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Main Section

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Procedure / Guidance

Title: LOOKED AFTER CHILDREN HEALTHCARE

1 Purpose

To promote the actions of Barnsley MBC staff which demonstrates their responsibility as 'good parents' in relation to the health of all 'Children Looked After' by Barnsley MBC.

2 Scope

All Children Looked After by Barnsley MBC.

All staff responsible for the health care of Children Looked After.

3 References

- 3.1 The Children Act 1989 Guidance and Regulations Volume 2: Care Planning Placement and Case review March 2010.

4 Definitions

- 4.1 LAC: Looked After Children.
- 4.2 Looked After means any child who is accommodated by or is subject to an e Order to Barnsley MBC.
- 4.3 IHA-C, IHA-YP, RHA-C & RHA-YP: BAAF forms addressing the initial and Review Health Assessments for a child or young person.
- 4.4 Parent Held Records: refers to the national booklet issued to parents of new-born babies which records all child health activity and advice. – The Red Book.

5 Action

Action	Person Responsible
<p>5.1 <u>Timescales</u></p> <p>5.1.1 Initial health needs assessments and all relevant paperwork must be completed and returned before placement or by the time of the first review within 20 working days of placement for each child or young person entering care</p> <p>5.1.2 If there are concerns about possible abuse or neglect then the child should be seen immediately, furthermore if the child has an acute medical problem they should be seen without delay either at the Accident and Emergency department, or by their GP.</p> <p>5.1.3 It may be that the initial assessment does not need to be completed if a sufficiently comprehensive health assessment has been completed in the 3 months prior to placement. When this is the case Business Support Officer will task the health practitioner to alert them and request that they review the previous assessment.</p> <p>The same timescales as 5.1.1 apply.</p>	<p>Social Worker</p> <p>Social Worker</p>
<p>5.2 <u>Actions (Immediate):</u></p> <p>5.2.1 When a child is admitted into care and initial health assessment should be arranged within 2 working days and must have taken place, and all paperwork returned within 20 working days in time for the first review.</p> <p>5.2.2 The completion of the provide accommodation form on TED triggers an e-mail to the Reviewing Officers to allocate an IRO.</p> <p>5.2.3 The allocated social worker will complete a Confirmation of LAC on TED and task the Business Support Officer to notify them of the child's admission to care within 2 working days.</p> <p>5.2.4 The Business Support Officer will then contact the clerical staff at New Street Clinic to arrange an appointment for the health assessment t to take place within 10 days ideally.</p> <p>5.2.5 If an interpreter is required it is the social workers responsibility to arrange this.</p> <p>5.2.6 In response to the Confirmation of LAC tasked the Business Support Officer will email the social worker a copy of the relevant forms, the IHA-C/YP, BAAF consent form, BAAF form PH and Form MB and guidelines to aid their completion.</p>	<p>Field Social Worker</p> <p>IRO</p> <p>Field Social Worker</p> <p>Business Support</p> <p>Field Social Worker</p> <p>Business Support</p>

5.2.7	The Business Support Officer will send notification of the appointment and a copy of the carers report form (CR-C/YP) for the carers to complete and bring to the IHA appointment, The social worker is responsible for ensuring the carer takes the report to the assessment.	Business Support Field Social Worker
5.2.8	Form PH must be completed and signed by each birth parent for each child. It is important not to simply copy the form for each child as the mother's history/situation for each pregnancy may be different and therefore present different risks for the prospective child. Form PH records the parents' consent for their GP to be contacted so full medical information can be obtained. It is recognised that it can be difficult to engage parents in this process, but given the importance to the child, particularly if they are likely to be looked after for a long time, every effort needs to be made.	Field Social Worker
5.2.9	If a parent hasn't refused to complete the form PH, but it is not made available to the IHA, the social worker should continue to obtain it and send to business support who will forward to the doctor. The doctor will then consider this to establish if it raises any risks to the child not already identified. If it does they will provide an amendment sheet and sent this to Business Support who will distribute it as detailed in 5.4.2.	Social Worker Doctor Business Support
5.2.10	If a parent refuses to complete form PH this should be clearly communicated to the doctor and documented.	Social Worker Doctor
5.3	<u>Actions (by the first review):</u> Once the health needs assessment appointment has been made the social worker is responsible for:-	Social Worker
5.3.1	Completing the required sections of form IHAC/YP and ensuring that the health sections of the Placement Plan are completed with the help of parents, child and others prior to the appointment.	Social Worker
5.3.2	Arranging for the child, parents (where appropriate) and current carer to attend for the appointment.	Social Worker
5.3.3	Ensuring the form IHAC/YP, BAAF consent form, a copy of the Placement Plan and any previous medical reports are sent to Business Support within 5 days of receiving the IHA paperwork for completion.	Social Worker
5.3.4	The social worker should attend the appointment themselves. Where it is not possible for them to attend they should contact Business Support as soon as possible and try to rearrange the appointment for a time they can attend. It must still be ensured that completed IHA paperwork can be completed within 20 working days. If their attendance is impossible they	Social Worker Foster Carer/ Residential Key Worker

	<p>should arrange for a colleague who knows the child to attend. In exceptional circumstances if this is still not possible the social worker should advise the examining doctor. They MUST ensure that all the relevant documentation particularly the Placement Plan are completed as fully as possible with all the information they have about the child's health needs, reason for admission to care and parental health issues included. This information MUST be with the examining doctor within 5 days of receiving the IHA paperwork for completion.</p>	
5.3.5	<p>It is important that information concerning the birth of the child is obtained. The M and B forms should be completed by the social worker in conjunction with the parent and sent to Business Support within 5 days of receiving form M & B. The place of birth needs to be included to aid location of birth records when the child was not born in Barnsley.</p> <p><u>Children Placed Out of Authority.</u></p>	Social Worker & Parent
5.4	<p>When a child is placed out of Barnsley, in whatever placement, it is the social workers responsibility to ensure that the initial health assessment is completed using the same general procedure detailed in points 5.2 and 5.3</p>	Social Worker
5.4.1	<p>The LAC business Support Officer will make arrangements for the IHA to be completed in the placement area.</p>	Business Support
5.4.2	<p>On completion of the assessment Part C of the IHA – C/YP form is returned to Business Support who will distribute as follows:</p> <ul style="list-style-type: none"> • Upload a copy onto TED and task the social worker to alert them. • Send a copy to the child's GP. • Send a copy to the Residential Care establishment or the current foster carer. 	Business Support
	<p>It is the social workers responsibility to decide whether it is appropriate for wither the parents//person with parental responsibility or the young person themselves to receive a copy of Part C of the IHA-C/YP. Where it is appropriate they are also responsible for sending these copies.</p>	Social Worker
5.4.3	<p>The social Worker will ensure that Health Care recommendations on Part C are transferred/used to inform the health section of the child's care plan.</p>	Social Worker
5.4.4	<p>Business Support will ensure a copy of Part C of the IHAC or IHAYP is scanned into the health electronic record and the lead health professional is alerted to this, This will provide continuity of care and a reference for the review health assessment.</p>	Business Support

5.5	<u>The Initial Health Assessment</u>	
5.5.1	The examining doctor will undertake a comprehensive health assessment and examination covering physical, developmental and emotional issues. The doctor will also gather information about the health of the child's parents and any genetic information and its implications for the child. They will also arrange any further investigations, tests or treatments which may be necessary. They may also liaise with other health professionals who are involved with the child.	Designated Doctor/Examining Doctor
5.5.2	For children subject to Care Orders who are placed at home with parents the process for an initial assessment is just the same as above.	
5.5.3	For children placed in a resource out of authority, the health assessment should be undertaken by a medical doctor designated by the Local Authority in the area in which the child is residing.	
5.6	<u>Administration and Distribution of Documents – Children Placed within Barnsley.</u>	
5.6.1	Once the assessment is completed, the examining doctor will complete the IHA-C/YP Part C (Summary and Health Care Recommendations) which will be typed and signed.	Examining Doctor/Team Secretary BHNFT
5.6.2	The original completed IHA-C/YP Part B and Part C will be retained in the child's health file and a copy of Part C will be sent to Business Support who will distribute as follows: <ul style="list-style-type: none"> • Upload a copy onto TED and task the social worker to alert them. • Send a copy to the child's GP. • Send a copy to the Residential Care establishment or the current foster carer. <p>It is the social workers responsibility to decide whether it is appropriate for either the parents/persons with parental responsibility or the young person themselves to receive a copy of Part C of the IHAC or IHAYP. Where it is appropriate they are also responsible for sending these copies.</p> <p>The social worker will ensure that the health care recommendations on Part C are transferred/used to inform the health section of the child's care plan.</p>	Team Secretary BHNFT Business Support Social Worker Social Worker
5.7	<u>Review Health Assessments.</u>	
5.7.1	Review health assessments should take place at least one in every period of 6 months before the child's fifth birthday and	

	at least once in every period of 12 months thereafter.	
5.7.2	At least six weeks before the statutory medical is due, Business Support will send a notification to the relevant health practitioner. If there are any special requirements e.g. an interpreter is required; this should be discussed with Business Support.	Social Worker/Business Support
5.7.3	At least six weeks prior to a review health assessment being due Business Support will email the social worker a copy of the relevant form (RHA-C/YP) for completion of Part A. This should be completed, ensuring the consent section is signed and returned to Business Support within 5 working days.	Business Support Social Worker
5.7.4	Business Support will send a letter to the carer notifying them that a review health assessment is due and a nurse will be in contact with them to arrange this. They will receive a carer's report and a Strengths and Difficulties Questionnaire (SDQ) to complete. They will be instructed to complete these within 7 days and return to Business Support.	Business Support Carer
5.7.5	If an SDQ is not returned within 7 days a second request is made. If this is not returned Business Support will notify the child's/YP's Social Worker to ensure this is completed in time for the Review Health Assessment.	Business Support /Social Worker
5.7.6	If the review Health Assessment is refused by the Young Person or there is a delay in arranging an appointment, the Health Professional should inform Business Support, who will notify the Social Worker.	Health Professional/ Business Support
5.7.7	Once the assessment has been completed, the Health Professional informs Business Support. Business Support will then distribute Part C of the RHA-C/YP as follows: <ul style="list-style-type: none"> • Upload a copy onto TED and task the social worker to alert them. • Send/email securely a copy to the child's GP. • Send a copy to the Residential Care establishment or the current foster carer. <p>It is the social workers responsibility to decide whether it is appropriate for either the parents/persons with parental responsibility, or the young person themselves to receive a copy of Part C of the RHA-C/YP. Where it is appropriate they are also responsible for sending these copies.</p> <p>The social worker will ensure that health care recommendations on Part C are transferred/used to inform the health care section of the child's care plan.</p>	Examining Doctor/Business Support Officer New Street. Social Worker Social Worker
5.7.8	Where the health assessment highlights the need for further assessment or intervention the Health Professional will either make referrals themselves or signpost carers to the	Health Professional

5.7.9	<p>child/YP's GP.</p> <p>If the health assessment has not been completed by the due date the social worker should take action to ensure the health assessment is completed and to consider, in consultation with the Team Leader, whether any action needs to be taken regarding the reason for the delay in completing the health assessment. If so, then the appropriate action should be taken.</p>	Social; Worker Team Leader
5.7.10	<p>When a child looked after moves placement, or ceases to be looked after, the Social Worker should inform Business Support immediately.</p>	Social Worker
5.7.11	<p>When a child reaches the age of 16, their wish to attend future health care assessments should be discussed with them along with obtaining consent to release GP information, Consent should be recorded on the BAAF consent form, The consent form should then be sent to Business Support in time for the Review Health Assessment.</p>	Social Worker

6 Documentation

- 6.1 BAAF Forms IHA-C/YP and RHA-C/YP, Carer's Report, Form PH both birth parents, Form M+B, Consent, SDQ (for RHAC/YP).
- 6.2 Strengths and Difficulties Questionnaire (SDQ) Ages 4-16 yrs. Carer and Young Person versions.
- 6.3 Authorisation to give consent for medical treatment (NFCA card).
- 6.4 Reminder re 'statutory medical'?
- 6.5 Health Surveillance Schedules?
- 6.6 Looked After Children – Placement Plan/Care Plan.
- 6.7 Letters regarding health care of young people aged 16+ HC1, HC2 & HC3?
- 6.8 Health care of Children Looked After – Practice Notes.
- 6.9 Guidance Notes – Access to health care needs.

Process Flow Chart

Child Enters Care



Social Worker informs Business Support within **2 working days**.

Business Support emails the Social Worker the relevant forms and guidance to complete and return to Business Support within **5 working days**.



Business Support arranges the **Initial Health Assessment (IHA)**.

This is conducted by a Doctor and the Social Worker must be present.



Part C of the BAAF IHA documentation (Summary and Health Care Recommendations) is sent to Business Support within the **20 working days** of child entering care timeframe.

Business Support uploads Part C and sends copies to GP and carer/residential home.

Social Worker considers whether it is appropriate to send a copy to parents/young person and if so is responsible for sending these.

The health care recommendations made are used to inform the child/YP's care plan.



Business Support emails the Social Worker 6 weeks prior to the **Review Health Assessment (RHA)** being due with the relevant forms to complete and return **within 5 working days**.

At the same time the carer is sent a letter re the RHA and a carer report and SDQ to complete and return within **7 days**. If there is no response to a second request 7 days later the Social Worker is informed to take action to obtain these from the carer.



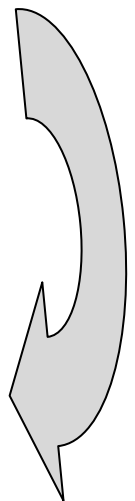
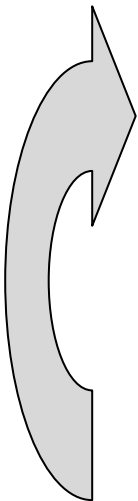
A Health Professional undertakes the RHA. The Social Worker will be informed if a YP refuses.

Part C of the BAAF IHA documentation (Summary and Health Care Recommendations) is sent to Business Support.

Business Support uploads Part C and sends copies to GP and carer/residential home.

Social Worker considers whether it is appropriate to send a copy to parents/young person and if so is responsible for sending these.

The health care recommendations made are used to inform the child/YP's care plan.



HEALTH CARE OF CHILDREN LOOKED AFTER – PRACTICE NOTES

The health care system for Children Looked after has three main aims:

1. To promote the good health of individual Children Looked After.
2. To improve consistency in health needs assessment of Children Looked After.
3. To improve continuity in the health care of Children Looked After.

The following notes are intended to assist social workers in implementing the procedure.

- Health Information should be obtained on the child prior to the health care assessments and recorded on Referral and Information Record and Placement and Information Record; these sections should then be copied and taken to the initial health care appointment. Where a child has been looked after for many years, it is still important to try and collect and record the information.
- Form IHAC and IHAYP are to be used for health care assessments, The annex profile to form HA? Provide very important information on the child and the social worker should ensure this is completed before the health care assessment and taken to the appointment.
- Responsibility for Health Assessments. It is very important to be clear about who will be responsible for any health appointments, particularly when a child is moving from one placement to another, including when a child is returning home. There should be a named person, who is known to be taking this responsibility. It is equally important to ensure that if an appointment for the health care assessment is to be cancelled, Business Support is informed so that the doctor can be informed.
- Initial Health Care Assessments The initial health care assessment should be attended by the social worker, together with the child, parent/s (where appropriate) and current carer. The reason for the social worker attending is to ensure that the health care needs of the child are the focus of the appointment and that the examining doctor is fully aware of all the necessary background and information, this may include informing the examining doctor of e.g. family circumstances about which the child may be particularly sensitive. For health care review assessments it should generally be sufficient for the child to attend with their main carer; however, the social worker will be aware of any issues which may require them to attend, or the placement may have changed recently.
- Health authorisation card (NFCA) should be completed and retained by the carer; responsibility for the card should be clear. The card does not authorise all treatment, e.g. non-urgent operations, and additional authorisation for these will have to be obtained from the District Manager and, where this is appropriate, the parent.

- 'Refusal' to have a health assessment: please refer to the procedure: 'Looked After Children: Consent to Medical Examination and Treatment'. All children and young people should be encouraged to have health assessments which are designed to promote their good health.
- Action Plan. The action plan will be distributed to carers/the child (if age appropriate) and access to the completed form HA can be arranged via the key social worker.
- There is no requirement to have a health care assessment when a child ceases to be looked after; however, where a social worker considers that this would be advisable, they should contact Clerical Officer, Safeguarding Unit, to arrange for an appointment.

ACCESS TO HEALTH CARE RECORDS

GUIDANCE NOTES

1. Children who are to be Looked After

- 1.1.1 Social Workers should make every effort to obtain health care information from parents/carers.
- 1.2 Health Visitors and School Nurses are a good alternative source of this information. If they are not able to assist, General Practitioners could then be approached to obtain information not otherwise obtainable.
 - 1.2.1 Information on immunisation and health surveillance is obtainable through Child/School Health. This will be provided in the following way:
 - 1.2.2 The Examining Doctor will provide the information in writing as a record of the initial health care assessment.
 - 1.2.3 If the child does not attend for the initial health care assessment, the information will be supplied in writing to the Social Worker (where it is still required).
 - 1.2.4 If Barnsley NHS Primary Care Trust is unable to complete the initial health care assessment within the 14 day required timescale the information will be sent to the Social Worker in writing.
 - 1.2.5 **In order to meet the 14 day deadline it is vitally important that Social Workers contact Business Support as soon as they know an initial health assessment will be required.**

2. Children already Looked After who have either a 6 month (if under years old) or annual health assessment

- 2.1 Where health care information for the completion of LAC materials is missing, every effort should be made to obtain the information using parents/carers, Health Visitors, School Nurses, GPs etc.
- 2.2 Information on immunisation and health surveillance is obtainable through Barnsley Primary Care Trust. This will be provided in the following way.
 - 2.2.1 Social Workers should be aware of when annual health care assessments are due: where they do not have this information, they should contact Joan Forster, Clerical Officer, Safeguarding Unit, who arranges all annual health care assessments.

- 2.2.2 The Social Worker, where s/he is aware of gaps in the immunisation/ health surveillance information, should request Joan Forster to notify the Assistant Child Health Manager at New Street that this information will be required at the next annual health care assessment.
- 2.2.3 The Examining Doctor will then provide the information in writing as a record of the annual health care assessments.
- 2.2.4 Where a young person is choosing not to attend an annual health care assessment, the Examining Doctor will provide the information to the Social Worker in writing; if the young person has a history of not attending assessments, but should, contact Joan Forster in Safeguarding Unit who will seek the information on their behalf. Joan Forster should also be contacted if information is required and the annual health care assessment is not due for some time.
- 2.2.5 Where a young person is choosing not to attend an annual health care assessment, the Examining Doctor will provide the information to the Social Worker in writing; if the young person has a history of not attending assessments, but should, contact Joan Forster in Safeguarding Unit who will seek the information on their behalf. Joan Forster should also be contacted if information is required and the annual health care assessment is not due for some time.

3. Sibling Groups

Where more than one child from a sibling group is to have a health care assessment, separate appointments need to be made. This means that it will probably be necessary for another adult to accompany the carer or social worker to the appointment so that they can look after the child/ren not being seen by the Doctor.

4. Queries

- 4.1 Any other queries regarding access to health care information should initially be addressed to Joan Forster, Clerical Officer, Safeguarding Unit, Ext. 5643.

BARNSELY CHILD HEALTH SERVICES

PRE-SCHOOL CHILD HEALTH SURVEILLANCE SCHEDULE (0 – 5 YEARS)

NO.	STAGE OF SURVEILLANCE	TIME	RANGE	COMPLETED BY
1.	Birth Examination	1 st day	1 – 10 days	Hospital Dr, or GP
2.	Birth Visit	11 th day	11 – 13 days	Health Visitor
3.	6 weeks physical examination/ developmental screening	6 weeks corrected age	4 – 8 weeks corrected age	CMO/GP
4.	7 months developmental screening, including hearing test	7 months corrected age	7 – 9 months corrected age	Health Visitor
5.	18 months developmental screening	18 months	18 – 24 months corrected age	Health Visitor
6.	3 year physical examination / developmental screening	36 months	36 – 42 months	CMO/GP
7.	3.5 years vision test	42 months	42 – 48 months	Orthoptist
8.	Medical Examination	School Entry	5+	Routine health interview by school nurses, selective health assessment by School Medical Officer.

IMMUNISATION PROGRAMME, UP TO SCHOOL LEAVING JUNE 2011

AGE	IMMUNISATION
2 months	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) Pneumococcal
3 months	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) MenC
4 months	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) MenC PCV
12 months	Hib/MenC
Around 13 months	Measles, mumps and rubella (MMR) PCV
3 years 4 months to 5 years	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)
13 – 18 years	Tetanus, diphtheria and polio (Td/IPV)

Children should have received these vaccinations by these ages:-

By four months: Three doses of DTaP/IPB/Hib
 Two doses of PCV and MenC

By 14 months: A booster dose of Hib/MenC and PCV and the first dose of MMR

By school entry: Fourth does of DTaP/IPV or dTaP/IPV and the second dose of MMR

Girls Aged 12-13: HPV

Before leaving school: Fifth dose of Td/IPV