

**Enfield**  
Safeguarding  
**Children Board**  
...because safeguarding children  
is everybody's business

**JOINT PROTOCOL**

**FOR PROMOTING THE HEALTH AND WELLBEING OF  
LOOKED AFTER CHILDREN  
AND YOUNG PEOPLE**

**NHS Enfield and Enfield Community Services**

**&**

**Enfield Council, Schools and Children's Services**

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## **STATEMENT**

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They have usually already been identified as children in need and some will have been in need of protection. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect.

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. In order to achieve this all who care and work with these children have to work collaboratively with a clear understanding of their roles and responsibilities. All involved should have an awareness of the health needs of Looked After Children and an understanding of how to seek support in addressing these needs.

Health and Local Authority services are committed to improving 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) champion this inclusive approach to improving health and wellbeing through integrated provision and support. The team offers access to a wide range of services to meet the diverse physical, mental, emotional and educational health needs of Enfield's Looked After Children and young people. Child and Adolescent Mental Health (CAMHs) fast track services for Looked After Children and provide a consultation service to professionals for children placed in or out of Enfield. The Looked After Children's nurses are co-located with both 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 easily and speedily.

Whether or not those delivering services to Looked After Children work within integrated Looked After Children's Teams, it is the responsibility of all staff working with Looked After Children to ensure they liaise effectively with their professional colleagues to ensure each looked after child's care planning reflects and meets their health needs.

The protocol is intended for any staff member who has contact with Looked After Children to ensure that no child is left vulnerable because of unidentified or unmet health needs. It sets out the process for health assessments for Enfield's Looked After Children and has been written in response to the Statutory Guidance on Promoting the Health and Well Being of Looked After Children (DH/DCSF, 2009).

This protocol will be disseminated via Barnet, Enfield and Haringey Mental Health Trust Intranet, London Borough of Enfield Notice Board and at group team and managers' meetings.

## **1. INTRODUCTION**

- 1.1 The Statutory Guidance on Promoting the Health and Wellbeing of LAC (DH/DCSF, 2009) and its accompanying Practice Guidance aims to ensure that all Looked After Children are physically, mentally, emotionally and sexually healthy, that they will not take illegal drugs and that they will enjoy healthy lifestyles.
- 1.2 It acts as statutory guidance to Local Authorities and their partners in co-operating and delivering services aimed at improving the health and wellbeing of LAC and young people. It supports strategic managers, policy makers and commissioners in

their roles and is also useful for frontline practitioners. The statutory guidance should be read in conjunction with this protocol and is referred to throughout this protocol.

- 1.3 Further helpful guidance has been written by Enfield Council in a document entitled *Meeting the Health Needs of Looked After Children*. It provides an up to date overview, with contact details, of the services available to support the health and well-being of Looked After Children in Enfield. This can be accessed on .....
- 1.4 This protocol details the responsibilities of Enfield's Health Services and Social Care Services in respect of promoting the health and wellbeing of Looked After Children with particular reference to the initial and review health assessments.
- 1.5 It is the responsibility of the Local Authority to make sure that health assessments are requested and completed. Health Services have a duty to comply with requests by Local Authorities for help in the exercise of their function.
- 1.6 Further key legislative, regulatory frameworks and guidance that inform this protocol are:
  - The Children Act 1989 and 2004
  - The Children and Young Persons Act 2008
  - The Care Standards Act 2000
  - NICE Guidelines: LAC and Young People 2013
- 1.7 Enfield Health and Social Care community have adopted the British Adoption and Fostering (BAAF) Health Assessment forms as the forms of choice for the initial health assessments for Looked After Children.
- 1.8 A Looked After Child is a child or young person in the care of the Local Authority under one of the following arrangements –
  - Voluntary agreement with their parent(s) consent or their own consent if aged 16 or 17 years (Section 20) of the Children Act (1989)
  - On a Care Order or Interim Care Order under Section 31 and 38 of The Children Act 1989.
  - Accommodated under Section 21(2) C (i) of The Children Act 1989 provision of accommodation for children in police protection or detention.
  - On an Emergency Protection Order under Section 44 of The Children Act 1989.
  - The introduction of the 2012 Legal Aid, Sentencing and Punishment of Offenders Act confers Looked After Status to all young people remanded through the courts.
- 1.9 ***'As the corporate parent of children in care the State has a special responsibility for their wellbeing. Like any good parent, it should put its own children first. This means being a powerful advocate for them to receive the best of everything and helping children to make a success of their lives'*** (Care Matters: Transforming the lives of children and young people in care, DFES 2006).

## **2. PURPOSE**

- 2.1 This protocol is aimed at health and social care staff in Enfield who are involved in arranging or undertaking health assessments, or for using the information from them to improve health outcomes for Children in Care.
- 2.2 It provides information and guidance to health professionals and social care staff about the statutory requirements from health and social care services towards children in care, in respect of statutory health assessments.
- 2.3 It provides information about the process and content of health assessments to ensure they are carried out in a timely manner and of sufficient quality, in order to meet the health needs of children in care.

## **3. CONFIDENTIALITY, INFORMATION SHARING AND CONSENT**

- 3.1 Common Law, the Human Rights Act 1998 and the Data Protection Act 1998 provide the main legislative framework governing the way in which confidential information is used.
- 3.2 Consent for Health Assessments is obtained and recorded by the Local Authority. Enfield's policy on consent is compliant with guidance from BAAF.
- 3.3 When a child is placed in care, parental agreement is sought for routine dental and medical assessments. This covers routine health surveillance, immunisation and emergency treatment if parents cannot be contacted and immediate treatment is in a child's best interests.
- 3.4 If the young person is able to consent for health care following an explanation of what is involved the young person is asked to consent by signing the consent form. Children and young people may ask not to share their health information with certain individuals, if this is the case it needs to be clearly recorded.
- 3.5 For further information refer to P83 Annex B Principles of Confidentiality of the Statutory Guidance.



Annex B.doc

- 3.6 In the event of a looked after child/young person declining a non-urgent assessment or examination, attempts will be made by the social worker or carer to counsel them about the importance of healthy lifestyle choices. If the child/young person is in agreement, the health professional may still carry out some parts of the assessment such as health promotion and education. See section 4.5 on Non- attenders/refusers.

## **4. THE HEALTH ASSESSMENT**

- 4.1 The aim of the health assessment is to enable the child/young person to have his or her health needs assessed holistically and to develop a plan to meet these needs.

- 4.1.2 The health practitioner carrying out the assessment has a duty of clinical care to the child, which includes making any necessary referrals for investigation and treatment of conditions identified at the assessment.
- 4.1.3 The statutory guidance for Promoting the Health of Looked After Children details the recommended, age appropriate, content of a health assessment on page 65 of its Practice Guidance.



Assessment content  
recommendations.doc

## 4.2 The Initial Health Assessment

- 4.2.1 As soon as possible after entering care, and within 28 days, each child or young person should have a holistic health assessment by an appropriately qualified doctor. Initial health assessments should always be carried out by a doctor, in order to rule out any underlying medical conditions. This should not be seen as an isolated event, but part of a continuous activity to ensure the provision of high quality healthcare and positive discrimination for health. It provides an opportunity for information to be gathered about the child's health status at that point in time, but can only be effective as part of a continuous process of monitoring and promotion of health by all those involved in the child's care.
- 4.2.2 As far as possible, efforts should be made to involve birth families in initial health assessments so as to ensure as accurate a picture of health needs as possible and to facilitate a better awareness of health needs if a child returns home. This does not necessarily mean that the child's parents need to attend the initial health assessment, but consideration should be given to seeking information about the child's and the family's health history from them or other members of the child's family in a way that would not harm the interests of the child.
- 4.2.3 Prior to the initial health assessment, information needs to be gathered to collate a health history and this will involve requesting information from various sources from appropriate professionals including:
- GP
  - Health Visitor (for children under 5 years old)
  - School Nurse (5 – 16 years old)
  - Social Worker
  - Any relevant information from Child Protection examination, Child Development Team, etc.
- 4.2.4 This should be done in time for a written report and the health care plan to be available for discussion at a child's first LAC review held 4 weeks after they become looked after
- 4.2.5 When appointments are made, account should be taken of the child's wishes and choices offered.
- 4.2.6 Appointments should be made which do not disrupt the child's education.
- 4.2.7 When children are placed out of borough, the child should be fully registered with a local GP and their initial health assessments will be determined by local

arrangements. The Designated or Lead Doctor for Enfield overview the assessment and agree the health care plan.

4.2.8 Wherever possible, the initial health assessments should be undertaken by the Designated or Lead Doctor in Enfield. However, there will be occasions when this is not possible.

- When children are accommodated in secure units
- When children are placed in residential units
- When babies are being assessed in a specialist mother and baby unit

If this is the case the Social Worker and the LAC Health Team meet and make arrangements for the initial health assessment to be carried out. The Designated or Lead Doctor for Enfield overview the assessment and agree the health care plan.

4.2.9 A further, more detailed explanation of the multi-disciplinary process used to arrange the Initial Health Assessment is given in Appendix 1 and is also attached below.



GUIDELINES FOR  
CHILD IHA.doc

### **4.3 The Review Health Assessment**

4.3.1 A review health assessment is required every six months for Looked After Children under 5 years of age and yearly for those children over 5 years of age.

4.3.2 The purpose of the review health assessment is to ensure that health needs are continually assessed and appropriate interventions are provided.

4.3.3 If there are no on-going medical needs (ie, if there is no clinical need for a review with a doctor) review health assessments are carried out by the Looked After Children Health Team Nurses.

4.3.3 A detailed explanation of the multi-disciplinary process that is used to arrange for the Review Health Assessment is given in Appendix 2 and is also attached below.



GUIDELINES FOR  
CHILDREN AND YOUNG

### **4.4 The Health Care Plan**

The statutory guidance places a clear responsibility on local authorities to ensure that a health plan is in place for each looked after child, regardless of where that child is placed.

4.4.1 After each health assessment recommendations for a written health care plan will be completed by the appropriate health professional. It acts as a foundation upon which the progress of a Looked After child or young person's health will be monitored.

- 4.4.2 The health care plan will clearly set out the objectives, actions timescales and responsibilities arising from the health assessment.
- 4.4.3 The health care plan will be discussed at the LAC reviews, subject to medical confidentiality and appropriate to the wishes of the young person and will establish if identified needs of the individual child or young person are being addressed.
- 4.4.4 The independent reviewing officer (IRO) should ensure that the child's health plan is reviewed and monitored at least every six months.
- 4.4.5 A copy of the health assessment and health plan will be included in the GP health records and these should be considered the main (lead) health records for all LAC.
- 4.4.6 The completed initial and review health assessment and plan are distributed to the GP and the health visitor or school nurse.
- 4.4.7 Foster carers receive a copy of the health care summary and will be notified of any health issues or actions that need to be addressed in the home, these may include:
- Necessary immunisations
  - Necessary medical and dental attention
  - Registering the child with a registered medical practitioner and arranging regular check-ups with a dentist
  - Continuity of specialist care in relation to children or young people with disabilities or other special needs
- 4.4.8 Young people aged 16/17 are sent their health assessments for information.

#### **4.5 Non-attenders/refusers**

- 4.5.1 If a child or young person fails to attend an initial or review health assessment, the social worker is informed as soon as possible and another appointment will not be made until the social worker advises on the course of action to be followed.
- 4.5.2 Young people are only classified as refusers when all channels have been explored to try and engage with the young person. The Looked After Children Health Team continue to work with the social worker throughout the young person's time in care to facilitate a health assessment.

### **5. SPECIFIC STRATEGIC ROLES AND RESPONSIBILITIES OF PARTNER AGENCIES**

#### **5.1 NHS Enfield Clinical Commissioning Group**

- 5.1.1 Identify a designated doctor and a designated nurse for Looked After Children to provide strategic leadership and advice in relation to their health needs.
- 5.1.2 Ensure the designates have access to training, supervision and any other personal development as required to maintain the skills to meet these functions.

- 5.1.3 Ensure that to maintain appropriate skills the designates have relevant clinical time to do so.
- 5.1.4 Ensure that clinical governance and audit arrangements are in place to assure the quality of health assessments and care planning for Looked After Children.
- 5.1.5 Commission effective health services for Looked After Children.
- 5.1.6 Deliver services through provider organisations.
- 5.1.7 Ensure systems are in place through the commissioning process to make sure that Looked After Children are not disadvantaged when placed in another borough by Enfield.

## **5.2 All Designate posts will provide:**

- 5.2.1 Professional leadership to health economy including advice for service development and performance management. This includes the provision of an annual report on children looked after to inform the appropriate commissioners, the CCG and partnership Boards;
- 5.2.2 Skilled advice to the CCG and LSCB on health issues relating to children in the care of the local authority
- 5.2.3 An important role in promoting, influencing and developing training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed.

## **5.3 BEH-MHT Incorporating Enfield Community Services (ECS) will ensure that:**

- 5.3.1 The health and wellbeing of Looked After Children and young people is an identified local priority and is stated as such in the Joint Strategic Needs Assessment.
- 5.3.2 Structures are in place to plan, manage and monitor the delivery of health care for all Looked After Children in Enfield Community Services and that clear lines of communication are maintained across services.
- 5.3.3 When a child is placed 'out of authority' ensure systems are in place to provide continuity of the health assessment and planning process.
- 5.3.4 Ensure that arrangements are in place for the transition from child to adult services.
- 5.3.5 Ensure that an appropriate data set is collected and reviewed annually.
- 5.3.6 When Looked After Children need to register with a new GP (eg when they enter care or change placement), ensure systems are in place to 'fast track' the GP held clinical records, and assist registration with a dentist.

## **5.4 Enfield Local Authority will ensure that:**

- 5.4.1 Ensure effective liaison and clear lines of communication are maintained with health organisations and services including Enfield's Looked After Children Health Team.
- 5.4.2 Notifications are made to the relevant local authorities and healthcare providers when children are placed out of Enfield's boundaries.
- 5.4.3 Looked After Children are fully registered with GPs and dentists near to where the child is living.
- 5.4.4 Every Looked After Child has a named Social Worker. The specific responsibilities of the Social worker in promoting the health and wellbeing of Looked After Children are detailed in section 6.4.

## **6. SPECIFIC OPERATIONAL ROLES**

### **6.1 Enfield's Looked After Children Health Team**

- 6.1.1 On notification of a child becoming looked after, arrange an Initial Health Assessment whenever possible within the statutory timescales and inform the Looked After Children's administrator of the date and time of the planned appointment.
- 6.1.2 Request relevant health information from professionals including the health visitor for children under 5 years, the school nurse for children 5-16 years, the social worker and from G.P.s and any other relevant health professionals.
- 6.1.3 Forward the relevant health information to the doctor in time for the initial health assessment.
- 6.1.4 Forward the appropriate consent form with the completed consent to the doctor undertaking the initial health assessment.

### **6.2 The Registered Medical Practitioner**

- 6.2.1 Undertakes the initial health assessments.
- 6.2.2 Provides a clear health care plan to support the child or young person's health needs.
- 6.2.3 Refers to other health professionals as appropriate.
- 6.2.4 Liaises with the named social worker as appropriate.
- 6.2.5 Liaises with the lead nurse for Looked After Children.
- 6.2.6 Overviews 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

### **6.3 The Lead Nurse**

- 6.3.1 Arranges and undertakes appropriate review health assessments.

- 6.3.2 Allocates appropriate health assessments to nursing staff within the team.
- 6.3.4 Ensures nursing staff involved in health assessments are appropriately trained.
- 6.3.5 Liaises with other health care providers for out of area placements to ensure continuity of care and implementation of health plans as identified in previous assessments.
- 6.3.6 Ensures that Social Work Managers have up to date contact details for Health Visitors and School Nurses in order that Statutory Looked After Children review recommendations can be received by them and enable them to contribute to reviews.
- 6.3.7 Meets with the 4Young People, (4YP) sexual health outreach nurses quarterly to discuss the outcome of referrals made to their team and to update the referral process if necessary.
- 6.3.8 Liaises with the HEART Team Administrator to ensure appropriate health information is shared regarding the children and young people who have been identified as having emotional needs through the strengths and difficulties questionnaire.
- 6.3.9 Provides a summary health statement for Young People leaving care to support effective transitions of care leavers into adult health services.
- 6.3.10 Facilitates and provides training for members of the multi-disciplinary team including foster carers on a range of topics to promote healthy care.
- 6.3.11 Facilitates and provides training for Looked After Children to promote positive health and well-being and to develop life skills.

#### **6.4 The Named Social Worker**

- 6.4.1 Initiates the London Borough of Enfield procedure for children coming into care to enable the Looked After Children's Health Team to be notified that a child has come into care.
- 6.4.2 Explains the need for any medical examination/health assessment to the child, their carer and parents as appropriate.
- 6.4.3 Obtains consent for the initial health assessment using the appropriate consent forms.
- 6.4.4 Encourages and enables the carer and/or young person to attend the initial health appointment if necessary by attending the appointment.
- 6.4.5 Ensures health professionals have all the necessary information relating to the background and circumstances of the child including parental health information.
- 6.4.6 Requests the personal child health record (red book) and other relevant health paperwork from the birth parent(s) so it remains with the child.
- 6.4.7 Informs the carer of any health issues.

- 6.4.8 Obtains appropriate consent from those with parental responsibility to enable health to offer appropriate services.
- 6.4.9 Ensures appropriate health professionals have any health information previously assessed under the 'assessment framework' or previous child protection medicals made available to them.
- 6.4.10 Ensures the health care plan arising from the health assessment is implemented.
- 6.4.11 Ensures Enfield's Looked After Children's Health Team are informed when:
  - A child is placed outside the borough
  - A child moves placement
  - A child ceases to be Looked After
- 6.4.13 Informs Enfield's Looked After Children's Health Team of all Looked After Children who return from placements outside the area and placed within the boundaries of Enfield so that health care is continued.
- 6.4.14 Sends the Looked After Children statutory review minutes and recommendations to agreed health professionals including health visitors and school nurses, to ensure holistic care is maintained and so they have the opportunity to contribute to reviews.

## **6.5 The Foster Carer**

- 6.5.1 In conjunction with the allocated social worker has a responsibility to ensure each child or young person is fully registered with a GP and dentist.
- 6.5.2 Has a responsibility to ensure health appointments are attended as necessary.
- 6.5.3 Has a responsibility to contribute to the child's health care review.
- 6.5.4 Has a responsibility to provide a home environment that actively promotes a healthy lifestyle, in accordance with the National Health Care standards.
- 6.5.5 Has a responsibility to keep the child's health passport up to date by making relevant entries.

## **6.6 Health Visiting Service for Looked After Children**

- 6.6.1 The Health Visitor remains the named health professional for all Looked After Children until they start school. The child becomes part of their enhanced caseload.
- 6.6.2 Within 10 days of the Health Visitor becoming notified by the Health Looked After Children's Team that a child, is a Looked After Child, the Health Visitor should contact the foster carer to arrange to visit in accordance with the enhanced caseload visiting standards and enter the child's details on RIO with an alert signalling that the child is Looked After.
- 6.6.3 Health Visitors should use their professional judgment regarding how often the child is seen depending on the needs of the child and the carers.

- 6.6.4 All Looked After Children should receive all routine child health surveillance. The uptake of this routine child health surveillance is reported to the Department of Health every year as part of the statutory information Enfield is required to produce.
- 6.6.5 The Health Visiting service should make available any information requested by the Looked After Children Health Team.
- 6.6.6 On receiving initial and review health assessments from the Looked After Children health team, the health assessment should be uploaded onto RIO with a case note entry saying this has been done.
- 6.6.7 Any health needs shown in the health care plan where the Health Visitor has been identified as the lead person, must be acted upon within the specified time frame.
- 6.6.7 If the Health Visitor encounters any difficulties in implementing the recommendations shown in the health care plan, this is to be discussed with the Looked After Children Health Team and the Social Worker.
- 6.6.8 If a child moves placement it is the responsibility of the existing Health Visitor to inform the receiving Health Visitor in the new placement of any outstanding actions within the health care plan.
- 6.6.9 When a Looked After Child moves to a new Health Visiting Team, then the receiving Health Visitor should make contact with the carer and offer a home visit.
- 6.6.10 It is the responsibility of the Health Visitor to attend all professional meetings and Looked After Children statutory reviews, with a written report, when invited by the named social worker.
- 6.6.11 Minutes of all statutory reviews, along with the care plan, are sent to the School Nurse. These are to be uploaded onto RIO with a case-note stating this has been done.
- 6.6.12 When the child starts school, the Health Visitor should liaise with the school nurse and highlight any outstanding identified health needs.
- 6.6.13 If the child returns home it is the responsibility of the Health Visitor to liaise with the receiving Health Visitor about the content of the health care plan so that any outstanding actions can be addressed.
- 6.6.14 When a child leaves the care system, the Looked After Child's health file will be sent to the Health Visiting Service for storage with the child's Health Visitor records. If a child comes back into care at a later date, then a request will be made for the return of the Looked After health file to the Looked After Children's Health Team.
- 6.6.15 All Looked After Children must have a personal child health record. When a health professional is made aware that a child received into care does not have this, then a duplicate must be issued.
- 6.6.16 Health Visitors need to be aware of the internal and external child protection records policy, as this is how Looked After Children's health records are transferred within Enfield Community Services.

## 6.7 School Nursing Service

6.7.1 The School Nurse remains the named health professional for all Looked After Children until they leave school. The child becomes part of their enhanced caseload.

6.7.2 Within 10 working days of the School Nurse becoming notified that a child, is in care, the school nurse should contact the foster carer by letter to give details of the school nursing service and how the school nurse can be contacted. An example letter is given in Appendix 4 and also attached below.



Standard letter from  
School Nursing Service

6.7.3 School Nurses should use their professional judgment regarding how often the child is seen depending on the needs of the child and the carers.

6.7.4 All Looked After Children should receive all routine child health surveillance. The uptake of this routine child health surveillance is reported to the Department of Health every year as part of the statutory information Enfield are required to produce.

6.7.5 The school nursing service should make available any information requested by the Looked After Children Health Team.

6.7.6 On receiving initial and review health assessments from the Looked After Children health team, the health assessment should be uploaded onto RIO with a case note entry saying this has been done.

6.7.7 Any health needs shown in the health care plan where the school nurse has been identified as the lead person, must be acted upon within the specified time frame.

6.7.8 If the school nurse encounters any difficulties in implementing the recommendations shown in the health care plan, this is to be discussed with the Looked After Children health team and the social worker.

6.7.9 If a child moves placement it is the responsibility of the existing school nurse to inform the receiving school nurse in the new placement of any outstanding actions within the health care plan.

6.7.10 The school nurse should liaise with the designated teacher for Looked After Children at the child's school to establish whether there are any identified health concerns.

6.7.11 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.

6.7.12 Minutes of all statutory reviews, along with the care plan, are sent to the school nurse. These are to be uploaded onto RIO with a case-note stating this has been done.

6.7.13 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.

6.7.14 School Nurses need to be aware of the internal and external child protection records policy, as this is how Looked After Children's health records are transferred within Enfield Community services.

## **7. THE INDEPENDENT REVIEWING PROCESS FOR CHILDREN IN CARE**

- 7.1 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.
- 7.2 Relevant health professionals such as Health Visitors and School Nurses should be invited to contribute to these meetings and to attend the review in person with a report, if this is felt to be in the child's best interest.
- 7.3 This should be arranged by the child's social worker in liaison with the independent reviewing officer taking into account the wishes of the child/young person, and the amount of involvement of the health professional.
- 7.4 If the Health Visitor/School Nurse is not attending the report should be forwarded to the social worker prior to the meeting.
- 7.5 Minutes of the meeting along with the care plan are sent to the Health Visitor/School Nurse.

## **8. RESPONSIBILITIES OF HEALTH VISITORS AND SCHOOL NURSES FOR CHILDREN PLACED IN ENFIELD BY OTHER LOCAL AUTHORITIES**

- 8.1 Local Authorities have a responsibility to inform health organisations about all children placed in their area. Enfield has a large number of 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.
- 8.2 Designated Looked After Children's teachers in schools will be aware of Children placed in Enfield by other boroughs. In order to facilitate the number of notifications School Nurses are expected to meet with the designated teachers for Looked After Children, in each of their allocated schools, every half term to be made aware of any unknown Looked After Children.
- 8.3 When a Health Visitor or School Nurse 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 social worker to obtain details of relevant social care history, named health professional, previous address, GP and school.
  - Contact the previous named health professional involved with the family to obtain any relevant health information and any health needs that should be addressed.
  - Request records through the Child Protection records system.

- Health visitor to contact the foster carer to arrange a visit.
- School nurse to send out a contact letter advising them of their service. (See appendix 4).
- Health Visitor or School Nurse to use their professional judgement regarding how often the child is seen depending on the needs of the child and/or carers.
- Health Visitor or School Nurse to notify the Looked After Children Health Team by sending an email with the child's details and the borough that has placed the child in Enfield.

8.4 Further guidance regarding undertaking review health assessments for Looked After Children placed in Enfield by other boroughs, is given in Appendix 3.

## **APPENDICES**

### **APPENDIX 1**

#### **GUIDELINES FOR CHILD/YOUNG PERSON'S INITIAL HEALTH ASSESSMENT**

- 1) The named social worker will follow Enfield Social Service's internal policy for a child / young person being received into care.
- 2) On written notification of a child / young person received into care, the Looked After Children's administrator will send either IHA – C (birth to 9 years) or IHA - YP (10 years and over) to the social worker and form PH for each parent to complete (initially for children under 5 years), and the consent form.
- 3) The Looked After Children's administrator will inform the health administrator and nurse for children looked after children of any child / young person received into care as soon as possible by e-mail.
- 4) The child will be referred to the Looked After Children's health team on RiO.
- 5) The health administrator will book an appointment with the lead doctor and inform the Looked After Children administrator of the date and time of the appointment.
- 6) The health administrator will request a health history from the health visitor/school nurse in time for the initial health assessment (IHA).
- 7) The social worker will complete the consent form and obtain consent from birth parent/legal guardian and keep a photocopy for future reference (all age groups). Copy to be passed to the health administrator/Looked After Children's Nurse. This form needs to be presented at the medical examination and failure to do so will result in the medical examination not taking place.
- 8) The social worker will invite the birth parent(s) where appropriate.
- 9) On return of the consent form the health administrator will complete BAAF form M and BAAF form B and send to the birth hospital for health information. (This is currently obtained on children up to the age of 11).
- 10) The social worker will complete part 1 of the IHA – C / IHA – YP form prior to the medical examination, as these need to be presented at the medical examination. Failure to provide these forms will result in the medical examination not taking place.
- 11) The Looked After Children administrator will send an appointment letter to the carer, in which the name of the social worker will be confirmed. NB if the placement changes, the new carer will be informed of the IHA appointment by the Looked After Children administrator or social worker. The appointment should not be cancelled because of the change of placement.

- 12) The lead or designated doctor will see all children / young people received into the care the local authority. However, there may be occasions where this is not practical. In that case, please refer to the section on differing circumstances.
- 13) Following the IHA, the completed IHA form will be returned to the health administrator, who will copy it to the Looked After Children administrator and social worker, for entry into the electronic storage system.
- 14) Following agreement with the lead doctor, the health administrator for Looked After Children will send a photocopy of the health summary and health care plan to the carer, health visitor/school nurse and GP. Where appropriate, the young person may also be sent a copy on request.
- 15) If other agencies require a copy of the health care plan, it will be the responsibility of the social worker/Looked After Children's Nurse to obtain permission from the designated doctor to enable this.
- 16) The health administrator will follow up form MB from birth hospital and forward the information to designated doctor as it is unlikely that this information will have been returned in time for the initial health assessment. It is the responsibility of the designated doctor to advise on any health needs identified within the form MB, and make the necessary referrals.

## **APPENDIX 2**

### **GUIDELINES FOR CHILDREN AND YOUNG PEOPLE RECEIVING A REVIEW HEALTH ASSESSMENT (RHA) BY THE LOOKED AFTER CHILDREN NURSE**

- 1) The Looked After Children's administrator and Looked After Children's nurse for children looked after meet monthly to arrange the review health assessment (RHA) requests. The Looked After Children administrator obtains the necessary consent forms from the social worker.
- 2) For children and young people living in Enfield and within a 20-mile radius, the health assessment will be undertaken by the Looked After Children Health team.
  - a. Assessments for children under 5 will be undertaken by the Lead Nurse for Looked After Children.
  - b. Assessments for children aged from 5 to 18 will be undertaken by the Nurse for Looked After Children.
  - c. Occasionally, review health assessments will be undertaken by the lead doctor for children with special needs and identified concerns following the IHA.
- 3) For children and young people living outside Enfield, the health administrator/Looked After Children's Nurse will make arrangements wherever possible with the local Looked After Children's health team wherever the child is placed.
- 4) An RHA is only undertaken by the GP when there is no alternative, and the Looked After Children administrator will arrange this, by sending the relevant paperwork to the foster carer direct asking the carer to book an appointment with the GP.
- 5) The Looked After Child 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/young people to engage 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 /young person is known to be at high risk by the local authority, a joint risk assessment is undertaken with the named social worker and a decision made as to whether this health assessment should take place. The health assessment will only take place with the social worker in attendance. If the assessment cannot proceed, this is reviewed regularly by the social worker as the health assessment may take place in the future, if the child/young person's circumstances change and the risk factors have reduced.
- 8) The completed RHA form will be returned to the health administrator. The Looked After Children's Nurse will audit each health assessment, and will

discuss any health concerns with the lead doctor for further advice, provide additional information where necessary and follow up where relevant.

- 9) Following the RHA, the completed RHA form will be returned to the health administrator, who will copy it to the Looked After Children administrator and social worker, for entry into the local authority electronic storage system.
- 10) The health administrator will send copies of the RHA to the GP, health visitor/school nurse, and a copy of the health care plan to the foster carer/kinship carer, key worker. A copy of the RHA may be sent to the young person, when appropriate. When a GP undertakes a RHA, it will be processed in the same way.
- 11) 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 Looked After Children's Nurse/health professional who had undertaken the review.
- 12) The health review should be recorded on the RIO diary and in the Looked After Children's section.

## **APPENDIX 3**

### **HEALTH ASSESSMENT REVIEWS FOR CHILDREN PLACED IN ENFIELD BY OTHER LOCAL AUTHORITIES**

- 1) When a child is placed in Enfield by another local authority, on receipt of the request for a review health assessment, the health professional undertaking this assessment will ensure that they have the following information prior to undertaking the review.
  - Health assessment form
  - Signed consent
  - Immunisation history, wherever possible
  - Previous Looked After Children's health assessment (either initial or review)
  - Contact telephone number for social worker
- 2) These are all 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) The named health professional should contact the social worker in order to obtain relevant information prior to offering an appointment.
- 5) When a child /young person is known to be at high risk by the requesting agency, a joint risk assessment is undertaken with the named social worker and a decision made as to whether this health assessment should indeed take place. The health assessment will only take place with the social worker in attendance. If the assessment cannot proceed, this is reviewed regularly by the social worker as the health assessment may take place in the future, if the child/young person's circumstances change and the risk factors have reduced.
- 6) The Looked After Child 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.
- 7) It should be ascertained whether any incentive or payment is being offered to the child/young person engaging with a health assessment and ensure that everyone is in agreement in advance of the health assessment being undertaken, as this may have implications for the health professional undertaking the health assessment. Any health assessment subject to a reward should only be undertaken in the presence of the named social worker, following a joint risk assessment.
- 8) Once the health assessment is complete, it is processed in the same way as a health assessment undertaken on an Enfield Looked After Child.
- 9) If a health professional receives a request for a health assessment direct from a Social Worker or Looked After Children's nurse in another area they must inform the Enfield Looked After Children's Nurse.

**APPENDIX 4**

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



**Enfield Community Services**

Clinic Address  
Telephone Number

Date:



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