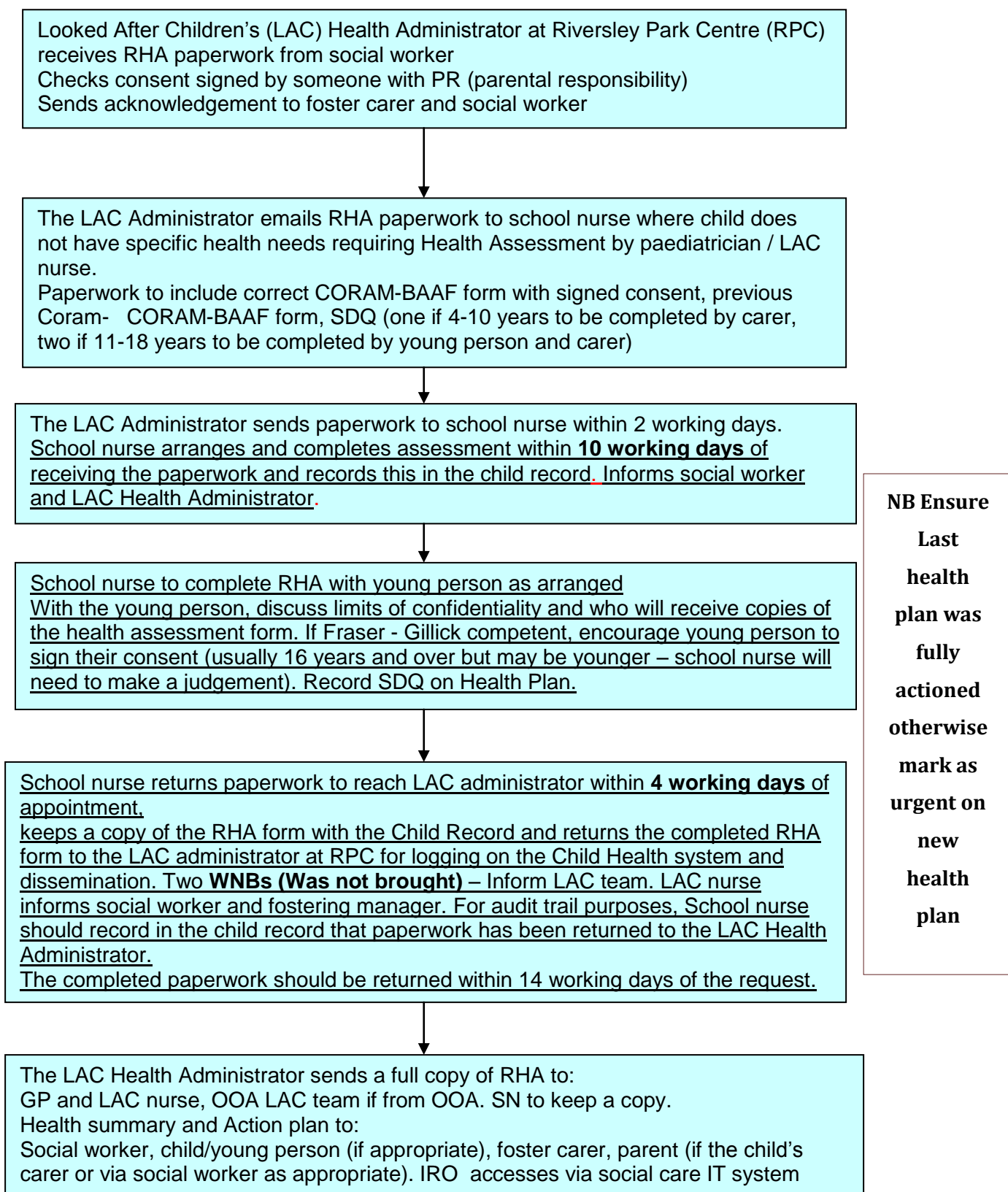
**NB Ensure  
Last  
health  
plan was  
fully  
actioned  
otherwise  
mark as  
urgent on  
new  
health  
plan**

## Appendix D

### Warwickshire School Health and Wellbeing Service (COMPASS)

#### Flow chart for a Review Health Assessment (RHA)

**NB: ALL PAPERWORK TO GO VIA WARWICKSHIRE LAC TEAM**



## **Appendix E**

### **Standard for completing Looked after Children's Health Assessments**



Standard for  
completing LAC health

## **APPENDIX F Decline Pathway**



Decline Pathway  
Warwickshire.doc

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## **APPENDIX G Request for an Adoption Medical: Process Map**



Request for an  
Adoption Medical flow

## **Appendix H Adoption Medicals : Process Map**



Adoption Medical  
Process Map.docx

## **Appendix I Transfer of Records Post Adoption: Process Map**



Revised Transfer of  
Records Post Adoptio

## **Appendix J:Health Passport and Health Passport Asylum seekers**



Health  
Passport.docx



Health Passport  
Asylum Seekers.docx

## **Appendix K: Protocol between Youth Justice and the Looked after Children team**



Protocol between  
Youth Justice and LA

## **Appendix L Child sexual exploitation (CSE) Multi-agency working agreement.**



CSE Working  
agreement.doc

## **Appendix M SWFT- COMPASS Records Transfer Agreement**



SWFT-COMPASS  
Records process v5.x

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## **Appendix N General Enquiries:**

**Contact: Looked After Children Team**  
Riversley Park Centre, Nuneaton, CV11 5TY  
02476 378601

**Rachel Webster**  
Named Nurse for Looked After Children Warwickshire

**Debbie Clark**  
Specialist Nurse for Looked After Children Warwickshire

**Vaishali Desai**  
Designated Doctor for Looked After Children Warwickshire

**Gillian Small**  
Named Doctor Looked after Children

**Ebrahim Ismail**  
Looked after Children's Health Administrator

**Megan Hall**  
Looked after Children's Health Administrator

**Lesley Young**  
Looked after Children's Health Administrator

### **Child Health Department:**

**South Warwickshire**  
Child Health Department,  
56 Cygnet Court, Timothy Bridge Road, Stratford Upon Avon, CV37 9NW  
Tel: 01926 495321 x 5421

### **Local Targeted Mental Health Service:**

#### **Reach – Single point of Access for referral to Journeys / CAMHS**

Please refer to: CAMHS Single Point of Entry, Paybody Building, Stoney Stanton Road, Coventry, CV1 2FS

Tel 0300 200 2021 Fax 02476 961579

**Journeys**

The Junction  
141 Far Gosford Street  
Coventry  
CV1 4DY  
Tel 02476 631835

**Specialist Mental Health Service:****North Warwickshire (including Rugby)**

Whitestone Centre  
Magyar Crescent  
Nuneaton  
CV11 4SG

**Tel:** 02476 641799  
**Fax:** 02476 320305

**South Warwickshire (Warwick district including Leamington Spa, Kenilworth and Southam)**

Orchard House  
83 Radford Road  
Leamington Spa  
CV31 1JQ

**Tel:** 01926 881640  
**Fax:** 01926 435207

**Stratford Healthcare**

Building 1, Floor 2  
Arden Street  
Stratford-upon-Avon  
CV37 6NQ

**Tel:** 01789 414643  
**Fax:** 01789 417129

**Adult Mental Health Services (from 17<sup>th</sup> birthday)****Single point of entry**

**Fax referral to:** 02476 967900  
**Tel:** 0300 200 0011

**Warwickshire Substance Misuse Service:**

Tel: - 02476 641100 (Nuneaton)

Tel: - 01789 206770 (Stratford Upon Avon)

Tel: - 01788 569582 (Rugby)

**COMPASS Young People's Substance Misuse Service**

**Address:**

Valiant Office Suites

Lumonics House

Valley Drive

Rugby

CV21 1TQ

Tel: 01788 578227

Fax: 01788 573289

[www.compass-uk.org](http://www.compass-uk.org)

**Warwickshire School Health and Wellbeing Service (COMPASS)**

[warwickshireSH&WBService@compass-uk.org](mailto:warwickshireSH&WBService@compass-uk.org)

Telephone: 03300245204

**Sexual Health Services:**

**Respect Yourself**

[www.warwickshire.gov.uk/respectyourself](http://www.warwickshire.gov.uk/respectyourself)