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Joint Protocol for Promoting the Health and Wellbeing of Enfield’s Children and Young People

Barnet enfield and haringey mental health trust, North Central London ICB, Enfield CounciL

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| **Section 1: Policy Statement** |
| Looked After Children and Young People (CYP) share many of the same health risks and problems as their peers, but often to a greater degree. They have often been identified as Children in Need and some will have needed protection. They often enter care with a worse level of health than their peers, having had adverse childhood experiences and often present with a fragmented health care history.The aim of all who care and work with Looked After Children is to improve their life chances, ensuring they gain maximum benefits from educational opportunities, Health and Social Care. This requires a collaborative effort from a wide range of professionals and a clear understanding of their Roles and Responsibilities. Everyone involved should have an awareness of the health needs of Looked After Children and a clear understanding of how to seek support to address the needs of the CYP. Health and Local Authority Services are committed to improving the health outcomes for Looked After Children in Enfield and to the provision of high-quality Integrated Services.Enfield’s Multi-Disciplinary Health, Education and Access to Resources Team (HEART) champions an inclusive approach to improve Health and Wellbeing through integrated provision and support. HEART offers access to a wide range of services to meet the diverse physical, mental, emotional, and educational health needs of Enfield’s Looked After CYP Child and Adolescent Mental Health Services (CAMHS) fast track services for CYP and provide a consultation service to professionals for Enfield’s Looked After Children regardless of where they live. The Looked After Children’s Specialist Nurses are co-located with the Looked After Children and Leaving Care Social Work Teams and with the HEART Team. This enables the development of a shared culture, improves communication and exchange of information, and allows the team to meet the needs of clients more effectively. All staff working with Looked After Children have a responsibility liaise effectively with Professional Colleagues to ensure that Care Planning reflects and meets the CYP’s health needs.This protocol is intended for all who have contact with Looked After Children to ensure that children’s needs are identified and met. It sets out the process for Statutory Health Assessments for Enfield’s Looked After Children and reflects the Statutory Guidance on Promoting the Health and Well Being of Looked After Children (Departments for Education and Health and Social Care 2015).This protocol will be disseminated via Barnet, Enfield and Haringey Mental Health Trust Intranet, North Central London ICB, London Borough of Enfield Notice Board and at Staff Team and Managers meetings. It will be reviewed in August 2023 soon after a new Statutory Guidance is published. |
| **Section 2: Introduction** |
| The Statutory Guidance: Promoting the Health and Wellbeing of LAC and Practice Guidance highlights the need for LAC CYP to have good physical, mental, emotional, and sexual health and for them to enjoy health lifestyles.It guides Local Authorities and Partners to cooperate in delivering services aimed at improving CYP’s health. This document should be read in conjunction with this protocol, and it supports Strategic Managers, Policy Makers, Commissioners and Frontline Practitioners t put in place services to improve CYP health.This Guidance details responsibilities of Enfield’s Health and Social Care Services for LAC with particular emphasis on the Initial and Review Health Assessments for LAC. The Local Authority has a responsibility to request and incorporate Initial and Review Health Assessments into CYP care plans and the Health Service has a duty to comply with IHA and RHA requests.British Adoption and Fostering Forms (BAAF) are the form of choice for Initial Health Assessments in Enfield.Looked After Children in care of the Local Authority generally have one of the following arrangements: * Section 20 (Children Act (CA) 1989): voluntary agreement with parental consent or YP consent if aged 16-17 years
* Section 31 (CA1989) and 38: Care order or Interim Care Order
* Section 21 (CA 1989): CYP in Police Detention or Protection
* Section 44 (CA 1989): Emergency Protection Order
* 2012 Legal Aid: Sentencing and Punishment of Offenders Act: Confers LAC Status to all YP remanded through the Courts.
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| **Section 3: Purpose of this Document** |
| This Protocol is for Health and Social Care Staff involved in undertaking Initial or Review Health Assessments and/ or using them to improve the health outcomes of LAC CYP. It provides information and guidance on the requirements of Statutory Health AssessmentsThe Protocol provides information on the Process and Content of Health Assessments to promote high quality and timely assessments that meet the needs of LAC. |
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| **Section 4: Confidentiality, Information Sharing and Consent** |
| Common Law, the Human Rights Act 1998 and the Data Protection Act 2018 provide the main legislative framework governing the way in which confidential information is used.Consent for IHA and RHA is obtained and recorded by Enfield Social Care’s Policy and is compliant with BAAF.When CYP are LAC, Parental consent is sought for routine Medical and Dental Assessments along with Routine Health Surveillance, Immunisations and Emergency Treatments if a Parent cannot be reached and the treatment is in the CYP’s best interest.CYP with capacity to consent to Health Care can sign following explanation. Staff should clearly record consent forms and document where a CYP requests that their information is not shared.The CYP’s Social Worker is informed when CYP refuse Assessment or Examination and every effort is made to reach the CYP. Social Workers can support or counsel CYP on health issues. Further information in Section 4. Promoting the Health and Wellbeing of LAC (2015) has additional information on Consent and Confidentiality. |
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| **Section 5: Health Assessment** |
| The Health Assessment aims to holistically assess the CYP and develop a Health Care Plan with recommendations, responsibilities, and timescales. The Doctor or Nurse carrying out the Health Assessment has a clinical duty of care to ensure that required Referrals are made to other services. See Pages 28 & 29 of Promoting the Health and Wellbeing of LAC (2015). |
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| **Section 5: Initial Health Assessment** |
| * CYP are required to have an Initial Health Assessment within 20 working days of entering care. It is recommended that this IHA is carried out by a Paediatrician or Doctor with Competency in LAC.
* The IHA provides an opportunity to gather health information from the child’s family and records and is part of continuous assessment, monitoring and health promotion for CYP
* Information is gathered from the following professionals:
* GP; Health Visitor (under 5 years); School Nurse (5-16 years); Social Worker; Child Protection Medical Teams; Child Development Teams; Allied Health Professionals.
* If appropriate, Birth Families should be involved to gather an accurate picture of CYP’s current and historic health needs along with any Family Medical History.
* The IHA is shared with Social Care and forms part of the Care Plan at the LAC Review that is held by Professionals involved in CYP care 4 weeks after CYP become Looked After.
* It is recommended that CYP placed outside Enfield are Fully Registered with a GP and the IIHA is planned in the area where the CYP lives. IHAs completed out of Enfield are reviewed, Quality Assessed and agreed by Enfield’s Designated or Lead LAC Doctors.
* It is recommended that IHAs are undertaken by the Designated or Lead Doctor in Enfield. Sometimes this is not possible, for example, when CYP are placed in:
	+ Secure Units
	+ Residential Units
	+ Youth Offending Institutes
	+ Mother and Baby Units
* In these circumstances, alternative arrangements are agreed by the Social Worker and LAC Health Service. The Designated or Lead Doctor reviews all alternative IHAs.
* Some CYP leave care after having an IHA and may return to care within a period of six months. The Designated or Lead Doctor determines whether CYP requires an additional IHA. When this period is longer than six months the child will require an IHA within 20 days of entering care.
* The Governments Legal Aid, Sentencing and Punishment of Offenders Act 2012 confers LAC status on YP who are remanded through the Courts. This cohort of YP require IHAs and health promotion and engagement can be challenging. Health Assessments and Medicals are performed when they enter the institution by the Health Staff associated within the Institution. The Designated or Lead Doctor in Enfield reviews the information and formulates a Health Care Plan. This is shared in the same way as In House IHAs.

See Appendix 1 for more detailed information. |
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| **Section 5: Review Health Assessment** |
| * Review Health Assessments (RHA) are required every 6 months for CYP under 5 years and annually for children aged 5 years until their 18th birthday.
* RHAs are carried out by Specialist Nurses for Looked After Children.
* RHAs provide an opportunity to review the previous IHA or RHA and adherence to the Health Care Plan. It is an opportunity to review the CYP’s health of the previous 6-12 months.

See Appendix 2 for more detailed information |
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| **Section 5: Health Care Plan** |
| Statutory Guidance places a clear responsibility on Local Authorities to ensure a Health Care Plan is provided for every Looked After Child or Young Person.* The Health Care Plan is formulated by Specialist Nurses and Doctors and sets out clear objectives, actions, timescales, and responsibilities.
* The Health Care Plan is shared with Social Workers and is incorporated in LAC Social Care Reviews and reviewed by the Independent Reviewing Officer to ensure that he plan is adhered to.
* Copies of the IHA/ RHA or Health Care Plans are shared with professionals involved in CYP care: GP, Health Visitor or School Nurse and Foster Carer or Keyworker. Confidentiality and Data Protection is considered when sharing information.
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| **Section 5: ‘Hard to Reach’ Children and Young People** |
| * If a child or young person fails to attend an initial or review health assessment, the social worker is informed, and another appointment is offered.
* Every effort is made to reach the young person and staff work closely with

the Social Worker to achieve this.* A Young Persons Health Questionnaire has been devised for 16/17-year olds who refuse a face-to-face contact. The Questionnaire is completed by the Social Worker with the Young Person and forwarded to LAC Health Service who formulate the Health Care Plan.
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| **Section 6: Strategic Roles and Responsibilities of Health and Partner Agencies** |
| North Central London, ICB have a responsibility to:* Identify a Designated Doctor and a Designated Nurse for Looked After Children to provide strategic leadership and advice regarding the Health Needs of LAC.
* Ensure that Designate Doctor and Nurse have access to training, supervision and personal development as required to maintain the skills required to undertake the Designate Role.
* Provide Clinical Governance and Audit arrangements to assure the quality of IHAs, RHAs and Care Planning for LAC.
* Commission effective Health Services for LAC.
* Deliver services through Provider Organisations.
* Commission services for CYP placed out of Enfield and ensure that these CYP have equal access to care as those living in Enfield.
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| **Section 6: Designate Looked After Children Roles** |
| The Designated Doctor and Nurse Posts will provide:* Professional Leadership to the Health Economy to include recommendations for Service Development and Performance Management.
* An annual Report on LAC to inform North Central London ICB, Commissioners and Partnership Boards and provide expertise on Health Issues for CYP in care of the Local Authority.
* A role to promote, influence and develop training for single and interagency groups
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| **Section 6: BEHMHT: Enfield Community Service** |
| BEHMHT: ECS will ensure that: * The Health and Wellbeing of LAC CYP is identified as a local priority and is incorporated in the Joint Strategic Needs Assessment.
* Strategies are in place to plan, manage and monitor the delivery of health care for all LAC in Enfield and that clear communication is maintained across services.
* Systems are in place to provide continuity of the Health Assessment and Planning Process.
* Arrangements are in place for the transition from Child to Adult Services.
* A data set is collected and reviewed annually.
* Systems are in place to support fast and efficient transfer of records when children move placement, change GP or need to register with NHS Dentists.
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| **Section 6: Enfield Local Authority** |
| Enfield Local Authority will ensure that:* The Looked After Children Health Service will be informed as soon as possible about CYP who enter Care.
* Good communication and Liaison is maintained with Health Staff including LAC Health Service.
* Notifications are made to external agencies when CYP are placed outside of Enfield.
* CYP are registered with GPs and Dentists close to where they live.
* All LAC have a Named Social Worker with specific responsibilities to promote their Health and Wellbeing.
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| **Section 7: Operational Roles and Responsibilities** |
| **Enfield Looked After Children Health Service** |
| * On notification of a CYP becoming Looked After the IHA is arranged within 20 working days where possible.
* The SW is informed of the date and time of the IHA and is invited to attend.
* Consent is requested immediately from the SW.
* Information is gathered from Health Professionals involved in the CYP’s care. These include and are not restricted to the GP, Health Visitor or School Nurse, Social Worker and Health Records.
* The information and consent is collated and emailed to the Designate or Lead Doctor for the IHA.
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| In addition to this document, the team’s annual report also provides comprehensive detail of the activities and duties performed by the team (Enfield Looked After Children Health Service Annual Report 2021 – 22: Section 6, pages 8-9). |
| **Section 7: Designated or Lead Doctor** |
| * Undertakes the initial health assessments.
* Provides a clear health care plan to support the child or young person’s health needs.
* Refers to other health professionals as appropriate.
* Liaises with the named social worker as appropriate.
* Liaises with the Designated Nurse for Looked After Children.

Audits and reviews the initial health assessment that has been undertaken by a suitably qualified doctor when a child/young person is unable to attend the Initial Health Assessment in Enfield.**Section 7: Designated Nurse for Looked After Children**The Designated Nurse works together with the Designated Doctor to assist service planning and training for staff regarding the health and wellbeing needs of Looked After Children.  They advise Integrated Care Boards in fulfilling their responsibilities as commissioner of services to improve the health of looked after children. The core competencies needed for the roles and the job responsibilities are detailed in ‘Looked after Children: roles and competencies of healthcare staff (2020)’ document (pages 40 to 45). |
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| **Section 7: Named Nurse for Looked After Children** |
| * To lead in implementing government guidance on promoting both physical, mental and emotional health of looked after children and young people through targeted health interventions including health promotion initiatives.
* To ensure operational policies and local procedures reflect best practice and implementation of effective new service delivery
* To develop policies and protocols for specific issues relating to the health of children and young people in care.
* To establish and maintain robust performance management and outcome measurement demonstrating successful service delivery and improved health outcomes for Looked after Children.
* To work jointly with the Designated Nurse and Doctor to maintain a co-ordinated, multi-agency approach to the improvement of outcomes for Enfield’s children and young people in care - ensuring services are delivered in a sensitive and age appropriate way that recognises the importance of choice and diversity.
* To ensure interventions to meet the identified health needs are carried out in a timely manner, identifying and overcoming any barriers to these, including support to Social Workers as carers as required.
* To take clinical responsibility for developing, delivering and auditing high quality health services to children and young people looked after by the London Borough of Enfield.
* To provide specialist advice, training, and support to Social Services, Health Professionals and others on the health needs of LAC.
* To provide advice, training, guidance, service development and leadership in all areas regarding children in care.
* To lead on all areas of clinical governance, data collection, outcome measurement and key performance reporting for this area.
* To manage a team of nursing and admin staff in delivering this service.
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| **Section 7: Specialist Nurse for Looked After Children** |
| * Allocate, arrange, and undertake Review Health Assessments for CYP who live within 20 miles of Enfield Base.
* Produce quality RHAs for CYP within timescales and produce data for Designated Nurse on a monthly and as required basis.
* Stay up to date with training, skills and expertise in the care and assessment of LAC.
* Liaise with staff in other areas to ensure continuity of care and implementation of Health Care Plans.
* Stay up to date with local health services and liaise to share and gain expertise
* Provide Health Passports for YP at their last RHA before their 18th birthday
* Share reports according to local Policy and Need to Know basis
* Participate in multi-agency Strategy Meetings
* Provide training to and not limited to: CYP, Foster Carers, Social Workers, Contact Centre
* Champion the needs of LAC and highlight any areas of concerns with Social Workers and Foster Carers.
* Safeguarding LAC and raising concerns as required.
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| **Section 7: Named Social Worker** |
| * Initiates Enfield’s process and informs LAC Health Service when CYP become LAC.
* Obtains consent from the child’s family as required. To return legal consent paperwork to LAC Health Service.
* Ensure LAC Health Service have information relating to CYP background and reasons for being in care – includes family history on a need-to-know basis.
* Explains the need and process of the IHA to the child in a way the child understands.
* Supports CYP and invitees to attend the IHA appointment.
* Obtains the Personal Child Health Record, also known as the Red Book.
* Informs the Carer of any known health concerns.
* Provide LAC Health Service with Child Protection or other medical information.
* Ensure that a copy of the IHA/ RHA is obtained and that the Health Care Plan is implemented.
* Inform LAC Health Service when a child moves placement or ceases to be Looked After. This ensures that relevant staff are informed and to provide continuity of care.
* Invite Health Professionals – Health Visitor or School Nurse to LAC Reviews or Professional Meetings regarding CYP who require health support. To send out minutes following such meetings.
* Support the CYP to be registered with GP and Dentist in the area where CYP live. Request GP to add an Alert on their Electronic system to ensure that staff are aware that the CYP is LAC.
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| **Section 7: Foster Carer** |
| The Foster Carer has a responsibility to ensure that:* CYP are registered with a GP and Dentist in the area where they live.
* CYP attend all health appointments.
* They contribute to CYP Health Assessments.
* CYP have a home environment that actively promotes a healthy lifestyle in accordance with National Health Standards.
* The Social Worker is updated about any changes in health or newly identified health concerns.

See Appendix 5 & 6 – standard letters Foster Carer is requested to present to health professionals involved in the care of CYP. |
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| **Section 7: Health Visitor** |
| * The Health Visitor is the Named Health Professional for children under 5 years or until they start school. LAC CYP are added to the Health Visitor’s Enhanced Caseload. As part of the Enhanced Case Management the HV is expected to visit within 10 days of notification that a child is in care and to complete an Ages and Stages Questionnaire within 4 months of the child being LAC.
* Health Visitors should share concerns about LAC CYP or referrals to other agencies with the LAC Health Service.
* Minimal monthly phone contact with FC is recommended for all LAC – use professional judgment to determine if more is required. This should be documented in RIO progress notes.
* Immunisation status should be checked at every opportunity.
* The Health Visitor can contact LAC Health Service to clarify IHA or RHA and Health Care Plans.
* If a child enters or leaves the area, the Health Care Plan should be requested or shared accordingly.
* Health Visitors should aim to attend Professional meetings and LAC Statutory Review Meetings with written reports.
* Identify and share at handover any health concerns when transitioning to the School Nurse Service.
* When a child returns home the HV remains responsible to ensure that Health Care Plans are followed.
* Health Visitors should be aware of local procedures for transferring records of children who leave or enter the Borough.
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| **Section 7: School Nurse** |
| * The School Nurse is the Health Professional for LAC who are aged 5-19 years.
* When the SN is informed of a CYP being in care a letter is sent within 10 days to provide details of the School Nursing Service and how they can be contacted. See Appendix 4.
* School Nurse use their professional judgement regarding CYP care. Immunisation status should be checked at every contact and the child supported to have all recommended childhood immunisations.
* All LAC should receive routine child health surveillance.
* School Nurses review the Health Assessment and Health Care Plan and follow through any recommendations assigned to them. This can be discussed with the Specialist Nurses for LAC.
* The School Nurse is responsible for transitions when advised and must ensure the Health Assessments and Health Care Plans are shared with new teams.
* If the child returns home or moves school, it is the responsibility of the school nurse to liaise with the receiving school nurse about the content of the health care plan so that any outstanding actions can be addressed
* It is the responsibility of the school nurse to attend all professional meetings and statutory Looked After Children’s reviews, with a report, when invited by the named social worker.
* School Nurses need to be aware of their internal and external child protection records policy, as this is how Looked After Children’s health records are transferred within Enfield Health’s services.
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| **Section 8: Independent Reviewing Process for LAC** |
| All Looked After Children are subject to a statutory review of their care plan, which includes their health care plan; this is chaired by an independent person.* If a child is under 5 years, Health Visitors should be invited to contribute to these meetings and to attend the review in person with a report. School Nurses are invited if it is thought to be in the child’s best interests.
* This should be arranged by the child’s Social Worker in liaison with the Independent Reviewing Officer.
* If the Health Visitor or School Nurse is unable to attend, a report should be forwarded to the Social Worker prior to the meeting.
* Minutes of the meeting along with the care plan are sent to the Health Visitor or School Nurse by the Social Worker.
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| **Section 9: Children Placed in Enfield by Other Local Authorities:** **Responsibility of Health Visitor and School Nurse** |
| Local Authorities have a responsibility to inform Health Organisations about all children placed in their area. Enfield has many LAC placed in the area with approximately 300 children placed at any one time by over 35 different local authorities. The movement of children into and out of the area is very high. The procedure for notification varies.Designated Looked After Children’s Teachers in schools will be aware of children placed in Enfield by other boroughs. To facilitate the number of notifications, School Nurses are expected to meet or liaise with the designated teachers for Looked After Children in each of their allocated schools, every term to be made aware of any unknown Looked After Children.When a Health Visitor or School Nurse team becomes aware that a child is looked after by a borough other than Enfield, and either living in Enfield and/or attending an Enfield School they should undertake the following:* Ensure the child is registered on RiO on the appropriate Looked After Area Team caseload with an alert to identify the child as being Looked After.
* Contact the SW to obtain relevant social care history, Named Health Professional, previous address, GP and School.
* Obtain health information from previous area through CP Procedures. Obtain a copy of CYP’s Health Care Plan and follow up any actions.
* Health Visitor to arrange a visit within 10 days of receiving information. Add to Enhanced caseload.
* School Nurse to send out contact letter with information on service.
* Health Visitor to attend all statutory reviews. These are every 6 months and are chaired by the Independent Reviewing Officer. Health Visitor will need to contact the Social Worker from the placing borough to ensure they know details of the Review.
* Health Visitor to use professional judgment on regularity of contacts.
* Health Visitor or School Nurse to notify the Looked After Children Health Service by sending an email with the child’s details and the borough that has placed the child in Enfield.

See Appendix 3 for further guidance |

**APPENDIX 1**

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| **GUIDELINES FOR CHILD/YOUNG PERSON’S INITIAL HEALTH ASSESSMENT** |
| **1** | The named Social Worker will follow Enfield Social Care’s internal policy for a child / young person being received into care. |
| **2** | On written notification of a child / young person being received into care, a LAC Service Administrator will send either Coram BAAF Form IHA – C (birth to 9 years) or Coram BAAF Form IHA - YP (10 years and over) to the Social Worker, along with the Coram BAAF consent to share form. |
| **3** | The LAC Service Administrator will inform the LAC Health Service of any child / young person received into care as soon as possible by email. A weekly data report produced by the Council’s Performance Team also lists all children and young people new into care in the previous week. |
| **4** | A RiO referral and alert will be created for the Looked After Children Health Service caseload. |
| **5** | The LAC Health Administrator will allocate an Initial Health Assessment (IHA) appointment with the Lead or Designated Doctor and inform the Social Workerand carerof the date, time, and location. If the placement changes, the new carer will be informed of the IHA appointment by the Social Worker. The appointment should not be cancelled because of the change of placement. |
| **6** | The LAC Health Administrator will obtain health information from RiO and request a past medical history and current immunisations record from the GP in time for the IHA. School notes may also be requested from archiving if appropriate and available. |
| **7** | The Social Worker will complete and sign part A of the IHA – C / IHA – YP Coram BAAF form. Consent is required from the birth parent / legal guardian for the IHA to be shared if the Looked After Child is accommodated under Section 20. These are then to be returned to the LAC Health Service. These forms are a mandatory requirement for the medical examination to be undertaken; failure to complete these documents will result in the health assessment not taking place. |
| **8** | The Social Worker is required to attend the Initial Health Assessment and it is their responsibility to arrange an interpreter to be present if required and invite the birth parent(s) where appropriate. |
| **9** | The Lead or Designated Doctor will see all children / young people received into the care of the local authority. However, there may be occasions where this is not practical. In these instances, please refer to the section on differing circumstances. |
| **10** | Following the health assessment, the completed IHA form will be returned to the Health Administrator, who will forward it to Enfield LAC Service and the named Social Worker for entry onto the local authority’s electronic storage system. |
| **11** | Following the health assessment, the completed IHA form will be returned to the Health Administrator, who will forward it to Enfield LAC Service and the named Social Worker for entry onto the local authority’s electronic storage system. |
| **12** | Following agreement with the Lead Doctor, the Health Administrator will send a copy of the health summary report and Health Care Plan (HCP) to the carer. The Health Visitor / School Nurse and GP will receive a full copy of the report. Where age appropriate, the young person may also be sent a copy of the Health Care Plan. |
| **13** | On return of the consent form signed by the birth mother, the Health Administrator will complete Coram BAAF forms M and B and send them to the birth hospital to apply for the birth mother’s obstetric report and child’s neonatal report. *(This is currently obtained for children up to the age of 5).* The Health Administrator will follow up these reports with the birth hospital until received and then forward them to the Specialist LAC Nurse. It is the responsibility of the LAC Nurse to advise on any health needs identified within the obstetric and neonatal reports, and make the necessary referrals, as these reports would not have been available to the Doctor at the IHA. |

**APPENDIX 2**

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| **GUIDELINES FOR CHILDREN AND YOUNG PEOPLE RECEIVING A REVIEW HEALTH ASSESSMENT (RHA) BY THE ENFIELD LOOKED AFTER CHILDREN SPECIALIST NURSE** |
| 1 | The LAC Health Service Administrator and Specialist Looked After Children’s Nurses meet monthly to identify and allocate the Review Health Assessment (RHA) requests. |
| 2 | RHAs will be undertaken by Specialist Nurse for LAC, Enfield, for all children and young people aged 0 to 18 years if living in or within 20 miles of Enfield. Occasionally, RHAs will be undertaken by the Paediatrician for children with special needs and health concerns identified at the IHA. RHAs for children whose plan is adoption are undertaken by a Paediatrician.  |
| 3 | RHAs will take place annually for children and young people aged 5 years and over, and six-monthly for children aged 0 to 4 years. |
| 4 | The nurses obtain the necessary consent forms and updates from the Social Workers.  |
| 5 | The Review Health Assessment can only take place in the presence of either a foster carer, approved kinship carer, key worker, residential worker or Social Worker at an identified venue.  |
| 6 | It is not the policy of the Local Authority to reward children and young people for engaging with a health assessment; however, if a reward or incentive is offered, the social worker should make all parties aware, and ensure that everyone is in agreement in advance of the health assessment being undertaken, to prevent any associated untoward incidents. |
| 7 | When a child or young person is known to be high risk by the local authority, a joint risk assessment is undertaken with the named Social Worker and a decision made as to whether the RHA should take place. The health assessment will then only take place with the Social Worker in attendance. If the RHA cannot proceed, the young person’s circumstances and risk factors are reviewed regularly by the Social Worker to assess whether the health assessment can take place in the future. |
| 8 | Following the health assessment, the completed RHA form will be returned to the LAC Health Administrator, and a copy emailed to: young person aged 16+, LAC Service, Social Worker and Manager, Designated Nurse for LAC, HV, SN, GP and Foster Carer or Keyworker.  |
| 9 | If other agencies require a copy of the Health Care Plan, it will be the responsibility of the Social Worker to obtain permission from the young person if Fraser competent or whoever has parental responsibility. Consent from the Looked After Children’s Nurse / health professional who undertook the review will also need to be obtained.  |
| 10 | The Review Health Assessment should be recorded in the RiO diary and child’s progress notes and uploaded to RiO documents and child’s individual file. |

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| **Health Assessments for Children Placed Outside 20-mile Radius** |
| **1** | For children and young people placed outside Enfield, the LAC Health Administrator obtains consent from SW requests the RHA from Looked After Children’s Health Team in the area where the child or young person resides.  |
| **2** | An RHA is undertaken by the young person’s GP when there is no alternative; the LAC Health Administrator will arrange this by sending the relevant paperwork to the GP direct who will arrange an appointment with the carer. |
| **3** | The completed RHA form is returned and Quality Assured by Specialist Nurses, any concerns are followed up and the RHA is processed and distributed by the LAC Health Service Administrator. |

**APPENDIX 3**

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| **Health Assessment Reviews for children placed in Enfield by other Local Authorities** |
| **1** | When a request is received from an out-of-borough LAC Health Team to undertake a health assessment for a child placed in Enfield by their local authority, Enfield LAC Health Service will ensure the following information has been obtained prior to undertaking the review:* Completed and signed Coram BAAF Form IHA or RHA – C / IHA or RHA – YP part A
* Signed Coram BAAF consent to share form
* Recent medical history and current immunisations record, wherever possible
* Previous LAC health assessment (either Initial or Review)
* Social Worker contact details
* SDQ score (if available)
 |
| **2** | This information is to be provided by the local authority responsible for the child. Without this information the health professional should not undertake the health review. |
| **3** | This is an ideal opportunity for the health professional to seek information on previous health records if they are not in their possession |
| **4** | Initial Health Assessments will be performed by the Lead / Designated Doctor or Paediatric Registrar, and Review Health Assessments will be performed by an Enfield Specialist LAC Nurse.  |
| **5** | For RHAs, the Specialist LAC Nurse should contact the child’s Social Worker to obtain relevant information prior to offering an appointment. For IHAs, all information will be obtained via the responsible authority’s LAC Health Team by the LAC Health Administrator |
| **6** | When a child or young person is known to be high risk by the requesting authority, a joint risk assessment is undertaken with the named Social Worker and a decision made as to whether the health assessment should take place. The health assessment will only take place with the Social Worker in attendance. If the assessment cannot proceed, the young person’s circumstances and risk factors are reviewed regularly by the Social Worker to assess whether the health assessment can take place in the future. |
| **7** | The health assessment can only take place in the presence of a foster carer, approved kinship carer, key worker, residential worker, or Social Worker at an identified venue.  |
| **8** | It should be ascertained whether any incentive or payment is being offered to the child or young person for engaging with a health assessment. It must be ensured that everyone is in agreement in advance of the health assessment being undertaken, as this may have implications for the health professional undertaking the IHA or RHA. Any health assessment subject to a reward should only be undertaken in the presence of the named Social Worker following a joint risk assessment. |
| **9** | Once the health assessment is complete, the report is returned to the responsible authority’s LAC Health Service where it is processed in accordance with their local protocols and procedures. |
| **10** | If a health professional receives a request for a health assessment direct from a Social Worker or Looked After Children Nurse in another area, they must inform the Enfield Looked After Children Nurse. |

**APPENDIX 4**

**Standard letter from School Nursing Service to Foster Carer**

|  |  |
| --- | --- |
| Foster CarerFoster Carer Address | Health TeamHealth Team AddressDate |

Dear

**Name of Child: Date of Birth:**

**School:**

The School Nursing Service has been informed that the above child is living with you.

All children should be registered with a local GP, Dentist and Optician as it is important that immunisations, dental checks, and eye tests are up to date.

Please contact me if there are any health issues you would like to discuss, or if you have any difficulties registering with any of the above services.

Yours sincerely

|  |  |
| --- | --- |
| Name |  |
| School Nurse |  |

**APPENDIX 5**

**Foster carer letter for GP**

**Notification of Child in Care of the London Borough of Enfield**

|  |  |
| --- | --- |
| Foster CarerFoster Carer Address | GPGP AddressDate |

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Child’s date of birth** |  |
| **Foster Carer** |  |
| **Address** |  |
| **Telephone Contact** |  |

Dear Doctor

The above child is a Looked After Child in the care of the London Borough of Enfield. I am his / her foster carer.

**Can you please ensure an alert is added to your records to say this child is a Looked After Child.**

Yours sincerely

Foster Carer

**APPENDIX 6**

**Foster carer letter for Appointments**

|  |
| --- |
| **Notification: Looked After Child in the care of the London Borough of Enfield****Request to share Health Correspondence** |
|  |  |
| Date |  |
|  |  |
| Child’s Name |  |
| Address |  |
| DOB |  |
| NHS Number |  |
|  |  |
| Foster Carer |  |
| Address |  |
| Email |  |
|  |  |
| Social Worker’s Name Email |  |

The above child is a Looked After Child in the care of the London Borough of Enfield.

Can you please ensure an alert is added to your records to say this child is a Looked After Child and that all correspondence from this appointment is sent to the following:

Looked After Children’s Health Service: LAC.Health@enfield.gov.uk

Foster carer: details above

Social Worker: details above

Kind regards

Foster Carer