London Borough of Hillingdon

Health and Wellbeing of Looked-after Children by the London Borough of Hillingdon - Guidance for Social Workers and Children Social Care Staff.

Written in consultation with social care and health

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Contents

1. Introduction

1.1 This policy and guidance has been developed to promote the health and wellbeing of Looked-after Children by the London Borough of Hillingdon (LBH). It was written by Social care staff in conjunction with the Looked-after Children Health team. It presents the current recommended good practice ensuring that all health assessments for looked-after children are carried out safely and effectively, the timely use of SDQ's and the recording of information, including immunisations and dental checks on the LBH database, LCS. It is consistent with the **National Guidance Promoting the Health and Well-being of Looked-after Children (2015).**

1.2 Nationally 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 their emotional and physical health needs are often greater because of their past experiences and trauma suffered. In the London Borough of Hillingdon 25% of children who are looked-after are unaccompanied asylum seeking children (UASC).

1.3 Asylum seeking children and young people face a large variety of physical, psychological and social difficulties and challenges. They may have been trafficked, with increased risks for safeguarding and trauma. They may have experienced abuse and neglect both prior to, and during, their journey to the UK and may not have had access to health care services either in their country of origin or in their travels.

1.4 Any delays in identifying and meeting the health, emotional well-being and mental health needs of children in the care of LBH can have far reaching effects on all aspects of their lives, including the chance of them reaching their potential, achieving their aspirations and leading happy and healthy lives as adults.

2 Definition

2.1 The definition of Looked-after Children is found in the Children Act 1989. A child is looked-after by a local authority if a court has granted a care order to place the child in Local Authority care, or a council's children services department has cared for the child for more than 24 hours either under a care order or Section 20.

2.2 This guidance therefore refers to children subject to a care order, placement order or those who are accommodated under section 20 of the Children Act 1989.[1]

3. Corporate Parenting

3.1 "Corporate Parenting" is the term used to refer to the collective responsibility of the Council in conjunction with partner agencies to act as the best possible parent for each child they look after and to advocate on his/her behalf to secure the best possible outcomes.[2] That is those who are in the care of the London Borough of Hillingdon, irrespective of their age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

3.2 This guidance gives consideration to The Children and Social Work Act 2017[3] which introduced Corporate Parenting Principles for Local authorities in England to have regard to the needs of Looked-after Children:

- To act in the best interests, and promote the physical and mental health and well-being, of those children and young people
- To encourage those children and young people to express their views, wishes and feeling
- To take into account the views, wishes and feelings of those children and young people
- To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
- To promote high aspirations, and seek to secure the best outcomes, for those children and young people
- For those children and young people to be safe, and for stability in their home lives, relationships and education or work
- To prepare those children and young people for adulthood and independent living.

4. Scope

4.1 The detail contained within this policy applies to all staff of the London Borough of Hillingdon working with Looked-after children aged 0 – 18. The guidance is specifically

[1] Definition of section 20 can be found at http://www.legislation.gov.uk/ukpga/1989/41/section/20
[2] 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review
[3] https://www.legislation.gov.uk/ukpga/2017/16/section/1

relevant to allocated social workers, their team managers and tech admin officers. It will be of interest to health colleagues working within looked-after children services.

5. Statutory health assessments for Looked-after children

5.1 The London Borough of Hillingdon **must** arrange for looked-after children to have a health assessment and an up-to-date individual health plan, as outlined in **T*he Care Planning, Placement and Case Review (England) Regulations 2010*.**

5.2 **The purpose of the health assessment is to:**

- Identify individual unmet health needs and develop a plan of intervention/ referral to address these needs.
- Promote the health and wellbeing of Looked-after children.
- Address health inequalities for Looked-after children.
- Inform agencies who have a corporate parenting responsibility of the health needs of Looked-after children.
- Facilitate effective multi-agency planning for Looked-after children.
- Provide data on health needs to inform the Community Joint Strategic Needs Assessment for Looked-after children.
- Fulfil the statutory requirements for health assessments for Looked-after children.

6. Responsibilities, Accountabilities and Duties

6.1 Roles and Responsibilities of the NHS

- The NHS has a major role in ensuring the timely and effective delivery of health services for all children including looked-after children. It contributes to meeting the health needs of looked-after children in four ways which may be different in Scotland and Wales:
- Universal services for all children and young people (including LAC) (e.g.GP, 0-19 service, GDP (dentist)
- Commissioning effective services for looked-after children
- Delivering a service for LAC health assessments through provider organisations
- Provision of coordinated care for each child.

6.2. Designated Doctor and Nurse

The designated doctor and nurse roles are to assist in service planning and to advise CCGs in fulfilling their responsibilities as the commissioner of services to improve the health of looked-after children. It is a strategic role. The CCG Designated roles in Hillingdon are commissioned by HCCG and the Designated Doctor role is hosted by the CNWL. The Designated Nurse role is now held by the Designated Safeguarding Nurse based in HCCG.

6.3 **The Designated health professionals have responsibilities for:**

- Co-ordinating and monitoring the review health assessments of looked-after children placed both in and out of authority.
- The quality assurance of all health assessments via clinical audit.
- Working collaboratively with multi-agency colleagues in order that the health needs of looked-after children are identified and addressed.
- Co-ordinating and attending multi-agency meetings regarding the development of services for looked-after children.
- Collating data to develop the health needs assessment of looked-after children.
- Providing training, advice and support for Health Professionals involved in the delivery of health assessments for looked-after children and contributing to multi-agency training.
- Attendance at Corporate Parenting Panel.

6.4 The Designated Doctor and Nurse provide leadership and direction in all areas of looked after children care, to ensure that responsibilities for looked-after children are met and to provide specialist advice to all health providers in LBH.

6.5 The Looked after Children health team is currently based at Westmead Clinic with medical staff based at the Child Development Centre at Hillingdon Hospital. All initial health assessments are completed by trained community paediatricians or other doctors trained to the relevant level such as GPs and general paediatricians. All health professionals have responsibility for following procedures for safeguarding vulnerable children as laid down in Working Together to Safeguard Children 2015

6.6 **The Looked after Children health team have responsibilities for**

- Working collaboratively with children, young people and their carer's, and colleagues in Health and Social Care to ensure that the health needs of looked-after children are identified and addressed.

- Undertaking holistic health assessments and developing health recommendations for all looked-after children to inform the health plan completed by the allocated social worker.
- Ensuring that all identified actions from the health plan are completed by review at the subsequent health assessment.
- Updating the Health Recommendations on at least an annual basis.
- Providing ongoing health advice and support to looked-after children and their carers.
- Liaising with the allocated Social Worker regarding possible referrals to other services/agencies.
- Responsibility as identified in the health recommendations for the care plan produced by the health professional undertaking the health assessment and to be reviewed at each LAC review for completion/progress
- Providing a copy of final health recommendations to a young person, prior to them leaving care.
- Developing a Health Care Summary in conjunction with Social Care.
- Attending Reviews for looked after children with complex health needs.

7. GP

7.1 All looked-after young people should have a named GP within a GP practice, and, where age appropriate, should know the details of their GP practice.

7.2 Where young people (including UASC) become looked-after and do not have a GP, registration with a GP practice local to their placement should be arranged by their carer as a matter of urgency, and in no longer than 20 days after placement.

7.3 Should a GP refuse to register a child the social worker should make contact with the local CCG GP registration department in the area in which the child is placed as the CCG has a responsibility to ensure that all LAC placed have a GP.

7.4 **GP surgeries should:**

- Provide universal care and should be the first point of contact for health issues in looked-after children.
- Ensure timely access to a GP or other appropriate health professional when a looked-after child requires a consultation.

- Provide summaries of the health history of a child who is looked-after, including information on immunisation history and covering their family history where relevant and appropriate, and ensure that this information is passed promptly to health professionals undertaking health assessments.
- Maintain a record of the health assessment and contribute to any necessary action within the health plan.
- Make sure the GP held clinical record for a looked after child is maintained and updated and that health records are transferred quickly if the child registers with a new GP practice, such as when they move into another CCG area, leaves care or is adopted.

8. Social Worker

8.1 Social workers have an important role in promoting the health and welfare of looked-after children as their corporate parent. Statutory Guidance[4] outlines that in particular they should:

- Work in partnership with carers, looked-after children, their birth parents where appropriate and health professionals to contribute to the formulation of the health plan.
- Ensure that all the necessary consents and delegated authority permissions have been obtained so that decisions are not delayed.
- Take action to liaise with relevant health professionals if actions identified in the health plan are not being followed up. Given the impact that poor physical, emotional and mental health can have on learning, they should also ensure the child's virtual school head is involved in resolving any health care needs that impact on the child's education.
- Ensure the child has a copy of the care plan and the health plan.
- Support foster carers, or the appropriate person in the children home where a child is placed, to promote the child's physical and emotional health on a day-to-day basis. That should include providing them with information on the child's state of health, including a copy of the child's latest health plan.
- Ensure that there is clarity for carers, GPs and dentists, and for the child, about what health care decisions have been delegated to carers.

8.2 **Social workers should also**

[4] **Promoting the health and well-being of looked-after children 2015 (para 62)**

- Share information about a child's health and welfare with professionals working with looked-after children.
- Request health assessments in line with guidance and ensuring that consent is updated.
- Update the child's care plan to ensure recommendations from the health assessment are recorded on LCS based and discussed with the individual child.
- Ensuing implementation and monitoring of the health recommendations.
- Sharing of the health recommendations from each health assessment with all those responsible for the child's day to day care and with those identified to carry out the actions identified.
- Health action plan/health recommendations to be presented at each LAC Review.
- Ensure that the virtual head and designated teacher for the child is aware of information about the child's physical, emotional or mental health that may have an impact on his or her learning and educational progress and discussed at the PEP meetings.
- Notification to health of placement changes in a timely fashion and certainly within five days
- Actively promote the health assessment as a way of discussing health needs.

9. Foster carer / Residential staff / Key worker

9.1 Foster carers, residential staff and key workers (for those placed in semi-independent accommodation) have a key role in meeting the needs of looked-after children.

9.2 They should be made aware by the child's social worker of their responsibilities in:

- Ensuring a child attends their health assessment.

Ensuring that the child is registered with GP, dentist and optician and attends all medical, dental and vision appointments.

- Facilitating any required treatment regimes and health promotion.
- Giving information regarding a child's health needs is shared with their social worker and other professionals in their network.
- Sharing health information with other carers on changes of placement.
- Actively promote the health assessment as a way of discussing health needs.
- Complete the SDQ assessment as requested.

10. Independent Reviewing Officer

10.1 The IRO's primary focus is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration, [5] this role is implemented through the LAC review process. In respect of a child's health and welfare the IRO should, as part of the child's LAC review, ensure that health assessments are up to date and note any actions to ensure that the care plan continues to meet the child's health needs.

10.2 The IRO should be proactive in bringing any deficiencies in the timeliness and/or quality of the health recommendations and care plan or its implementation to the attention of the appropriate level of management using the agreed escalation process within LBH.

10.3 SDQ and discuss any appropriate actions or referrals to other agencies arising from this.

11. Tech admin support

11.1 Tech admin support provide the administration support to social workers in. In respect of the health of looked-after children their roles includes:

- Scanning consent forms to Civica
- Sending IHA request forms to LAC health on LCS
- Opening RHA request forms, and sending completed forms to LAC health on LCS
- Sending copy of consent forms to LAC health
- Saving documents onto Civica
- Booking interpreters on behalf of social workers

[5] **IRO Handbook 2010**

12. Procedures for Health Assessments

12.1 Promoting the health and well-being of looked-after children 2015 supports the following principles:

- CCGs and NHS England have a duty to cooperate with requests from Local Authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay.
- Local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where that child lives.
- The initial health assessment should result in a health plan, the development of which should be based on the written report of the health assessment. Within LBH the health recommendations are incorporated in to the Care Plans.
- The health recommendations should be available in time for the first statutory review by the Independent Reviewing Officer (IRO) and incorporated into the child's care plan.
- The report from the IHA should be with the social worker within 20 working days of a child entering care.
- The health assessment should be holistic and include physical health, emotional/mental health and health promotion.
- The initial health assessment must be undertaken by a registered medical practitioner
- Review health assessments may be carried out by a registered nurse or registered midwife.
- A written report of the health assessment and a health recommendation plan is to be prepared for each child.
- The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday.
- When a child starts to be looked-after, changes placement or ceases to be looked-after, the responsible local authority should notify, among others, the CCG and the child's GP.
- If the child is moved in an emergency, the notifications should happen within five working days
- Prompt notifications are essential if initial health assessments are to be completed in good time.

12.2 In addition to this, Hillingdon CCG and The London Borough of Hillingdon Children Services have agreed the following:

- Requests for Initial Health assessment to be sent to LAC health as soon as possible, preferably within 48 hours of the child becoming LAC, but certainly no later than **5** working days.
- Request for review health assessments to be made 3 months prior to the due date
- *It is noted that LAC health team report on their own set of KPI's as agreed by NHS North West London CCGs.*

13. Initial Health Assessments

13.1 The specific areas that the health assessment should address are defined in statutory guidance[6] as:

- The child's state of health, including physical, emotional and mental health
- The child's health history including, as far as practicable, his or her family's health history
- The effect of the child's health history on his or her development
- Existing arrangements for the child's health and dental care appropriate to their needs, which must include
    - Routine checks of the child's general state of health, including dental health
    - Treatment and monitoring for identified health (including physical, emotional and mental health) or dental care needs
    - Preventive measures such as vaccination and immunisation
    - Screening for defects of vision or hearing
    - Advice and guidance on promoting health and effective personal care
- The role of the appropriate person, such as a foster carer, residential social worker, school nurse or teacher, and of any other person who cares for the child in promoting his or her health.
- Any planned changes to the arrangements

The Initial health assessment also provides the opportunity to

- To record the child's wishes and feelings regarding their present and future health.
- To involve the child in their own health care.

13.2 Process for obtaining Initial Health Assessments (IHA's)

[6] **Promoting the health and well-being of looked-after children 2015 (para 42)**

The process of obtaining an Initial Health assessment is detailed in the flowchart in Appendix A.

13.3 It is important to remember:

- All requests for health assessments need to be accompanied by a section 20 consent form, or where a child is subject to an ICO, consent form to be completed by Head of Service on headed paper. This should be provided by the social worker to tech admin. The LCS request for health assessment should be completed with as much information as possible including outlining any currently or previous involvement the young person has had with CAHMs and YOT.
- A health assessment appointment cannot be arranged without a valid consent.
- It is recommended that the child's Social Worker as well as the birth parents (if appropriate) and carer should attend the assessment wherever possible to ensure that the assessing Doctor has up to date information on the child's background and health history.
- Where a child and/or birth parent (where appropriate) requires an interpreter the responsibility of arranging this is tech admin.
- Social workers must ensure that on the LCS request for health assessment form, that it is indicated that an interpreter is required and the language and dialect of the young person is recorded.
- The Social Worker completes the Risk Assessment section on the request form to enable health staff identify any precautions required in arranging the health assessment.
- Where an interpreter is required, however not booked the appointment/ the interpreter fails to attend, the appointment will be recorded as a DNA and an alternative date offered.

14. Review Health Assessments

14.1 As noted above a review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday.

14.2 **The purpose of the review health assessment is to:**

- To provide a holistic review of the health and development of looked-after children.
- To identify any new health concerns.

- To offer child centred health promotion to the child/carer.
- To provide an opportunity for the child and/or carer to discuss any health concerns with a health professional.
- To engage looked-after children and young people in their own health care.
- To assist young people preparing to leave care.
- All requests should have an update on the child's history and progress in the last year.

14.2 Process for obtaining Review Health Assessments (IHA's)

The process for making a request for Review health assessment is laid out in Appendix B

14.3 It is important to remember:

- Consent must be sent to the LAC health team for each request for an health assessment
- An appointment cannot be offered where no consent is provided to the LAC health team.
- Where a young person has been looked-after for 12 months or more consent for health assessments should be sought annually.
- The appropriate adult accompanying the child should have sufficient knowledge of the child's needs and be able to provide information to support an effective assessment of the child's health needs.
- Social workers must ensure that on the LCS request for health assessment form, that it is indicated that an interpreter is required and the language and dialect of the young person is recorded.
- Where an interpreter is required, however not booked the appointment/ the interpreter fails to attend, the appointment will be recorded as a DNA and an alternative date offered.
- The request for a review health assessment made via LCS should contain updated history regarding the child's health needs, and care needs over the previous 6 months, if under 5 years, or 12 months if over 12 years.
- Where a child moves placement between the review health assessment request being sent to health, and the appointment date, a new request with updated address details will be required to be submitted.

Children in Particular Circumstances

15 Out of borough placements

15.1 Where a child is placed out of the London Borough of Hillingdon health assessments are commissioned by Hillingdon CCG either from other provider organisations or GPs Referrals are made as per Appendix 1 and 2.

16 National Transfer Scheme

16.1 Where a young person becomes looked-after by the London Borough of Hillingdon and are placed on the National Transfer Scheme they have the same rights as all LAC children. The London Borough of Hillingdon becomes their Corporate Parent until a transfer is agreed and facilitated. A referral for an Initial Health Assessment should be made as per Appendix 1.

16.2 Where a child then moves to the receiving Local Authority Notification should be sent to the LAC health team within 5 working days.

16.3 All young people should be registered with a local GP as soon as they become LAC, regardless of their status on the National Transfer Scheme.

17. Missing children

17.1 Where a looked-after child has gone missing a request for initial and review health assessment should be made in line with usual timescales as per appendix 1 and 2. The LCS request for health assessment should include information that the child is currently missing. Where is child is then located the LAC health team should be notified with details of the placement.

18. Children with complex medical needs and/or disabilities.

18.1 Where a child has complex medical needs and/or disabilities and has significant input and assessments from specialist providers a request for initial and review health assessment is required to be made as per appendix 1 and 2. The LAC health team would then assess whether the child/young person required an additional appointment for an assessment or if a report and recommendations can be made from information already available. A Decision would be made on a case by case basis by the LAC health team.

19. Refusal to attend / DNA's.

19.1 Where a child is unable to attend the appointment offered, or the carer is unable to attend contact should be made with the LAC health team as soon as possible to re-arrange the

appointment. Social workers and supervising social workers should reiterate the importance of the foster carer supporting the child to attend.

19.2 If the child has been difficult to engage in the past or there is evidence that the child will not attend, the LAC health team will make contact with carer / SW / child to offer face to face or telephone contact as required.

19.3 Where the child does not attend the appointment the LAC health team will contact the carer/keyworker and social worker to inform them of the DNA and ascertain a reason. A second appointment may be offered.

19.4 Where a second appointment is not attended the LAC health team will contact the social worker to inform of the DNA and that a third appointment will not be offered unless assurance is given that the child will be brought to the appointment.

19.5 In exceptional circumstances health may offer to visit the placement to complete the appointment, although this is discretional.

19.6 Where a child refuses to attend the LAC health team will send out a refuser letter to the social worker and if agreed a questionnaire for the child and carer to complete.

19.7 Please see appendix 5 for details of the Decliner Pathway

20. When a child ceases to be 'Looked-after'

20.1 When a child is ceases to be looked-after (including when they turn 18) notification should be sent to all professionals, including LAC health and GP within 5 working days. Review health assessments will no longer be required, although the implementation of the LAC health recommendations may need ongoing review via the CIN process or pathway planning, where appropriate.

21. Children whose care plan is Adoption/Permanency

21.1 With the CPR there needs to be a report from the Medical Advisor. This needs to be requested as soon as it is known that the Care Plan is for permanence and at least **8 weeks before panel**. Prior to writing a report the Medical Advisor for Fostering and Adoption **r**equires the completed M and B forms and PH forms and a copy of the CPR. If this is in draft the MA at least needs the sections with parental and family history. This is also of relevance where the child is in care proceedings and not coming to panel. The agency decision maker also needs this report to be able to make a decision.it is good practice for the permanency report to be requested prior to ADM meeting.

21.2 There is no need for a pre-adoption health assessment "adoption medical" if the health assessments are up to date. The Medical Advisor for Fostering and Adoption will decide if there is enough information already available to write the permanency report. In order to write a full report and to be able to inform the adopters about medical issues completed M and B forms and PH forms from both birth parents with relevant consent forms are required. Without consent from the birth mother the Medical Advisor for Fostering and Adoption cannot disclose the information on the M form. All consent needs to be witnessed by the social worker who also needs to sign the consent forms.

21.3 If the next health assessment is due just after the panel date/meeting with decision please discuss with the Medical Advisor for Fostering and Adoption regarding when the heath assessment should be undertaken and requested.

21.4 The Medical Advisor for Fostering and Adoption may decide to see children more frequently if it is known that the plan is for permanency or they have complicated medical needs. This information should be contained in the request for health assessment form. Where children have had an up to date health assessment the Medical Advisor will decide if the child needs to be seen again.

21.5 Please note that prior to the Adoption Order hearing, there must be an up to date Health Assessment as above.

21.6 **Consent forms** are available from https://corambaaf.org.uk/bookshop/corambaaf-forms/health-forms-uk-wide. LBH has the licence to use the forms. Forms should be signed at the time that a young person becomes looked-after and the original sent to the medical advisor, with copies being attached to all other forms completed i.e. the M and B and PH forms. They should be completed for all looked-after children as a matter of course. **Note that any Coram Baaf forms used must be the 2018 editions and earlier forms will not be accepted by health as they are not compliant with GDPR. (2004/2013)**

21.7 **M and B forms** are the maternal and baby, obstetric and neonatal forms which are sent to the hospital of birth – this is not always The Hillingdon Hospital (THH) and THH cannot complete this form if the baby was not born there. These are BAAF forms and are available from https://corambaaf.org.uk/electronic-sample-forms. Part A of this form should be completed on the electronic version by the agency with details of the Medical Advisor for

Fostering and Adoption, please note that there are part A's for both the M and the B form which should be completed. Please complete the information in part A especially the names of the mother and child. Please make sure that both M and B forms are sent. Electronic Coram Baaf 2018 Forms must be used. M and B forms plus maternal consent form should be emailed by secure email (NHS Mail addresses are secure) to the Maternity Department of the Hospital of birth – Safeguarding Midwife.

21.8 If panel date is imminent then it is helpful to include a letter to this effect asking that they are completed as a matter of priority. **Please do not use paper forms.**

21.9 The form should be sent to a Safeguarding Midwife in the maternity department by email, attached to the email should be a copy of the signed consent form by the mother the original of which should be sent to the Medical Advisor for Fostering and Adoption together with the date the M and B email request has been sent to the maternity department and the name of the hospital to which it has been sent.

21.10 If the mother is not available, for example, whereabouts unknown, then this form can be signed by a social worker who can give consent for the child. Please note that in this event the hospital may not complete the M form, and therefore the Medical Advisor for Fostering and Adoption may not be able to share the information on the form as they will not have consent to do so. In this event, prior to a match it may be possible for the Court to give direction for the Medical Advisor for Fostering and Adoption to be able to disclose this information in the child's interests.

21.11 Where the plan is for adoption these forms should be available at the first health assessment or shortly afterwards and therefore they should be sent as a matter of priority to prevent delays. This should be immediately if the plan is for permanency as above.

21.12 **PH forms** are the Coram BAAF form for the report on health of a birth parent and the consent form or a copy signed by each parent and must be attached to each form (2018 edition). If no consent is attached the Medical Advisor for Fostering and Adoption cannot share the information on the form with the panel and prospective adopters. This form should be completed by the birth parent, it may be helpful for the social worker to help birth parent to complete this form to minimize medical history being omitted by parents. The forms must be returned to the Medical Advisor who will include the information in the permanency report.

21.13 For further clarity please see Health Information for Adoption flowchart in Appendix 6.

22 Consent

22.1 Each request for a health assessment requires consent from either a Parent (where a child is looked-after under Section 20) or from Head of Service. Consent forms can be found in Appendix 3 & 4 below.

22.2 Where Section 20 consent is obtained the social worker should ensure that further consent is sought for review health assessments, on an annual basis.

22.3 Where the health assessment is recommending health intervention children aged 16& 17 are presumed in law to be competent to give consent for themselves for their own surgical, medical or dental treatment, and any associated procedures, such as investigations, anaesthesia or nursing care. This means that in many respects they should be treated as adults – for example if a signature on a consent form is necessary, they can sign for themselves.

22.4 Children under 16 are 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 "Fraser competent"). 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.
For further information regarding consent for medical treatment please see **https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2**

23. Immunisations

23.1 A child's primary health records including immunisation records are held by their GP. As corporate parents the Local Authority must take all reasonable steps to ensure that the

child receives the health care services he or she requires as set out in their health plan[7], and this includes immunisations.

23.2 The LAC health team will provide recommendations regarding the national immunisation schedule as part of the Initial and Review Health Assessments and where known about missing immunisations. Where young people have missed immunisations these can only be provided by the GP practice.

23.3 Our children have told us that they want to know what immunisations they have had, and we as their corporate parent should have access to this information.

23.4 An up to date record of the child's immunisation record should be recorded on their LCS file under the health tab. The LAC health team will mark the immunisation record as "up to date" following health assessments, where appropriate, to aid data collection however the details of immunisations need to be sought from the Child's GP and recorded by the tech admin officers

24 Unaccompanied Asylum Seeking Children (UASC)

24.1 Young people who are unaccompanied asylum seeking children will usually have unknown immunisation status. Current advice from Public Health England outlines the following principles:

- Unless there is a reliable immunisation history, individuals should be assumed to be **unimmunised** and a full course of immunisations planned
- Individuals coming to UK part way through their immunisation schedule should be transferred onto the UK schedule and immunised as appropriate for age
- If the primary course has been started but not completed, continue where left off – **no need to repeat doses or restart course**
- Plan catch-up immunisation schedule with minimum number of visits and within a minimum possible timescale – aim to protect individual in shortest time possible
- For a up to date immunisation schedule please go to https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

[7] Promoting the health and well-being of looked-after children 2015:18

24.2 Where a child with an unknown immunisation history is not offered a full course of immunisations by their GP the social worker will need to advocate on their behalf to ensure that they are protected.

25 Strengths and Difficulties Questionnaire (SDQ)

25.1 Understanding the emotional and behavioural needs of our looked-after children is important, both individually and as a population. The Department for Education requires local authorities to provide SDQ data to be completed for looked-after children however this should not be seen as data collection exercise only but also as a tool to aid in assessing emotional wellbeing.

25.2 Caution should be given to using The Strengths and Difficulties Questionnaire (SDQ) by itself, as SCIEs Expert Working Group final report identifies the SDQ as not being an effective way of measuring the mental health and emotional wellbeing of young people but should be supported by a broader set of measures and assessment.

25.3 The SDQ is a short behavioural screening questionnaire. Each looked-after child aged 4-17 years should have an annual SDQ completed by their main carer. The SDQ has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and also positive behaviour. The SDQ has been internationally validated and is appropriate for all Black and Minority Ethnic Groups.

25.4 Completion of the SDQ is straightforward and there should only be rare exceptions where it cannot be completed, for example

- The carer refuses to complete and return the questionnaire;
- It was not possible to complete the questionnaire due to the severity of the child's disabilities

25.5 Operational Procedure

. The questionnaire must be completed by the child's main carer, i.e. the person with whom the child has spent most nights during the year. For most looked-after children this will be either a foster carer or their residential key worker. For those children receiving care on a respite basis only, a birth parent would be the most appropriate person to complete the questionnaire.

25.6 The child's social worker should take responsibility for taking the questionnaire to the placement during one of their statutory visits and ensuring it is completed.

The social worker is then responsible for ensuring that the SDQ is recorded on LCS.

Where the score 17 or more, indicating a high need consideration should be given to consulting with the Local Authority's in-house Multi-Agency Psychology Service (MAPS) team and/or LAC health team to explore if additional services or support, including counselling/psychological support would be beneficial for the child. This should be recorded in the health action plan.

- The results of the SDQ broken down into five sections and overall score should be shared with LAC health prior to the health assessment where possible

Consideration should be given to older LAC also completing the SDQ version for self-completion

25.7 Frequency of Completion

SDQs must be completed prior to the second LAC review, and repeated annually. They can be repeated more frequently if desired and this can be useful for assessing changes as a result of intervention, placement changes. For reporting purposes, only the most recent score will be used.

25.8 Links with the Health Assessments

Following the Initial Health assessment, where a SDQ has not yet been completed, a recommendation will be made for completion of the SDQ as standard.

25.9 When making a request for a review Health Care Assessment, the Strengths and Difficulties score should be recorded on the Request form. See above the score should be provided for all sections as well as total score.

25.10 The scores will be used to help decision-making about links with Child and Adolescent Mental Health Services (CAMHS) and/or consultation with MAPS. Referral to specialist mental Health Assessment and treatment should be considered in the context of the existing assessment of the health, social and educational needs of children as part of placing a child in care.

25.11 Monitoring Compliance

As part of their quality assurance role, Independent Reviewing Officers will review the SDQ scores at the second, and all subsequent **Looked-after Review** meetings. Where

appropriate IRO's may request an update of the SDQ to support assessment of changes for the child. LAC reviews will consider if consultation with the MAPS team, or other psychological support is required.

25.12 A copy of the SDQ can be found in Appendix 7

26. Dental Checks

26.1 As noted above The London Borough of Hillingdon must take all reasonable steps to ensure that the child receives the health care services he or she requires as set out in their health plan, including dental care. It is recommended that looked-after children have dental checks every 6 months. It is the responsibility of the child's main carer to arrange and support a child to attend their dental check.

26.2 Where advice is provided by a registered dentist that a child does not require check-ups as frequently as 6 monthly, this advice should be adhered to. Dental checks **mus**t be undertaken at least annually.

26.3 Children can be registered from the age of two with a dentist but carers should be encouraged to take children with them for dental appointments from one year of age.

26.4 Dental health promotion should be discussed at every health assessment

26.5 All children coming into care should be registered with a dentist within 20 days and if they have not had a dental check within the last 6 months one should be booked

26.5 Dental check dates should be recorded in the health tab of LCS

27 Optician checks

All children aged 3 plus should be registered with an optician and should have a vision test prior to the age of 4 and a reviewed at intervals as advised by the optician.

28. LCS records

The child LCS record remains the responsibility to the allocated social worker and should be updated in line with recording policies. It is the responsibility of the social worker to

ensure that information regarding the young person's dental checks, optician checks, immunisations and other health information are sought and recorded on the case file.

29. Monitoring Arrangements

Data monitoring

29.1 LBH provide a weekly data report sent to Heads of Service, Team managers and tech admin in respect of the Health assessments. It provides details of when children/young people are due health assessments, and when the Request forms should be initiated on the system, and sent to health.

29.2 This allows managers to have oversight of requests which are due to be sent. This should be used as a management tool to support social workers to complete these tasks and in supervision.

Health and Wellbeing Working Group -

29.3 The Health and Wellbeing working group between Health LAC provider team and social care meet six times a year. They review the referrals to, and completion of Initial and Review Health assessments, including reviewing if and why timescales have not been met.

Social Work Supervision

29.4 Social work supervision should include a review of a child's needs and appointments, including health, and support the social worker to ensure that the Health action plan is being implemented.

Quality Assurance Process

29.5 Health assessment paperwork (both the IHA/RHA paperwork and the health recommendations) returned to CNWL LAC health team may be reviewed for quality by either the named doctor or nurse. Health recommendations are returned to the Social Worker once they have been quality assured. Health recommendations for LAC placed out of borough are always reviewed by the designated professionals and if they have been returned already by the area in which the health assessment was done may be superseded by the quality assured version and Tech admin need to make sure that a copy is uploaded.

30 Advice and Health Promotion

30.1 The LAC nurses can provide young people with general health consultations dependent on individual child's needs and in negotiation. The LAC health team work with a range of partners in order to improve the health outcomes of our looked-after children. Kiss to provide services to a range of 'hard to reach' young people.

30.2 The LAC health team and CASH service will also work with social workers in cases where young people are at particular risk of teenage pregnancy.

30.3 The LAC health team also offer / provide health training to professionals from a range of disciplines including specialist paediatric staff, Health Visitors and School Nurses, local authority social workers, foster carers and residential staff.

31. Ensuring the Health of Children

31.1 If the foster carer is concerned they should have low threshold for attending UCC or A&E if they cannot contact 111 or GP if a child is under 2"

NHS guidance

- during the day from Monday to Friday – it's best to call your GP practice
- evenings and weekends – call NHS 111
- if your baby is under 6 months old it's hard for a doctor or nurse to assess them over the phone – you can go to an urgent care (walk-in) centre or, if you're very worried, take them to A&E

31.2 Foster carers should in the first instance seek advice over the phone via their GP or 111 if a looked after child or any age is unwell. The advice over the telephone will include the next steps for that child's medical care and also which practitioner is the most appropriate to consult, i.e the GP/ 111 may recommend that consultation with the pharmacist or another HCP such as the community matron is fine.

31.3 If a foster carer has a child placed for the first time, and they are under 5 years old, the Foster Carer should seek advice via 111 or the GP practice before giving any OC medication such paracetamol.

31.4 The foster carer should seek advice from 111 or the GP/ Community practitioner if the child's condition does not improve and any subsequent dose needs to be administered, or if further treatment is necessary

31.5 In the case of the child being over the age of 5, a Foster Carer may administer a single dose of paracetamol or other over the counter medication (such as for a headache or period pain) as is written in the child's care plan and placement plan.

31.6 Any type of medication given to a child must be recorded in the personal child health record (PCHR) red book and reflected in the foster carer's daily log. Any HCP recommending the medication should record this in the PCHR (red book)

Useful Links

https://www.nhs.uk/conditions/pregnancy-and-baby/looking-after-sick-child/

https://www.nhs.uk/conditions/pregnancy-and-baby/spotting-signs-serious-illness/

Appendix 1 - Initial Health Assessments (IHA's) FLOWCHART

Child enters care

↓

Within 5 working days

Social worker completes Request for health assessment form On LCS and sends to tech admin [enter date form due to be sent to health as 5 workings days after the child became LAC, good practice is for this to be completed within 48 hours]

Please ensure that attention is paid to Interpreter required and language – checking the young person's dialect

S20 consent is signed by those with PR and in their absence Head of Service, OR Care order consent form signed by Head of Service. **Form passed to Tech admin to be uploaded to Civica**

Tech admin sends for health assessment request via LCS to LAC health

Tech admin follows this with an email and scanned copy of consent to LAC health

↓

Appointment offered by LAC Health team by letter to carer and social worker

Appointment date uploaded onto the treatments tab on LCS by LAC health

↓

Tech admin completes service request on LCS for interpreter (where required) & book interpreter

↓

Within 20 working days - IHA completed

Health recommendations and immunisation history where known sent to the Tech admin for upload to Civica and registered GP

↓

Completed IHA scanned onto Civica by Tech admin this looks like a duplicate of the above step

↓

Social worker reviews IHA, adding information to health section of Care plan where required and completing any actions as necessary and making sure that all those who have been named as undertaking an action have a copy of the health recommendations

↓

Within 20 working days - LAC review

IRO reviews health recommendations as part of LAC review and checks that actions have been undertaken or are in progress

↓

Social worker shares health recommendations with child, carers and key professionals.

Health recommendations implemented and Health section of care plan reviewed and updated as health needs arise, including consideration of SDQ score (for children 4 years and over).

↓

Foster carer/Residential worker to support child to be registered with Local GP within 5 days

↓

Report will recommend SDQ completion and completion of outstanding immunisations as standard.

Appendix 2 - Review Health Assessments (RHA's) FLOWCHART

RHA's are required 6 monthly until the child reaches their 5th birthday. From 5th birthday and above RHA's are required every 12 months.

↓

Weekly

Tech admin support check the weekly health assessment data sheet for children who require a review health assessment in 3 months plus 6 weeks

↓

3 months and 6 weeks prior to RHA due date

Tech admin support open the request for RHA on LCS inputs dates and notify allocated social worker - allowing 6 weeks for the form to be completed

↓

Between 3 months and 6 weeks prior to RHA due date and 3 months prior to RHA due date

Tech admin obtains consent from Head of Service manager & upload consent form to Civica to health tab
Where a child is has been s20 (parents consent) for more than 12 month social worker to ensure s20 is re-signed by parents.

↓

3 months prior to RHA due date

Allocated social worker completes LCS form and notifies Tech Admin
Tech admin send request via LCS to health, and Email with copy of consent form on headed paper

↓

LAC health team review notification and consent form and arrange health assessment

↓

Appointment offered by LAC Health team by letter to carer and social worker
Appointment date uploaded onto treatment tab on LCS

↓

Social worker completes service request on LCS for interpreter (where required)
Tech admin book interpreter

↓

Review health assessment completed

↓

Within 20 working days of RHA

Report sent to the tech admin and registered GP

↓

Social worker reviews RHA report and updates Health Action Plan on LCS accordingly, sharing with child, carers and key professionals plus those named as responsible for undertaking actions

↓

IRO reviews health assessment as part of LAC reviews

Appendix 3 - Section 20 consent

HILLINGDON
LONDON

S20 Children Act 1989 AGREEMENT

I .....(parent / guardian) who holds parental responsibility agree for my child/ren ..... to be accommodated by the London Borough of Hillingdon under Section 20 of the Children Act 1989 pending an assessment of the needs of the child and a review of the family is completed .

I confirm my consent for my child/ren to access all medical treatment and any emergency treatment.
I hereby give consent for a LAC health assessment and any subsequent health assessments and for reports to be provided to social care

I confirm my consent for my child/ren to continue education.

In providing my consent I confirm the following:-

1. I have been advised to seek independent legal advice.
2. I am aware of my right to withdraw my consent to this arrangement.
3. I have been offered an independent interpreter.
4. I have been informed of the local authority's concerns and provided with relevant information about the consequences of providing consent or refusal.

I understand this is a voluntary agreement, which has been entered freely, and I agree to give 7 days written notice to the Local Authority should I wish to withdraw my consent.

Signature	Print Name Parent/Guardian	Date
Signature	Print Name Social Worker	Date
Signature	Print Name TM	Date

Children's Social Work Team
Social Care & Health
T.01895 556644 F.01895 277910
www.hillingdon.gov.uk
London Borough of Hillingdon,
Mezzanine Offices, Civic Centre, High Street, Uxbridge,
UB8 1UW

INVESTOR IN PEOPLE

Health Assessment Information Sheet for Parent

When your child becomes looked after we have a duty to assess their health and put into place a plan to meet any outstanding health needs. This is undertaken by the looked after health team who will do this by gathering information about your child's health from health and social care professionals and offering an appointment for an initial health assessment You will be asked to sign a consent for this information to be collected (BAAF consent form) and a consent for the health assessment. This information sheet is an outline of what you need to know in order to sign the consent form.

What is an initial health assessment?

This is an appointment where your child will be seen by a doctor who specialises in child health. This should happen within the first 28 days after your child is taken into care. It usually takes about an hour. Birth parents are welcome to attend and it is useful if you do as you will be able to share with us your child's birth and medical history as well as any medical conditions which run in the family or relate to your child. The carer and possibly the social worker will also be present. A developmental history will also be taken, e.g. the date the child walked/talked and play skills. If the child is older they will also be asked for their views. An assessment of their social interaction and emotional wellbeing will be made. After this initial information an examination may be undertaken.

What are the aims of the initial health assessment?

- An assessment of physical wellbeing and how to improve physical health. A physical examination is offered which may include their genitalia being examined (the child or young person will be asked for consent for this and if they refuse this will be respected). Height and weight will be recorded.
- An assessment of emotional wellbeing and how to improve emotional health
- To record the child's development and note any developmental delays and any evidence of neglect.
- To make sure that the carer and the social worker know about any appointments the child may have and that they know the dates; to check medication and allergies
- To refer your child to other professionals for assessment if required e.g. speech therapist, physiotherapist.
- To identify any existing health concerns that the child may have and encourage older children and young people to make healthy choices and decisions about their own health
- Health promotion advice and support including dental and vision check and a formal assessment of both will be requested. Older children will be offered appropriate advice (smoking, substance use, sexual health etc). This is important to help them develop good emotional wellbeing.
- To check that they are registered with a GP and immunisations are up to date. If they are overdue, a referral is made for them to be carried out.

What happens with this information?

After the health assessment the doctor will write a comprehensive report which will be shared with social services and in some cases the Courts. Parents can also request a copy. This report will include recommendations about how any identified health needs should be met. It may also include comments about the previous history of the child and how this might affect them in the future, for example, if the birth mother has used drugs or alcohol in pregnancy. This is to help professionals identify needs the child or young person may have and look at how they could be addressed. In addition, it will provide your child's social worker with information to plan the best way forward for your child as they come into care.

If you need any further information on the health assessment, please discuss this with your child's social worker or contact the looked after children health team on 01895 484940 or by email on cnw-tr.lookedafterchildren@nhs.net

HILLINGDON
LONDON

Date:

Child's Name:
DOB:
Child's Address:
Legal Status:

To Whom It May Concern,

I have been informed that the above child requires a statutory looked after child health assessment.

I hereby give consent for a health assessment and any subsequent health assessments to be arranged for

_____

Name(s) of person with parental responsibility

Service Manager (delete as necessary)

Signed _____

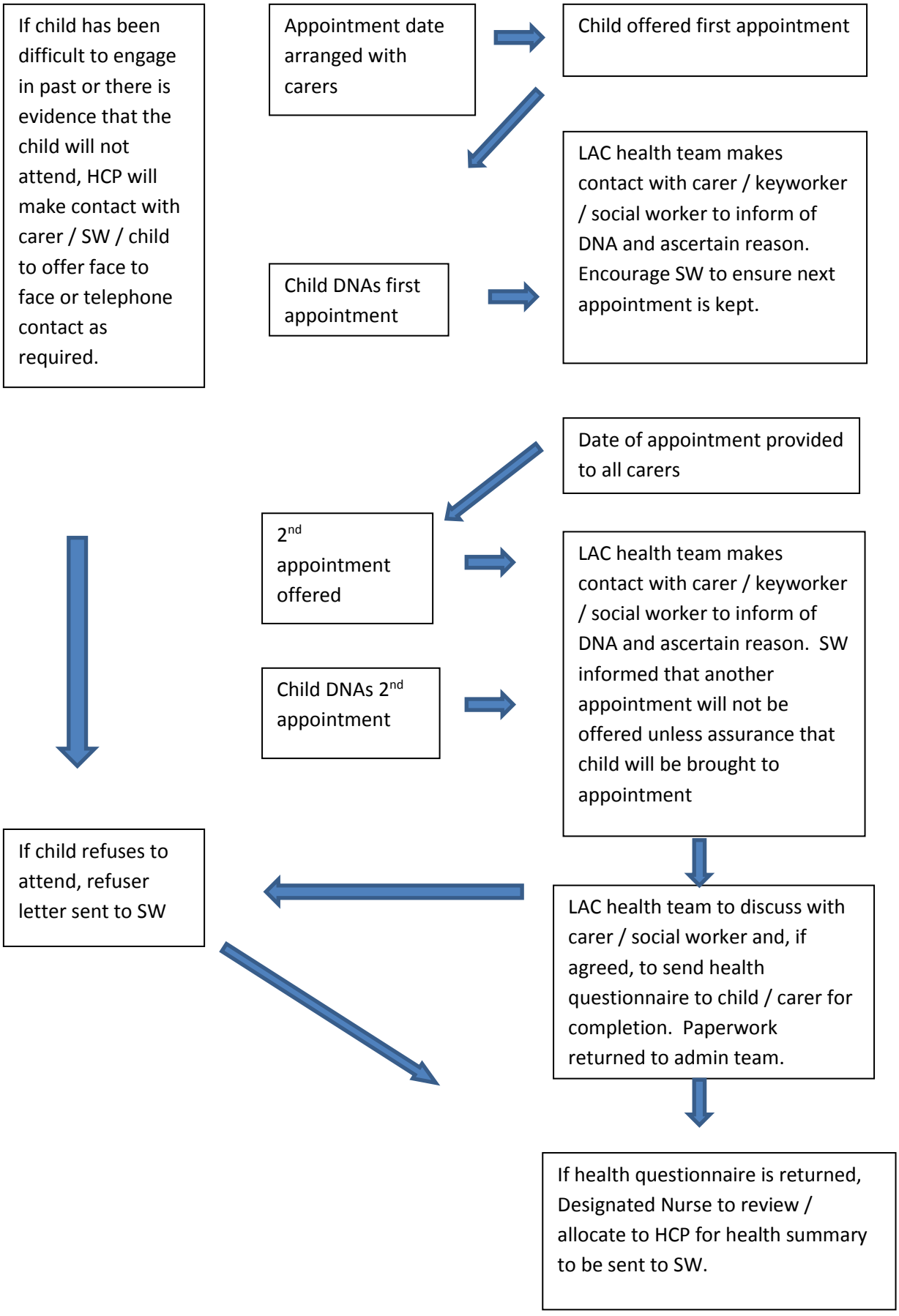
Date_____

Copy of the signed section 20 consent attached (tick if applicable) ☐

Consent documents (draft 1) 10.2.14

Children In Care Team
Children and Young Peoples Service
T.01895 55 6644 F.01895 27 7060
cicadminteam@hillingdon.gov.uk www.hillingdon.gov.uk
London Borough of Hillingdon,
4S/02, Civic Centre, High Street, Uxbridge, UB8 1UW

Appendix 5 - Health Assessment Decliner Pathway



Appendix 6 - Health Information For Permanency

All medical details to be collected by social worker to inform the CPR; medical reports should be attached and not transcribed.
(This information to be collected through IHA, RHAS and any other medical reports relating to the child and parents.)

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The social workers also need to have the following forms completed at the start of the care episode or as soon as the plan is for care proceedings with a permanency plan; prior to ADM meeting
All forms must be 2018 editions

- CoramBAAF consent form - completed by both birth parents and signed both for sharing of child and parental health information and sent to medical advisor
- PH form - birth mother to be completed with social worker and sent to medical advisor
- PH form - birth father as above
- M and B form - to be sent to the hospital where the child was born addressed to the safeguarding midwife plus a copy of the CoramBAAF birth mother's signed consent form and this should be returned directly to the Medical Advisor, Westmead Clinic, West Mead, South Ruislip, HA4 0TN and not the social worker.
- This report will be uploaded onto the child's electronic health record when complete together with the consent form
- Child's CPR report (In addition the CPR must be sent to the Medical Advisor 10 working days before the ADM (Agency Decision Maker) meeting

↓

Once all the forms (PH and Consent plus CPR) have been completed by the social worker, they need to be scanned and sent to the cnw-tr.lookedafterchildren@nhs.net.
Please ensure all forms are signed by parents and is using an electronic version the correct name is at the top of every sheet of the form

↓

Medical advisor will decide if a report can be produced based on the information provided by the social worker or whether an update health assessment prior to adoption is required.
They will advise if a health assessment should be requested in the usual way.
A report may be written based on the information gathered from health assessments and from up to date electronic health records plus the family history in the CPR

↓

Health need 8 weeks notice to complete the reports

↓

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No updated LAC health assessment NEEDED	Updated LAC health assessment REQUIRED
The medical adviser will prepare a report based on the information provided by the social worker Report plus IHA report must be shared with adopters prior to any meeting with the medical advisor as should all health recommendations.	Medical advisor arranges health assessment with most suitable professional Pre adoption health assessment is undertaken Medical adviser prepares report and sends it to social worker admin by email as PDF and this report must be shared with adopters prior to any meeting with the medical advisor as should all health recommendations

Appendix 7 - SDQ

Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Mother/Father/Other (please specify:)

Thank you very much for your help

Appendix 8 - useful contact details

The main contact should be LAC health provider team

Westmead clinic
01895 488860
Cnw-tr.lookedafterchildren@nhs.net

Medical advisor for adoption and fostering - for adoption and fostering queries only
Dr Price Williams
01895488788

cnw-tr.lookedafterchildren@nhs.net
cnw-tr.adoptionandfosteringhillingdon@nhs.net