

Health and Social Care

Looked After Children (Health) Procedures

Background

Looked After Children (LAC) have some of the poorest health outcomes across the child population. To improve these outcomes working across Health and Social Care and with partner agencies, staff are required to implement the following procedures in respect of health and Looked After Children

These procedures should be read in conjunction with NHS and Highland Council policy and procedures paying particular reference to Highland Practice Model Guidance, Fostering and Adoption Procedures and Residential Child Care Procedures.

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1. Policy and Legal Framework

The national policy and legal frameworks provide clear guidance for staff in respect of minimal requirements for health and LAC. These requirements are as follows:

- a. "We can and Must do Better"(2007) – national strategy for LAC

"Each NHS Board is to assess the physical, emotional and mental health of ALL Looked After Children (including those at home and in kinship care)"

- b. The Children's (Scotland) Act 1995 and The Looked After Children (Scotland) Regulations 2009 secure legal provision for LAC in respect of their health. This legal provision outlines that

"the health needs of children should be assessed when the child becomes Looked After – or within 3 months prior to that date"

- c. These legal and strategic obligations are underpinned and extended within "Chief Executives Letter 16 2009" to NHS Boards requiring that

"Each NHS Board should have a nominated Director for LAC"

"Each NHS Board should have mechanisms in place which allows them to identify all LAC and care leavers"

"Each NHS Board should ensure all LAC have an assessment of their health needs within 4 weeks of notification by the Local Authority"

"Each NHS Board should have measures in place by 2015 to ensure that each LAC has a mental health assessment"

2. Practice Guidance for Health Assessments and Looked after Children

Initial Statutory Health Assessment for Looked After Children

A robust process for the initial statutory health assessment has been agreed within Health and Social Care Services this process includes 6 key stages (Appendix 1) as follows:

- 1. Notification**
- 2. Information Gathering**
- 3. Information Sharing**
- 4. Assessment**
- 5. Quality and Improvement**
- 6. Performance Management**

1. Notification

Lead Professionals are required to notify the LAC Team, through message on CARE FIRST, on the day that the child becomes Looked After.

2. Information Gathering

The admin co-ordinator for LAC will be responsible for gathering information across health, education and social care systems to create a health profile for each child.

3. Information sharing

The health partner to the plan will be identified and a request for a health assessment will be made via email, with supporting documentation, assessments tools and profile as required.

4. Assessment

Initial Statutory Health Assessment

It is the responsibility of the school nurse or health visitor who is identified as the local health partner to the plan to:

- Undertake the statutory health assessment. The assessment should be done using the My World Assessment Framework and submitted in Childs Plan Format.
- It is the responsibility of the Public Health Nurse Team Lead to re-allocate the statutory health assessment in the event of staff absence/leave within the team.
- Ensure quality is achieved within the health assessment by using the agreed "Core Health Standard" (Appendix 2)

- Ensure each LAC is identified as “additional” Health Plan Indicator on the school nurse/health visitor case load and Community Child Health is notified.
- Ensure ALL LAC under the age of 5 years have a Schedule of Growing Developmental Assessment. This is in line with NHS Highland Policy
- Ensure the completed assessment is submitted to the Lead Professional, the Lead Nurse for LAC, GP and all relevant partners within 4 weeks of the child becoming Looked After

It is the responsibility of the Lead Professional to

- Notify:
 - all core group members (including the health partner to the plan)
 - The LAC service when a child becomes/ceases to be Looked After and/or changes placement. **This is a legal requirement for ALL LAC**
- Ensure that statutory requirements are met
- Ensure the core health standard is fully reflected in the Child’s Plan
- It is the responsibility of the Lead Professional to copy in its entirety the health assessment for Looked After Children, onto the Childs Plan in time for the 6 week Childs Plan Meeting.

Review assessments

The initial statutory health assessment should be viewed as the starting point of an on-going assessment into the child’s needs. Principles to guide follow up assessments are as follows:

Prior to the writing of each Childs Plan

When each subsequent Childs Plan is being written, it is the responsibility of the health partner to the plan to ensure that there is an up to date assessment of the child’s health needs available for inclusion in the Childs Plan – this will require a review of the health action plan and will generally require that the child is seen prior to the Childs Plan Meeting.

Child Protection

If a child protection concern arises and the child is also Looked After, discussion should happen with all partners to the plan and with the Lead Nurse for LAC and/or the child protection advisor (health). If a CP Childs Plan meeting is to be convened, the child should – wherever possible - be seen prior to the meeting.

Moving placement/change of health partner to the plan

The biggest known pressure to good health outcomes is disjointed health care due to multiple placement moves. The identification of a new – and local - health partner to the plan plays a significant part in ensuring needs continue to be well met across placement. ALL children or young people who move placement should be seen by the new health partner to the plan to ensure relationships are established and continuity of health care

remains. Any assessment should be proportionate and relevant to the child's need paying reference to the existing assessment and plan.

The Child's Plan and Health Information

With specific reference to health and LAC:

- 1. Each health assessment completed should contain "core health information". This is the agreed quality standard for health and the Child's Plan. The Child's Plan will therefore be the reference for assuring for legal requirements and achieving best practice. The Lead Nurse for LAC will be responsible for providing formal feedback to each health assessment within 4 weeks of receipt of the assessment, on the agreed form (Appendix 3)
- 2. It is the responsibility of lead professional to ensure that the Child's Plan contains the statutory health assessment with action plan
- 3. Wherever possible, health information should be integral to the Child's Plan; however in the case of specialist assessments these should be presented in their entirety as an appendix to the plan.

5. Quality and Improvement

Quality assurance of the statutory health assessment for Looked After Children should happen at the following key stages:

- Self-evaluation by the practitioner at time of assessment.
- Formal feedback via the Lead Nurse for LAC within 4 weeks of the assessment being completed
- Discussion with supervision with the Lead Nurse for LAC
- Core group and Child's Plan Meetings
- Random sampling
- Quality assurance through external inspection

6. Performance Management

Performance management of statutory deadlines will be achieved through the agreed process which includes escalation through line management as indicated. Performance Management Measures will be agreed within Health and Social Care Performance Management Framework and monitored by the Adult and Children's Committee.

3. Record Keeping Guidance for School Nurses and health visitors re LAC

Looked After Children have some of the poorest health outcomes in the child population. One of the principle reasons for this is multiple placement moves. These moves cause disruption to the delivery of health services and relationships with known and trusted health and medical professionals. Good communication and sharing of accurate information is known to reduce the risk to health as children move across placements. There is therefore a necessity to ensure that case records for children that are looked after are maintained in accordance with NHS Highland policy and guidance, are of high quality and are transferred in a swift and timely manner.

The following statements summarize the areas of good practice and information management for children who are Looked After. Practitioners should examine the quality of their record keeping and be able to identify areas of good practice and for areas for improvement. The statement can also support discussion within staff supervision and case review for LAC as part of staff development and support.

Health Plan Indicator (HPI)

All children who are Looked After should have an "Additional" HPI. (Best Practice Guidance for Looked After Children 2009) The HPI should be easily identifiable within the individual case records and within the case load as a whole. Changes to HPI should be made through Child Health Dept., NHS Highland via email or paper copy transfer.

My World Assessment

All children who are Looked After should have an initial health assessment (Looked after Children (Scotland) Regulations 2009) within 4 weeks of becoming Looked After. This assessment should be identifiable as the statutory health assessment and should contain an up to date health action plan.

Schedule of Growing Skills

All children under the age of 5, who become Looked After, should have a schedule of growing skills developmental review as part of their initial health assessment. (Best Practice Guidance for Early Years 2011). This developmental review should be easily identifiable within the case file with an appropriate action plan included in the My World Assessment.

Childs Plan

Each child who is Looked After will have a registered social worker as the Lead Professional. A Childs Plan will be drawn up and a copy of the most recent Childs Plan should be held within the records.

Record of Supervision

Clinical supervision for LAC should be signed off within the Childs Records by the member of staff and the Lead Nurse for LAC.

4. Consent to Medical Treatment

Children, who are Looked After, either at home or away from home, have the same rights in respect of consenting to medical treatment as all other children. Parental rights and responsibilities also need to be considered in respect of consent to medical treatment. Local and National guidance should apply.

Arrangements at time of placement:

In respect of children, who are placed away from the family home, consent to medical treatment should be discussed with the person(s) with rights and responsibilities for the child and request should be made on the LAC placement documentation, for parental consent to routine immunisation and medical treatment.

Capacity to consent

Consenting to medical treatment is closely linked to the child or young person's capacity to consent. This capacity will be assessed by the involved health or medical practitioner following professional codes of conduct (*"Guidance for Doctors: Consent, Patients and making decisions together"* 2008, *General Medical Council and Nursing and Midwifery Council guidance* 2012) and legal requirements (*The Children's (Scotland) Act 1995 and The Looked After Children (Scotland) Regulations 2009*) and capacity legislation (*The Age of Legal Capacity (Scotland) Act 1991*). It should be noted that the Age of Legal Capacity Act (Scotland) 1991 is clear that:

a child under the age of 16 has the legal capacity to consent to his or her own treatment where, according to the Act..."in the opinion of the qualified medical practitioner attending to him/her, he/she is capable of understanding the nature and possible consequences of the procedure or treatment"

Non routine treatment or intervention

In the event that the child or young person needs further treatment or intervention beyond routine, the person(s) with parental responsibilities and specific consent sought. Guidance should also be sought from the relevant clinician.

5. Looked After Children not attending school

School Nurses will be the health partner to the plan for all school age LAC. This includes LAC not attending school or attending out of school tuition or support. (eg: The Bridge, An Cala, Black Isle Education Centre)

The Lead Nurse for LAC will be the health partner to the plan for all LAC who have left school. Public Health Nurse Record should be transferred to The Bridge, via Child Health Services (NHS Highland) and the Lead Professional notified of the change in health partner to the plan.

6. Children who are placed out with Highland Region

Foster or family based placements

Initial co-ordination of the transfer of care will occur via the Lead Nurse for LAC, thereafter, this group of children should be accessing school and community health services therefore the health partner to the plan should be the local school nurse or health visitor. Child Health Notes should be transferred via Child Health as soon as possible after placement.

Residential school settings

Residential schools are, in the main, run by private or charitable organisations and access to local school health or LAC Health services is sparse. The Lead Nurse for LAC in Highland will therefore retain oversight for this group of LAC and the Public Health Nurse Record should be transferred to The LAC Office, via Child Health. When a child moves back to Highland, discussion should happen with the local Public Health Nurse to agree the new health partner to the plan and the transfer of records.



Appendix 1

Initial statutory Health Assessment Pathway

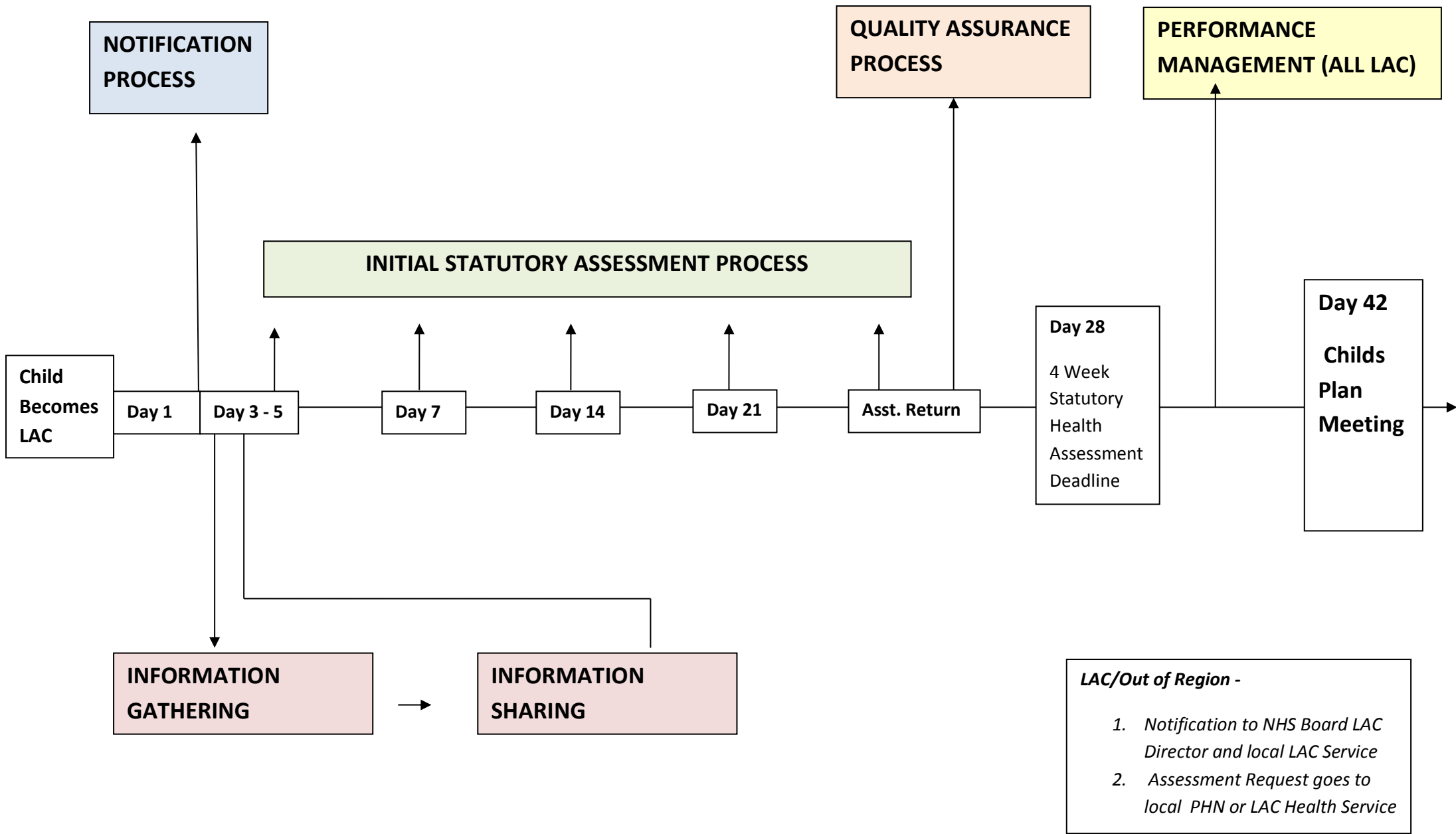


The Following outlines the pathway for health and Looked After Children. The pathway takes reference to legal, (The Looked After Children (Scotland) Regulations 2009, national (Chief Executives Letter 16 (2009) and The Best Practice Guidance for PHNs and LAC (Appendix 1). It aims to clarify the process, the support and timescales when children initially become Looked After. The pathway is linked to the Highland Practice Model and its scope includes ALL LAC, including those on home supervision, in kinship care, all statutory and voluntary measures and accommodated away from home.

The Pathway consists of 6 distinct areas:

- 7. Notification**
- 8. Information Gathering**
- 9. Information Sharing**
- 10. Assessment**
- 11. Quality and Improvement**
- 12. Performance Management**

As outlined in the following diagram:



Summary explanation of the distinct areas within the pathway is as follows:

1. **Notification**

Day 1 – 3 Child becomes Looked After and Lead Professional notifies LAC Admin via Care First and Consent IS confirmed via Lead Professional

2. **Information Gathering**

Generating a profile which inc Copy of the Childs Plan/name of Lead Professional/Names of all health partners to the plan/hospital outpatient history/outstanding appointments/name of GP/immunisation record Systems: NHS SIRS, CHI and ISOFT/ Education and Social Work systems

3. **Information Sharing**

Notification to dental /GP services/CAMHS/paediatrics and Child Health of change of status and placement
Change of placement detail applied across NHS Electronic Systems including CAMHS/paediatric and Acute Service case records.
Case record transfer across NHS Services

4. **Assessment**

Day 1 - 3 Assessment request sent to health partner to the plan (usually in universal services – SN or HV) who has been identified as being the most appropriate professional to undertake the assessment.

Supporting documentation which accompanies the assessment request is as follows:

- General Health Profile (as noted above)
- My World Assessment Childs Plan (Format for assessment return) (Appendix 1)
- SHARE (support tool used to assess the sexual health and personal development of young people)(Appendix 2)
- Schedule of Growing Skills Developmental Assessment Request for all LAC under the age of 5 yrs.
- Core Health Standard (minimum quality standard required in the return assessment) (Appendix 3)

Day 7, 14 and 21 Weekly “Countdown to 4 week deadline” reminders sent to Public Health Nurse and Team Leader to ensure assessment is undertaken. Escalation to Area Management in event of slippage.

Assessment Return

Logged onto Database for performance management purposes

Quality Evaluated against Core Health Standard

Health Plan and Health Needs logged on Database

5. Quality and Improvement

Completed My World Health Assessments for LAC are forwarded to

- a. The Lead Professional
- b. The Lead Nurse for LAC

Assessments are quality assured through the following mechanism: -

- Being held to account against the agreed Core Health Standard for a multi-agency Childs Plan
- staff supervision with Lead Nurse
- formal feedback using My World Assessment Feedback form

6. Performance Management

If 4 week assessment deadlines are in danger of being missed an escalation through management structure is progressed.

The following LAC data is monitored, measured and recorded on a monthly basis to the Joint NHS and Council Adult and Children’s Committee

- % of LAC who have had their statutory health assessments in under 4 weeks
- % of LAC who have had assessments completed and the information is accurately reflected in the Childs Plan at the 6 week Childs Plan Meeting (LAC Review)
- % of LAC with “additional” Health Plan Indicator

When Children are Looked After the plan should include:

- Names of all the health partners to the plan
- Date of statutory health assessment
- Clear Health Action Plan identifying need and actions
- Clear statement of significant medical condition(s)
- Name and contact details of child's GP and dentist
- Clear statement of growth and development (height, weight, head circumference, BMI)
- Clear statement of mental and emotional health needs
- Clear statement of immunisation needs
- For children under 5 years – date and outcome of Schedule of Growing Skills - "SOGS"
- For adolescents - date and outcome of Sexual Health Knowledge and Skills Review – "SHARE"

If a child is Looked After away from home the following information should be recorded on the Childs Plan:

- Clear statement on consent to routine medical/surgical intervention and immunisations
- Clear statement of repeat medication (inc: inhalers, EpiPen, etc.)
- Clear statement of known allergies
- Clear statement on use of glasses/hearing aid/other equipment
- Name and contact details of optician
- Name, contact details and date of next appointment with other Health services - *Outpatient Clinic, CAMHS, Allied Health Professionals, Community or Acute Paediatrics, Dentists, Opticians*
- Confirmation that the risk of exposure to blood-borne viral infection (Hepatitis B, Hepatitis C, HIV) has been considered and assessed by a health professional and that an appropriate response has been made
- Name and contact details of temporary GP

