Royal Cornwall Hospitals
NHS Trust

Children in Care Health Team Clinical Guidelines

V3.1

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Royal Cornwall Hospitals
NHS Trust

CG1: Statutory Child in Care Initial Health Assessment for Children or Young Persons over 10 Years Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to Doctors and Specialist CIC Nurses working within the Children in Care (CIC) Health Team who undertake statutory Initial Health Assessments (IHA) with children and young people in care over 10 years.

The aim is to ensure that all young people in care have their physical, emotional and mental health needs assessed by appropriately trained Specialist health professionals and to ensure there is consistency, efficiency and reliability in the statutory health assessment process for each young person in care in order to achieve improved health outcomes. (DH Promoting the Health and Wellbeing of Looked-after Children 2015)

1.2. This version supersedes any previous versions of this document.

2. The Guidance

It is a statutory requirement for all children and young people in care to have an Initial Health Assessment (IHA) within 20 working days of coming into care. The desired outcome from this process is that all children and young people in care have the opportunity to receive an individual, confidential and comprehensive review and assessment of their health within a continuous process of monitoring and evaluation. Health advice and information and a positive approach to health promotion will empower each young person in care to make informed health and lifestyle choices within a supportive and nurturing environment.

2.1. Planning

2.1.1. IHAs will be allocated to a Doctor unless a child has come into care under the 'over 75 nights short breaks' policy or a child has come back into care and the Health Assessment (HA) from the previous care episode remains within a valid timescale. If a child 'over 75 nights' is already under the care of a paediatrician the IHA will be allocated to a Specialist CIC Nurse. If the child has returned into care he/she will be allocated to either a Doctor or Nurse depending on who was due to undertake the next Review Health Assessment (RHA). In all cases the IHA should be organised within 20 working days of the child or young person coming into care.

2.1.2. An IHA should be arranged and booked by the CIC Health Administrative Team with the carer / young person within 7 days of notification from the local authority of the child coming into care.

2.1.3. The appointment should be made or confirmed in writing to the carer / young person and Social Worker. The CIC Team leaflet and the client user survey should be enclosed. (See Appendix 5 Team Leaflet).

2.1.4. To remain sensitive to an individual young person's needs, specific health issues may need to be discussed with the foster carer in advance of the appointment.

2.2. Preparation

2.2.1. Prior to the appointment, information should be obtained from other agencies to inform the assessment.

2.2.2. A letter to be sent to the GP at the time the appointment letter is sent out requesting a health summary and immunisation printout.

2.2.3. RCHT hospital records to be requested and made available to the Doctor when clinic prepped.

2.2.4. The child's record on mosaic should be studied to identify health associated risks.

2.2.5. If CAMHS have indicated current or previous involvement with the family then a letter should be sent requesting health information at the time the appointment letter is sent out.

2.2.6. Maxims and Oceano databases to be reviewed.

2.2.7. CHIS Immunisation record to be reviewed.

2.2.8. If this is a 75 day Nurse led IHA a discussion to be had before the child is seen with the consultant in charge of their paediatric care.

2.2.9. The CORAM British Association of Adoption and Fostering (CoramBAAF) statutory health assessment forms should be used. The relevant age specific CoramBAAF forms should be prepared: Part A should be completed and available with the appropriate written consent; Part B prepared.

2.2.10. The following paperwork is required for the Health Assessment: the current medical summary sheet, a current immunisation record; SDQ screening forms (Appendix 6) for completion by the young person and carer; UK Growth Chart 2-18 years and Body mass index (BMI) chart (Royal College of Paediatrics and Child Health, DH 2013).

2.3. Conducting the Health Assessment

If a young person of 15 years or above has capacity to consent, the CoramBAAF consent form Part C, for obtaining and sharing health information, should be discussed and signed consent sought.

2.3.1. The Doctor or Specialist CIC Nurse should introduce him/ herself and explain the 'Statement of Confidentiality' to the young person. For all health assessments the young person should be given the opportunity to be seen alone for all or part of the appointment and

an appropriate room should be requested. This should be documented in the CoramBAAF record. The young person's privacy should be maintained and respected.

2.3.2. The Doctor or Specialist CIC Nurse should ask the young person for signed consent on the CoramBAAF form (IHA-YP Part B); the professional will document if he/she considers the young person may not have understood the full nature of what is being consented to.

2.3.3. The IHA-YP Part B to be completed by the Doctor or Specialist CIC Nurse with the young person (YP).

2.3.4. Clarification of information sought and received from other health professionals should be documented in Part B of the health assessment.

2.3.5. The height and weight of the young person should be measured by the Doctor or Specialist CIC Nurse using appropriately calibrated scales and height measures according to correct procedure guidelines. This equipment should be cleaned after use according to Trust policy. Height and weight measurements, should be recorded with centiles, then plotted, and monitored on the young person's growth chart. The BMI calculation should be rounded up to the nearest decimal point and plotted on a BMI chart to indicate underweight, healthy, overweight or obese status. Where there is any concern, a BMI centile chart should be maintained and monitored for the child.

2.3.6. Emotional health needs must be assessed. Completion of the Strengths and Difficulties Questionnaire (SDQ) questionnaire by the carer and the young person should be completed at the initial health assessment, the first review health assessment, then annually or in 6 months' time if appropriate. SDQ scores which are outside the norm should be highlighted and clearly documented; a referral to the CIC Psychology Team should be discussed with the Social Worker (SW). (Appendix 6 SDQ Process).

2.3.7. Appropriate health promotion resources and additional screening tools may be needed and used as appropriate.

2.3.8. The young person's Local Authority personal health record (usually held by the carer) should be checked, updated and signed by the Doctor or Specialist CIC Nurse.

2.3.9. Both the young person and the foster carer should have the correct contact details for the CIC Health Team Office.

2.3.10. The young person should be made aware of how and where to access local health services, and when they are needed.

2.4. Report and Recommendations

2.4.1. It is the Doctor or Specialist CIC Nurse's responsibility to complete the form CoramBAAF IHA –YP, Part C within 10 working days of completing the health assessment. The typed report should be saved into the health assessment draft folder on the CIC Health Team shared drive for processing by the designated administrative personnel.

2.4.2. The Part C report should include a summary of the relevant information that the young person has given consent to share. If the young person refuses to give consent to share information with anyone it must be highlighted in **red**. The report should include growth measurements and centiles with a qualifying narrative if indicated. The recommendations should be SMART and worded sensitively. There should be clear identification of the duties of individual carers or professionals to facilitate meeting the needs of the young person. It is imperative that the voice and personality of the young person are clearly reported and conveyed in the health report.

2.4.3. Where the IHA has been completed by a Specialist CIC Nurse under the 75 days guidance the Part C should be reviewed with the YP's community paediatrician before being disseminated by the Nurse.

2.4.4. The Doctor or Specialist CIC Nurse is responsible for updating the CIC records with the date of health assessment completion and sign off, the medical summary sheet, relevant public health information, and referrals.

2.4.5. Part B paperwork, SDQ form and any other relevant documentation should be submitted to the CIC Health Administrative Team for processing within 10 working days.

2.4.6. Immediate actions for other members of the CIC Health Team should be passed on to them as soon as possible following the completion of the health assessment without necessarily waiting for the report to be typed and distributed.

2.5. Evaluation

It is the responsibility of the YP's Specialist CIC Nurse to arrange follow-up contact with the young person and their carer according to the recommendations. A routine telephone contact to the carer or young person should be made 3 months following the health assessment to review and monitor recommendations, and to offer support if required.

2.6. IHA declined or non-attendance

2.6.1. If a young person declines a health assessment, further attempts to engage with the young person should be made and their Social Worker should be notified. If the IHA is not carried out after a second attempt, a Part C summary report and recommendations should be completed using information available to the Doctor or Nurse and processed within 10 days as above in line with timescales.

2.6.2. The reason for non-attendance should be explored further with the young person's Social Worker, and the Specialist CIC Nurse should make further attempts to engage with the young person.

Royal Cornwall Hospitals
NHS Trust

CG2: Statutory Child in Care Initial Health Assessment for Child or Young Person Under 10 Years Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to doctors and specialist nurses working within the Children in Care (CIC) Health Team who undertake statutory health assessments with babies and children in care under 10 years.

1.2. The aim is to ensure that all children in care have their physical, emotional and mental health needs assessed by appropriately trained specialist health professionals and to ensure there is consistency, efficiency and reliability in the statutory health-assessment process for all children in care in care in order to achieve improved health outcomes. (DH Promoting the Health of Looked After Children 2015).

1.3. This version supersedes any previous versions of this document.

2. The Guidance

It is a statutory requirement for all children and young people in care to have an Initial Health Assessment (IHA) with a registered medical practitioner, within 20 working days of coming into care.
The desired outcome from this process is that all children in care have the opportunity to receive an individual, confidential and comprehensive assessment and review of their health within a continuous process of monitoring and evaluation. Health advice and information offered, and a positive approach to health promotion, will enable each child and/or their carer to make healthier choices and informed decisions regarding their health and wellbeing within a supportive and nurturing environment.

2.1. Planning

2.1.1. HAs will be allocated to a registered medical practitioner unless that child has come into care under the 'over 75 nights short breaks' policy or where a child has come back into care and the health assessment from the previous care episode remains within a valid timescale. If a child 'over 75 nights' is already under the care of a paediatrician the IHA will be allocated to a CIC nurse specialist. If the child has returned into care he/she will be allocated to either a doctor or nurse depending on who was due to undertake the next RHA. In all cases the IHA should be organised within 20 working days of the child coming into care.

2.1.2. The IHA should be arranged and booked by the administrative team with the carer within 7 days of the child coming into care.

2.1.3. The appointment should be made or confirmed in writing to the carer and social worker. The Children in Care Team leaflet and the client user survey should be enclosed. (See Appendix 5 Team Leaflet).

2.1.4. To remain sensitive to an individual child's needs, specific health issues may need to be discussed with the foster carer in advance

of the appointment.

2.2. Preparation

2.2.1. Prior to the appointment, information should be obtained from other agencies to inform the assessment.

2.2.2. A letter to be sent to the GP at the time the appointment letter is sent out requesting a health summary and immunisation printout. RCHT hospital records to be requested and made available to the doctor when clinic prepped.

2.2.3. The clinician undertaking the assessment should refer to the child's record on mosaic to identify health associated risks.

2.2.4. If the Child and Adolescent Mental Health Services (CAMHS) have indicated current or previous involvement with the family then a letter should be sent requesting health information at the time the appointment letter is sent out.

2.2.5. Maxims databases to be reviewed.

2.2.6. If this is a 75 day nurse led IHA, a discussion to be had before the child is seen with the consultant in charge of their paediatric care.

2.2.7. The British Association of Adoption and Fostering (CoramBAAF) statutory health assessment forms should be used. The relevant age specific CoramBAAF forms should be prepared: Part A should be completed and available with the appropriate written consent; Part B prepared, Part C electronic version used.

2.2.8. The following paperwork is required for the Health Assessment: the current medical summary sheet from the Children in Care Database; a current immunisation record; SDQ screening forms (Appendix 6) for completion by the child and carer.

2.3. Conducting the health assessment

2.3.1. The doctor or specialist nurse should introduce him/herself and explain the 'Statement of Confidentiality' to the child and carer. For all health assessments the child should be given the opportunity to be seen alone for all or part of the appointment and an appropriate room should be requested. This should be documented in the CoramBAAF record. The child's privacy should be maintained and respected.

2.3.2. The IHA-C part B to be completed by the doctor or specialist nurse with the child.

2.3.3. Clarification of information sought and received from other health professionals should be documented in part B of the health assessment.

2.3.4. The statutory health assessment should address the child's state of health, including physical, emotional and mental health, as follows (this list is not exhaustive):

2.3.4.1. The child's health history including, as far as practicable, his or her family's health history.

2.3.4.2. The effect of the child's health history on his or her development.

2.3.4.3. Existing arrangements for the child's health and dental care appropriate to their needs, which must include.

2.3.4.4. Routine checks of the child's general state of health, including dental health.

2.3.4.5. Treatment and monitoring for identified health (including physical, emotional and mental health) or dental care needs.

2.3.4.6. Preventive measures such as vaccination and immunization.

2.3.4.7. Screening for defects of vision or hearing.

2.3.4.8. Advice and guidance on promoting health and effective personal care.

2.3.4.9. Any planned changes to the arrangements.

2.3.4.10. The role of the appropriate person, such as a foster carer, residential social worker, school nurse or teacher, and of any other person who cares for the child in promoting his or her health.

2.3.5. The height and weight of the child should be measured by the doctor or specialist nurse using appropriately calibrated scales and height measures according to correct procedure guidelines. This equipment should be cleaned after use according to trust policy. Height and weight measurements, should be recorded with centiles, then plotted, and monitored on the child's growth chart. The BMI calculation should be rounded up to the nearest decimal point and plotted on a BMI chart to indicate underweight, healthy, overweight or obese status. Where there is any concern, a BMI centile chart should be maintained and monitored for the child.

2.3.6. The child's developmental profile should be assessed formally, (unless this has occurred elsewhere within the last 6 weeks and the results available to the practitioner), for children between 3 months and 5 years. The schedule of growing skills tool kit can be used.

2.3.7. Emotional health needs must be assessed. Completion of the SDQ questionnaire by the carer for children over 4 years should be completed at the initial health assessment, the first review health assessment, then annually or in 6 months' time if appropriate. SDQ scores which are outside the norm should be highlighted and clearly documented; a referral to the CIC psychology team should be discussed with the SW.

2.3.8. The child should have the opportunity to ask questions and to have a follow up appointment made with the specialist nurse as required.

2.3.9. The child's 'red book' should be completed if available. The child's local authority personal health record (usually held by the carer) should be checked, updated and signed by the doctor or specialist nurse.

2.3.10. The foster carer should have the correct contact details for the CIC health team office.

2.4. Report and Recommendations

2.4.1. It is the Doctor or Specialist CIC nurse's responsibility to complete the form CoramBAAF IHA-C, Part C within 10 working days of completing the health assessment. The typed report should be saved into the health assessment draft folder on the CIC health team shared drive for processing by the designated administrative personnel.

2.4.2. The Part C report should include a summary of the relevant information that the young person has given consent to share. It should include growth measurements and centiles with a qualifying narrative if indicated. The recommendations should be SMART and worded sensitively. There should be clear identification of the duties of individual carers or professionals to facilitate meeting the needs of the child. It is imperative that the voice and personality of the child are clearly reported and conveyed in the health report.

2.4.3. The doctor or specialist nurse is responsible for updating the CIC records with date of health assessment completion and sign off, the medical summary sheet with relevant public health information and referrals.

2.4.4. Part B paperwork, and any other relevant documentation should be submitted to the administrative team for processing.

2.4.5. Where the IHA has been completed by a specialist nurse under the "75 days" guidance the part C should be reviewed before being disseminated by the nurse with the child's community Paediatrician.

2.4.6. Immediate actions for other members of the CIC health team should be passed on to them as soon as possible following the completion of the health assessment without necessarily waiting for the report to be typed and distributed.

2.4.7. The specialist nurse should contact the carer to monitor and review the health plan in 3 months, or before if indicated.

2.5. Evaluation

It is the responsibility of the child's specialist nurse to arrange follow-up contact with the child and their carer according to the recommendations. The nurse should make a routine telephone contact to the carer 3 months following the health assessment to review and monitor the recommendations and to offer support if required.

Royal Cornwall Hospitals
NHS Trust

CG3: Nurse Led Statutory Initial Health Assessment for Children who Receive Over 75 Days in Short Breaks away from their Home During a 12 Month Period Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. Children who receive over 75 days in short breaks away from home may be accommodated by the Local Authority (section 20,4 Children's Act) and therefore be subject to Looked After Children's Arrangements. (Providing short break accommodation under different legal provisions, from page 17 Short Breaks Statutory Guidance DSCF 2010).

This guideline applies to the Specialist CIC Nurses working within the Children in Care (CIC) Health Team who are requested to undertake 'Initial Statutory Health Assessments' (IHA) with children who receive over 75 days in short breaks away from their home during a 12 month period. The aim is to ensure that these children have their physical, emotional and mental health needs assessed by appropriately trained health professionals, to ensure each child is safeguarded, has consistent, efficient and reliable health care, has health deficits identified and their health and wellbeing is promoted, in order to receive the best possible healthcare and support appropriate to their needs and disabilities.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

When a child becomes subject to 'over 75 nights short breaks arrangements' the CIC Health Administrative Team should receive a request from the Local Authority for an IHA to be completed within 28 days of the child / young person being considered looked after; (the Specialist CIC Nurse should be identified and notified within 48 hours of this information being received in the CIC office).

2.1. If a child 'over 75 nights' is already under the care of a paediatrician the IHA will be allocated to a Specialist CIC Nurse.

2.2. The CIC Nurse should have a discussion with the consultant in charge of the child's paediatric care prior to the health assessment.

2.3. The Specialist CIC Nurse should aim to arrange and complete the IHA within 20 working days – from the date of coming into care.

2.4. The Specialist CIC Nurse should review the community child health file to gain information about the child's health status and ongoing medical care prior to contacting the parent or carer to make any further arrangements.

2.5. The Nurse should then follow the relevant clinical guidelines for the statutory child in care health assessment for child or young person under or over 10 years.

2.6. Where the IHA has been completed by a Specialist CIC Nurse under the 75 days guidance the Part C should be reviewed with the YP's community paediatrician before being disseminated by the Nurse.

Royal Cornwall Hospitals
NHS Trust

CG4: Statutory Child in Care Review Health Assessment for Children or Young People Under 10 Years Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to Doctors and Specialist CIC Nurses working within the Children in Care (CIC) Health Team who undertake statutory health assessments with babies and children in care under 10 years. The aim is to ensure that all children in care have their physical, emotional and mental health needs assessed by appropriately trained health professionals and to ensure there is consistency, efficiency and reliability in the statutory health assessment process for all children in care in order to achieve improved health outcomes. (DH Promoting the Health and Wellbeing of Looked-after Children 2015).

1.2. This version supersedes any previous versions of this document.

2. The Guidance

2.1. **Children under 5 years:**

It is a statutory requirement for all children in care under 5 to have a six monthly Review Health Assessment (RHA). The Service specification states the CIC Health Team will arrange the first RHA three months after the Initial Health Assessment (IHA) and six monthly thereafter. The specialist CIC health team will aim to complete as per Service specification. If this is not possible – due to prioritisation of services, a Specialist CIC Nurse will review the recommendations of the IHA at 3 months as per First review health update guidelines – **see Clinical Guideline (CG) No 6 First review of statutory health assessment.**

In the event of a First review health update being completed , the timing of the RHA will be at 6 months from the initial health assessment, as per statutory requirement. And 6 monthly thereafter.

2.2. **Children over 5 years:**

It is a statutory requirement for children over 5 to have a 12 monthly RHA. The Service specification states the CIC Health Team will arrange the first RHA three Months after the IHA . The specialist CIC health team will aim to complete as per Service specification. If this is not possible – due to prioritisation of services, a Specialist CIC Nurse will review the recommendations of the IHA at 3 months as per First review health update guidelines **– see CG No 6 First review of statutory health assessment.**

In the event of a First review health update being completed, the timing of the RHA will be at 12 months from the initial health assessment, as per statutory requirement. and **annually** thereafter.

2.3. The desired outcome from this process is that all children in care have the opportunity to receive an individual, confidential and comprehensive assessment and review of their health within a continuous process of monitoring and evaluation. Health advice and information offered, and a

positive approach to health promotion, will enable each child and/or their carer to make healthier choices and informed decisions regarding their health and wellbeing within a supportive and nurturing environment.

2.4. Planning

2.4.1. RHAs allocated to the Doctor will be arranged by the CIC Health Administrative Team.

2.4.2. RHAs allocated to the Specialist CIC Nurse will be arranged by the named Specialist CIC Nurse for each child. The Specialist CIC Nurse is responsible for checking the RHAs allocated to him/her on a monthly basis, and for reviewing all RHAs due according to caseload management reports at least one month in advance of the requested due date. The CIC Nurse should liaise with the CIC Health Administrative Team to ensure any outstanding RHA requests are followed up with the appropriate agency, and should present any outstanding RHAs at routine supervision sessions.

2.4.3. RHAs which are the CIC Nurse's responsibility should be arranged 4-6 weeks prior to the due date.

2.4.4. Appointments should be arranged by telephone with the child's carer. A choice of venue may be offered where possible. Foster carers should be informed of the requirement to provide the young person's health record for the health assessment.

2.4.5. The appointment should be confirmed in writing. The Pre-Health Assessment Checklist Form (CHA 3582_v2), the CIC Team Leaflet, and the Under 10s health update questionnaire (CHA 4783_V1) should be enclosed (see Appendix 4 Pre-Health Assessment Checklist (CHA 3582 V2), Appendix 5 Team Leaflet).

2.4.6. To adhere to the RCHT Lone Worker Policy, details of all appointments should be entered into the appropriate Specialist CIC Nurse's electronic calendar, including venue and postcode. The arranged appointment should be added to the CIC database under the 'subsequent Health assessment' section.

2.4.7. When appropriate the CIC Nurse to send text or telephone reminders to confirm prior to the appointment.

2.4.8. To remain sensitive to an individual child's needs, specific health issues may need to be discussed with the foster carer in advance of the appointment.

2.4.9. The Specialist CIC Nurse should contact the child or young person's Social Worker, and any other relevant health professional prior to the appointment to enquire about the young person's progress, health status, and to seek relevant information.

2.5. Preparation

2.5.1. Prior to the appointment, information should be obtained from other agencies to inform the assessment e.g. Social Worker, GP, CAMHS Hospital records, and the relevant documentation should be checked and reviewed; this should include the child's health record, any correspondence and the recommendations from the most recent health assessment and Child in Care Review Report. Any outstanding recommendations must be clearly identified, reported on, and documented in the current assessment.

2.5.2. CoramBAAF statutory health assessment forms should be used. The relevant age specific CoramBAAF forms should be prepared: Part A should be completed and available with the appropriate written consent; Part B prepared, and the Part C report and recommendations of the most recent RHA or the IHA should be available.

2.5.3. The following paperwork is required for the health assessment: the current medical summary sheet from the CIC database; a current immunisation record; a UK Growth Chart 0-4years or 2-18 years and BMI chart (Royal College of Paediatrics and Child Health 2013) or access to electronic version of the growth charts https://www.rcpch.ac.uk/resources/uk-who-growth-charts-2-18-years

2.5.4. The Specialist CIC Nurse should ensure that the relevant Public Health/Health Promotion Packs are available and complete for use during the health assessment.

2.6. Conducting the health assessment

2.6.1. The Specialist CIC Nurse should introduce himself/herself and explain the 'statement of confidentiality' to the child and carer. For all health assessments, if age appropriate the child should be given the opportunity to be seen alone during the appointment and an appropriate room should be requested. This should be documented in the CoramBAAF record. The child's privacy should be maintained and respected.

2.6.2. Section 1-8 form RHA-C Part B to be completed by the Specialist CIC Nurse with the child. The following statement should be included in section 1. "This assessment was conducted by CIC Specialist CIC Nurse (Nurse Name) with (C/YP name) and her/his carer (carer's name/s) at (location). The purpose and process of the review was explained to (YP/carer name/s) and she/he agreed to engage with the review. (Carer/YP name) also gave verbal consent for pertinent information to be shared with appropriate professionals involved in her/his care planning and for the gathering of information from other allied professionals to inform the process."

2.6.3. Clarification of information sought and received from other health professionals should be documented in Part B of the health assessment.

2.6.4. Section 4. The height and weight of the child should be measured by the Specialist CIC Nurse using calibrated SECA scales and Leicester height measure according to correct procedure guidelines. This equipment should be cleaned after use according to Trust policy. Height, weight and BMI measurements including underweight, healthy, overweight or obese status should be recorded with centiles and plotted on the young person's growth chart. Plot height and weight on Royal College of Paediatric and Child Health Growth charts age 2-18 years for boys/girls in pencil in child health record. BMI measurements should be calculated by: weight Kg divided by height in metres squared and rounded up to the nearest decimal point. If BMI falls outside healthy range or is identified as a concern then a paper RCPCH BMI chart should be maintained and stored in the records also.

2.6.5. Section 5. Emotional health needs must be assessed. Completion of the SDQ questionnaire by the carer should be completed at the first review health assessment, then annually or in 6 months' time if appropriate. SDQ scores which are outside the norm should be highlighted and clearly documented; a referral to the CIC Psychology Team should be discussed with the SW.

2.6.6. Appropriate health promotion resources may be needed and used in a sensitive manner.

2.6.7. The child should have the opportunity to ask questions and to have a follow up appointment made with the Specialist CIC Nurse as required.

2.6.8. The child's 'red book' should be completed if available. The child's Local Authority personal health record (usually held by the carer) should be checked, updated and signed by the Specialist CIC Nurse.

2.6.9. The foster carer should have the correct contact details for the Specialist CIC Nurse and CIC Health Team office.

2.6.10. Nurse contact Card

The Specialist CIC Nurse should leave the contact Card with their details. The Specialist CIC Nurse should agree health aims with the child and write these on the contact Card.

2.6.11. Service user feedback – the QR code is available on the Nurse contact card. The child is to be encouraged to complete this. The Specialist CIC Nurse is to be proactive in encouraging service user feedback to help design services .

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2.7. Report and Recommendations

2.7.1. It is the Doctor or Specialist CIC Nurse's responsibility to complete the form CoramBAAF RHA-C, Part C within 10 days of completing the health assessment. The typed report for children placed by Cornwall council should be saved into the shared drive *S:\TR11\LACYPT\General\ALL DRAFTS FOR ADMIN\RHAs* completed for processing.

2.7.2. For children placed by other areas (OLAC – Other local authority children) the completed report is to be filed in the shared drive *S:\TR11\LACYPT\General\ALL DRAFTS FOR ADMIN\Out of County Health Assessments\OLAC's and CPOC's DONE BY CIC NURSES* for processing by the designated administrative personnel.

2.7.3. The Part C report should include a summary of the relevant information that the young person has given consent to share. It should include growth measurements and centiles with a qualifying narrative if indicated. The recommendations should be SMART (Specific, Measurable, Achievable, Relevant, time Bound https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-developing-your-aims-statement.pdf) and worded sensitively. There should be clear identification of the duties of individual carers or professionals to facilitate meeting the needs of the child eg. maintaining and monitoring a good standard of oral hygiene and attending dental appointments. It is imperative that the voice and personality of the child are clearly reported and conveyed in the health report.

2.7.4. The Specialist CIC Nurse is responsible for updating the CIC database with the date of health assessment completion and sign off, and the medical summary sheet with relevant public health information and referrals.

2.7.5. Part B paperwork, and any other relevant documentation should be submitted to the CIC Health Administrative Team for processing.

2.7.6. The specialist CIC Nurse should share the recommendations of the assessment at the time of the appointment, to enable the young person / carer to undertake these recommendations. If appropriate, this may be sent subsequently by a personal letter.

2.7.7. The Specialist CIC Nurse should contact the young person or carer to monitor and review the health plan in 3 months, or before if indicated.

2.8. Evaluation

It is the responsibility of the Specialist CIC Nurse to arrange follow-up contact with the child and their carer according to the recommendations. The Nurse should make a routine telephone contact to the carer or young person 3-6 months following the health assessment to review recommendations and offer support if required.

2.9. RHA declined or non-attendance

2.9.1. If a child declines a health assessment, further attempts to engage with the child should be made and their Social Worker should be notified. If the RHA is not carried out after a second attempt, a Part C summary report and recommendations should be devised using information available to the Nurse and processed within 10 days as above. The reason for non-attendance should be explored further with the child's Social Worker.

2.9.2. The Specialist CIC Nurse should write a personal letter to the child/carer if appropriate (see Appendix 3 letters).

2.10. Unaccompanied Asylum Seekers (UAS)

Please see flowchart (CG16 - Assessment and Management of Unaccompanied Asylum Seekers (UASC) Standard Operating Procedure).

Royal Cornwall Hospitals
NHS Trust

CG5: Statutory Child in Care Review Health Assessment for Children or Young People Over 10 Years Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to Doctors and Specialist CIC Nurses working within the Children in Care (CIC) Health Team who undertake statutory review health assessments with children and young people in care over 10 years.

The aim is to ensure that all young people in care have their physical, emotional and mental health needs assessed by appropriately trained Specialist health professionals and to ensure there is consistency, efficiency and reliability in the statutory health assessment process for each young person in care in order to achieve improved health outcomes. (DH Promoting the Health and Wellbeing of Looked-after Children 2015).

1.2. This version supersedes any previous versions of this document.

2. The Guidance

It is a statutory requirement for all children and young people in care over 5 years to have an annual Review Health Assessment (RHA). The desired outcome from this process is that all children and young people in care have the opportunity to receive an individual, confidential and comprehensive review and assessment of their health within a continuous process of monitoring and evaluation. Health advice and information and a positive approach to health promotion will empower each young person in care to make informed health and lifestyle choices within a supportive and nurturing environment.

The Service specification states the CIC Health Team will arrange the first RHA three Months after the IHA. The specialist CIC health team will aim to complete as per Service specification. If this is not possible – due to prioritisation of services, a Specialist CIC Nurse will review the recommendations of the IHA at 3 months as per First review health update guidelines – see CG6. In the event of a First review health update being completed, the timing of the RHA will be at 12 months from the initial health assessment, as per statutory requirement. and **annually** thereafter.

2.1. Planning

2.1.1. RHAs allocated to the Doctor will be arranged by the CIC Health Administrative Team.

2.1.2. The Specialist CIC Nurse is responsible for checking for RHAs allocated to him/her on a monthly basis, and for reviewing all RHAs due according to caseload management reports at least one month in advance of the requested due date. The CIC Nurse should liaise with the CIC Health Administrative Team to ensure any outstanding RHA requests are followed up with the appropriate agency; any outstanding health assessments should be presented at routine supervision sessions.

2.1.3. RHAs allocated to the CIC Nurse should be arranged 4-6 weeks prior to the due date.

2.1.4. Appointments should be arranged by telephone in a flexible and young person centred manner. The young person should be offered a choice of venue where possible. Foster carers or carers should be informed of the requirement to provide the young person's health record for the health assessment.

2.1.5. The appointment should be confirmed in writing. The pre-health assessment checklist form (CHA 3582_v2), CIC Team leaflet (RCHT 1384), Over 10 Health Update Questionnaire (CHA4782_V1), Strengths and Difficulties Questionnaire (P4-17) and Strengths and Difficulties Questionnaire S11-17). (See Appendix 4 Pre-Health Assessment Checklist, Appendix 5 Team Leaflet).

2.1.6. To adhere to the RCHT Lone Worker Policy , http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefOperatingOfficer/Security/LoneWorkingPolicy.pdf details, details of all appointments should be entered into the appropriate Specialist CIC Nurse's electronic calendar, including venue and postcode. The arranged appointment should be added to the CIC database under the 'subsequent health assessment' section.

2.1.7. When appropriate, the CIC Nurse should send text or telephone reminders to confirm prior to the appointment.

2.1.8. To remain sensitive to an individual young person's needs, specific health issues may need to be discussed with the foster carer in advance of the appointment.

2.1.9. The Specialist CIC Nurse should contact the child or young person's Social Worker, and any other relevant health professional prior to the appointment to enquire about the young person's progress, health status, and to seek relevant information.

2.2. **Preparation**

2.2.1 Prior to the appointment, information should be obtained from other agencies to inform the assessment eg. Social Worker, GP, CAMHS Hospital records, and the relevant documentation should be checked and reviewed; this should include the child's health record, any correspondence and the recommendations from the most recent health assessment and Child in Care Review Report. Any outstanding recommendations must be clearly identified, reported on, and documented in the current assessment.

2.2.2 The CORAM British Association of Adoption and Fostering (CoramBAAF) statutory health assessment forms should be used. The relevant age specific CoramBAAF forms should be prepared: Part A should be completed and available with the appropriate written consent; Part B prepared, and the Part C report and

recommendations of the most recent RHA or the IHA should be available. For unaccompanied asylum-seeking children, please see UASC guideline.

2.2.3 The following paperwork is required for the Health Assessment: the current medical summary sheet from the Children in Care Database; a current immunisation record; SDQ screening forms (Appendix 6) for completion by the young person and carer; UK Growth Chart 2-18 years and BMI chart (Royal College of Paediatrics and Child Health, DH 2013).

2.2.4 The Specialist CIC Nurse should ensure that the relevant Public Health/Health Promotion Packs are available and complete for use during the health assessment.

2.2.5 A 'Health Passport' should be prepared for young people over 15, to include relevant health details, a printed record of immunisation and appropriate contact details and web links. (See Appendix 7 Health passport Process)

2.3 **Conducting the Health Assessment**

2.3.1 The Specialist CIC Nurse should introduce him/herself and explain the 'Statement of Confidentiality' to the young person. For all health assessments the young person should be given the opportunity to be seen alone for all or part of the appointment and an appropriate room should be requested. This should be documented in the CoramBAAF record. The young person's privacy should be maintained and respected.

2.3.2 If a young person of 15 years or above has capacity to consent, the CoramBAAF consent form Part C, for obtaining and sharing health information, should be discussed and signed consent sought.

2.3.3 The Specialist CIC Nurse should ask the young person for signed consent on the CoramBAAF form (RHA-YP Part B); the Nurse will document if he/she considers the young person may not have understood the full nature of what is being consented to.

2.3.4 Section 1-8 form RHA-YP Part B to be completed by the Specialist CIC Nurse with the YP. The following statement should be included in section 1. "This assessment was conducted by Specialist CIC Nurse (Nurse Name) with (Child/YP name) and her/his carer (carer's name/s) at (location). The purpose and process of the review was explained to (YP/carer name/s) and she/he agreed to engage with the review. (Carer/YP name) also gave verbal consent for pertinent information to be shared with appropriate professionals involved in her/his care planning and for the gathering of information from other allied professionals to inform the process."

2.3.5 Clarification of information sought and received from other health professionals should be documented in Part B of the health assessment.

2.3.6 Section 4. The height and weight of the young person should be measured by the Specialist CIC Nurse using calibrated SECA scales and Leicester / SECA height measure according to correct procedure guidelines. This equipment should be cleaned after use according to Trust policy. Height and weight measurements should be recorded with centiles, then plotted, and monitored on the young person's growth chart. The BMI calculation should be rounded up to the nearest decimal point and plotted on a BMI chart to indicate underweight, healthy, overweight or obese status. Where there is any concern, a BMI centile chart should be maintained and monitored for the child.

2.3.7 Section 5. Emotional health needs must be assessed. Completion of the SDQ questionnaire by the carer and the young person should be completed at the first review health assessment, then annually or in 6 months' time if appropriate. SDQ scores which are outside the norm should be highlighted and clearly documented; a referral to the CIC Psychology Team should be discussed with the SW. (Appendix 6 SDQ Process)

2.3.8 Section 6. Appropriate health promotion resources and additional screening tools may be needed and used in a sensitive manner.

2.3.9 Young people over 15 should be offered a health passport to keep, completed with relevant personal health details and information. (See Appendix 7 Health passport process).

2.3.10 The young person should have the opportunity to ask questions and to have a follow up appointment arranged with the Specialist CIC Nurse as required.

2.3.11 The young person's Local Authority personal health record (usually held by the carer) should be checked, updated and signed by the Specialist CIC Nurse.

2.3.12 Both the young person and the foster carer should have the correct contact details for the Specialist CIC Nurse and CIC Health Team Office.

2.3.13 The young person should be made aware of how and where to access local health services, and when they are needed.

2.4 Report and Recommendations

2.4.1 It is the Specialist CIC Nurse's responsibility to complete the form CoramBAAF RHA –YP, Part C within 10 working days of completing the health assessment. The typed report should be

saved into the shared drive *S:\TR11\LACYPT\General\ALL DRAFTS FOR ADMIN\RHAs* completed for processing.

2.4.2 For children placed by other areas (OLAC – Other local authority children) the completed report is to be filed in the shared drive *S:\TR11\LACYPT\General\ALL DRAFTS FOR ADMIN\Out of County Health Assessments\OLAC's and CPOC's DONE BY CIC NURSES* for processing by the designated administrative personnel.

2.4.3 The Part C report should include a summary of the relevant information that the young person has given consent to share; with whom the young person has given consent to share this with should be highlighted in **red**. It should include growth measurements and centiles with a qualifying narrative if indicated. The recommendations should be SMART and worded sensitively. There should be clear identification of the duties of individual carers or professionals to facilitate meeting the needs of the young person, eg maintaining and monitoring a good standard of oral hygiene and attending dental appointments. It is imperative that the voice and personality of the young person are clearly reported and conveyed in the health report.

2.4.4 The Specialist CIC Nurse is responsible for updating the CIC database with the date of health assessment completion and sign off; the medical summary sheet with relevant public health information and referrals.

2.4.5 Part B paperwork, SDQ form and any other relevant documentation should be submitted to the CIC Health Administrative Team for processing.

2.4.6 When appropriate the Specialist CIC Nurse should write a personal letter to the young person which should include the relevant details of the recent appointment, a copy of the Part C recommendations and details of any agreed follow-up care.

2.5 Evaluation

It is the responsibility of the Specialist CIC Nurse to arrange follow-up contact with the young person and their carer according to the recommendations. A routine telephone contact to the carer or young person should be made 3 months following the health assessment to review and monitor recommendations, and to offer support if required.

2.6 RHA Declined or non-attendance

2.6.1 If a young person declines a health assessment, further attempts to engage with the young person should be made and their Social Worker should be notified. If the RHA is not carried out after a second attempt, a Part C summary report and recommendations should be completed using information available to the Nurse and

processed within 10 days as above. The reason for non-attendance should be explored further with the young person's Social Worker.

2.6.2 The Specialist CIC Nurse should write a personal letter to the young person or carer about the non-attendance and copy it to the Social Worker. (Appendix 3c).

2.7 Unaccompanied Asylum Seeking Children (UASC)

Please see Unaccompanied Asylum-Seeking Children (UASC) guideline 16.

Royal Cornwall Hospitals
NHS Trust

CG6: Children in Care- First Review of Statutory Health Assessment Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to Doctors and Specialist CIC Nurses working within the Children in Care (CIC) Health Team who undertake statutory review health assessments with children and young people in care.

The aim is to ensure that all young people in care have their physical, emotional and mental health needs assessed by appropriately trained Specialist health professionals and to ensure there is consistency, efficiency and reliability in the statutory health assessment process for each young person in care in order to achieve improved health outcomes. (DH Promoting the Health and Wellbeing of Looked-after Children 2015).

1.2. This version supersedes any previous versions of this document.

2. The Guidance

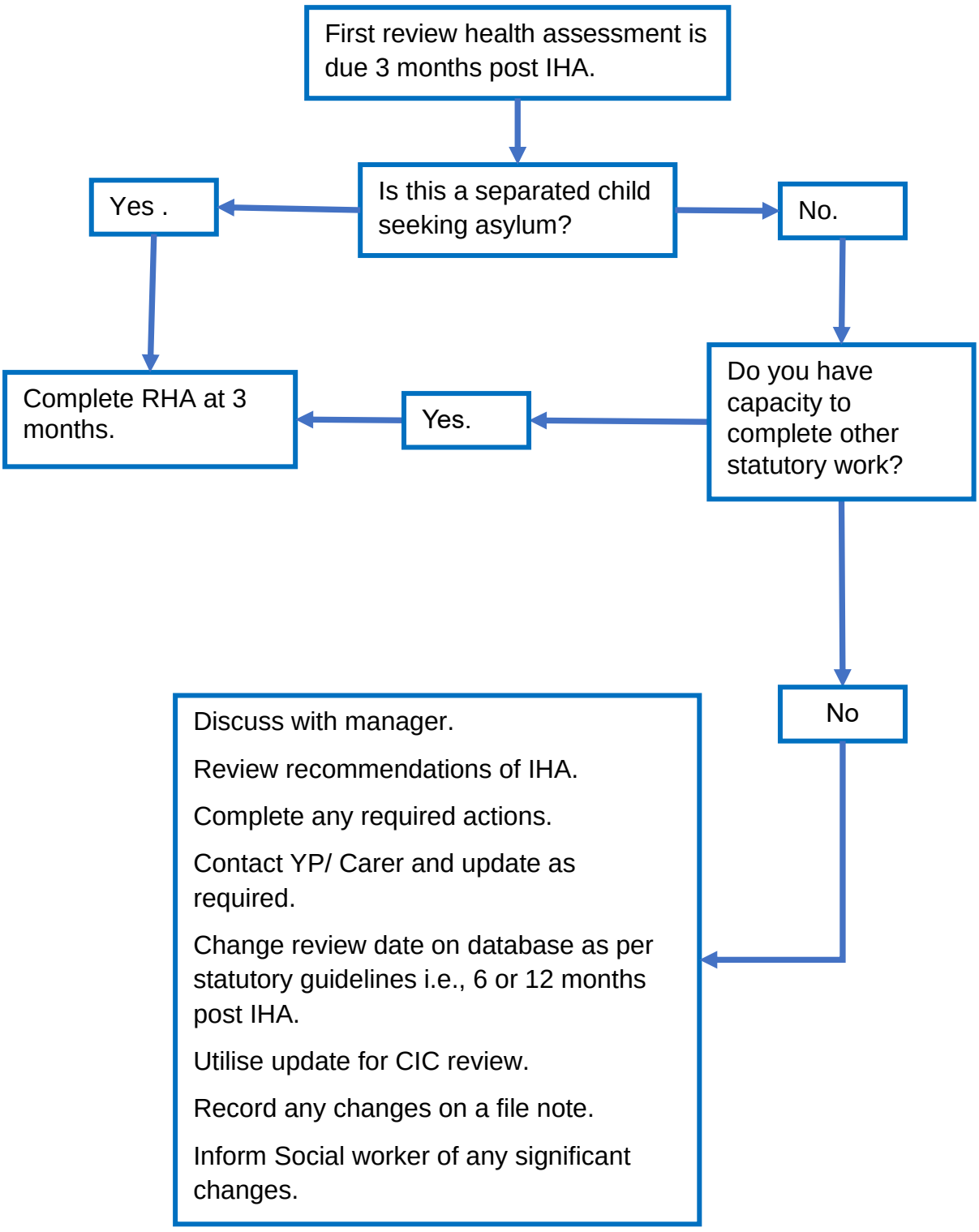
The service specification for the looked after children's health team states a first review health assessment is to be completed 3 months after the initial Health assessment.

There may be circumstances when this is not possible. This decision is to be made by the named nurse for looked after children.

If a practitioner is asked to undertake a first review health update 3 months after the initial health assessment. Please refer to the following flow chart:

Please see flow chart on next page.

Flow Chart for First Review Health Assessment/ Health Update.



Royal Cornwall Hospitals
NHS Trust

CG7: Child in Care Review Report Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. All Children and Young People in Care are required to have a Statutory Review of their Local Authority Care Plan at specified regular intervals which is chaired by an Independent Reviewing Officer (IRO) (Children's Act 2008, Working Together 2018). In Cornwall the role of the IRO is undertaken by a Children's Rights Advocate (CRA).

This guideline applies to Doctors and Specialist CIC Nurses working in the Children in Care (CIC) Health Team. The aim of this guideline is to provide a current and accurate health report for contribution to the 'Child in Care Review Meeting', which informs the Social Worker and the Independent Reviewing Officer/ CRA of the child or young person's new or ongoing health needs and of any outstanding health issues to be addressed. The purpose of the report is the contribution to the overall care plan and the improvement of health outcomes for a child or young person in care. (DH Promoting the Health and Wellbeing of Looked-after Children 2015)

1.2. This version supersedes any previous versions of this document.

2. The Guidance

2.1. The Doctor or Specialist CIC Nurse must ensure that the child's Social Worker, the named carers and responsible professionals are aware of current and any outstanding health needs and are aware of their responsibilities to address the identified needs.

2.2. The health needs of the child should be addressed and reviewed using the SMART model. The process is initiated when the Child in Care Review notification from the Local Authority is received by the CIC Health Administrative Team. This notification should arrive within one month of the planned meeting.

2.3. The Specialist CIC Nurse or Doctor should receive email notification of the Child in Care Review Meeting from the CIC Health Administrative Team within 48 hours: this should include full details of the meeting, the named IRO/CRA, and Social worker.

2.4. The Specialist CIC Nurse should review the child health file and the recommendations of the most recent child in care Review Health Assessment. If the health assessment has been completed within the past 3 months the relevant Part C report can be used, however if there have been significant changes within this time then a new report should be written.

2.5. The child's Social Worker and foster carer should be contacted by telephone for a verbal report on the child's circumstances and progress. Where appropriate, it should be discussed with the child or young person that a health report will be submitted to contribute to their child in care review meeting: their consent and views should be sought and documented.

2.6. If the Specialist CIC Nurse identifies any outstanding health actions, the named professional(s) responsible should be contacted accordingly and advised; this should be documented in the child in care health record.

2.7. The health report should be compiled using the 'Child in Care Health Report' template (Appendix 10). Any new health concerns should be clearly documented, with an action plan using SMART objectives. Any previous health concerns which are ongoing, and any health improvements, should be considered within the overall health plan and recorded and commented upon. The health report should be saved in the child's electronic health folder and a paper copy printed to be filed in the child health record.

2.8. The completed report should be sent by secure email: (please ensure e-mail policy is adhered to - http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/HealthInformatics/InformationGovernance/CornwallAndIslesOfScillyNHSCommunityEMailPolicy.pdf) to the named Social Worker and copied to the Independent Reviewing Officer / CRA at least one week prior to the review date.

2.9. Any sensitive issues which are not appropriate to include in the health report should be discussed in person with the Social Worker or CRA as appropriate; this action should be documented in the child health file.

2.10. If the Specialist CIC Nurse or Doctor has been personally invited and if consent has been given by the young person, a clinical decision whether to attend and contribute to the meeting in person should be made.

2.11. If the Specialist CIC Nurse or Doctor has not been invited to the meeting but feels it is appropriate to attend, it should be discussed with the CRA and arranged with consent in advance of the meeting.

2.12. Where appropriate, the Specialist CIC Nurse may discuss with the young person regarding attendance at the CIC review. This may be discussed when meeting for the Health assessment.

Royal Cornwall Hospitals
NHS Trust

CG8: Record Keeping for Specialist CIC Nurses within the Children in Care Health Team Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. The aim of this guideline is to ensure the clinical staff in the Children in Care (CIC) Health Team maintain safe, clear and robust record keeping of all clinical paper and electronic records for children in care in accordance with Trust policy and Team practice, to ensure that all records for children in care are accurate and up to date.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

2.1. All clinical staff in the CIC Health Team should follow the RCHT 'policy to manage information and records' held in the intranet documents library. Original child health records must not be sent out of the Trust, and any copies should be sent by special delivery.

2.2. To achieve standardised practice across the CIC Health Team, the Specialist CIC Nurses should compile a typed file note which should be passed to the CIC Health Administrative Team for filing. A copy of this should be labelled and saved to the individual child's electronic folder on the CIC Team shared drive (see Appendix 13).

2.3. To maintain accuracy of the children in care database for accurate health reporting, all changes in circumstance, health assessments, appointments, public health and referrals should updated contemporaneously whenever possible.

Royal Cornwall Hospitals
NHS Trust

CG9: CIC Health Team for Emergency Department and Minor Injury Unit Notifications for Children and Young People in Care Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. The aim of this guideline is to provide the Doctors and Specialist CIC Nurses working in the Children in Care (CIC) Health Team with a clear, consistent process to guide response to information received via notification of attendance by a child or young person in care to the emergency department (ED) or the minor injuries units (MIU).

1.2. The purpose of this guideline is:

- To ensure the CIC Health Team receive timely communication to alert them to any changes in the child's circumstances.
- To facilitate multi-agency working with joint planning and delivery
- To achieve appropriate and timely referrals to other agencies as required.

1.3. This version supersedes any previous versions of this document.

2. The Guidance

2.1. **Oceano notification**

Royal Cornwall Hospitals Trust ED and Cornwall Partnership NHS Foundation Trust MIUs should complete an Oceano referral to the CIC health team. This will then be forwarded to CIC admin team. If necessary, the practitioner in the ED or MIU may also make a telephone referral to the CIC Health Team.

On receipt of ED or MIU attendance the CIC Health Administrative Team to forward the notification to both Specialist CIC Nurses for the locality; this should be sent within 2 hours of receipt.

2.1.1. If the allocated Specialist CIC Nurse is absent (e.g., annual leave), the other specialist CIC Nurse for the locality should triage and determine the response; if the decision is to wait for the allocated Nurse to respond, it should be documented in the child health record.

2.2. **Radar Notification**

2.2.1. Radar notifications are sent to CIC admin upon attendance at ED and MIU.

2.2.2. CIC admin to forward to the Named Nurse.

2.2.3. Named Nurse to upload details of attendance (name of child / YP – date of attendance) each week and forward to Specialist CIC Nurses to assess.

2.3. **Response of Specialist CIC Nurse to Oceano / radar Notification**

2.3.1. On receipt of the ED or MIU notification via radar or oceano the Specialist CIC Nurse should assess the nature of the notification and discuss with the Social Worker and foster carer, and with universal services if the child or young person is actively involved with that service.

2.3.2. Any safeguarding concerns and further action should be followed up according to Trust policy.

2.3.3. The Nurse should offer health advice, safety information and emotional support to the young person and carer as required.

2.3.4. The notification should be filed or scanned into the child health record.

2.3.5. All of the above should be followed and in accordance with record keeping policies and procedures.

Royal Cornwall Hospitals
NHS Trust

CG10: the De-Accommodation from Local Authority Care for Children and Young People Under 16 Years Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to the Specialist Nursing Team within the Children in Care (CIC) Health Team when a child or young person under the age of 16 years is de-accommodated from Local Authority care. The aim of this guideline is to enable parents, carers or guardians, who will be caring for the child, to have a full understanding of that child's outstanding and ongoing health needs in order to promote the best health outcomes for them.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

To achieve this aim, parents, carers and guardians will be signposted or referred to appropriate services; they will be made aware that the CIC Health Team will continue to be available to them for advice following de-accommodation. The appropriate professionals with responsibility for ongoing care will be identified, notified of the child's outstanding and on-going health needs, and informed of any actions allocated to them. This process will be facilitated as fully as possible by the CIC Health Team.

2.1. Following notification to the CIC Health Administrative Team that a child in care has been de-accommodated from Local Authority care, the notification form (SS103) to be passed to the allocated CIC Nurse within 5 working days.

2.2. Specialist CIC Nurse to review the child in care health record and identify any unmet or outstanding health needs. This includes reviewing the most recent child in care health assessment and child in care review report for any outstanding health actions to ensure these have been addressed or allocated to an appropriate named individual.

2.3. Specialist CIC Nurse to check the child's immunisation status on the Child health information system (CHIS) and verify this with GP records and other systems if necessary.

2.4. Specialist CIC Nurse to send a letter to the parent, carer or guardian detailing any identified current or outstanding health needs, and include a print out of the immunisation history. The letter should include details of how and where to access support with these issues, and state that the CIC Team is still available to provide advice and support if required. The letter to be copied to the Social Worker and GP (see Appendix 11a letter).

2.5. Specialist CIC Nurse to be aware of Cornwall Council's Policy and Guidance for Children Returning Home from Care (Section 20) (Please see document in the CIC shared folder - TR11\LACYPT\General\Cornwall council reunification policy).

2.6. The Specialist CIC Nurse to identify any unmet health needs and identify services to support these. CIC nurse to refer to the relevant service .

Referrals to the Public health nurse service to be generated via the early help hub (EHH https://www.cornwall.gov.uk/health-and-social-care/childrens-services/early-help/), and the Hub will determine the best service. CIC Nurse to include in the letter any service that has been referred to This action to be documented and filed in child health record. Best practice is to contact the school nurse/ HV service by phone to discuss any wish for referral.

2.7. CIC health admin will forward a copy of the deaccommodation letter to CMC with the notification form to be uploaded to the Public health Nurse records system – this will be available for the Public health nurse if the child becomes open to their service.

2.8. The Specialist CIC Nurse to identify any additional professionals who will continue to work with the child and ensure that any relevant information is communicated to them by using an appropriate referral form or letter, and verbally also if necessary. This action to be documented and filed in child health record.

2.9. All documentation and correspondence to be saved in the young person's electronic file; printed paper copies must be taken and filed in the child health record folder. Copies of the GP notification and deaccommodation letter to be uploaded to Maxims by CIC health admin .

2.10. The CIC de-accommodation tool form to be completed and then returned to the CIC Health Administrative Team for processing. This process to be completed **within 10 Practitioner working days** of the Nurse receiving the young person's records.

Royal Cornwall Hospitals
NHS Trust

CG11: De-Accommodation from Local Authority Care for Young People Over 16 Years Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to the Specialist Nursing Team within the Children in Care (CIC) Health Team when a looked after young person over 16 years is de-accommodated from Local Authority care. The aim of this guideline is to enable the young person and the parents, carers or guardians who will supporting them, to have a full understanding of their outstanding and ongoing health needs in order to promote the best health outcomes for them.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

To achieve this aim, the Specialist CIC Nurse will ensure the known outstanding or ongoing health needs are identified to the young person, and where appropriate, to the parents, carers or guardian and Social Worker. The young person will be given information which enables them to take responsibility to address their own health needs, will be signposted or referred to relevant services, and made aware that the CIC Health Team will continue to be available to them for advice and support following de-accommodation. All appropriate professionals with responsibility for ongoing care will be identified, notified of the child's outstanding and ongoing health needs, and informed of any actions allocated to them. This process will be facilitated as fully as possible by the CIC Health Team.

2.1. The Process

2.1.1. Following notification to the CIC Health Administrative Team that a child in care over 16 years has been de-accommodated from Local Authority care, the notification form (SS103) is passed from the CIC Health Administrative Team to the allocated Specialist CIC Nurse within 5 working days.

2.1.2. Specialist CIC Nurse to review the child in care health record and identify any unmet or outstanding health needs. This includes reviewing the most recent child in care health assessment and child in care review report for any outstanding health actions and ensure these have been addressed or allocated to an appropriate named individual.

2.1.3. Specialist CIC Nurse to check the child's immunisation status on Child health information system and verify with GP records or other systems if necessary.

2.1.4. Specialist CIC Nurse to send a letter to the young person and if appropriate to the parent, carer or guardian, detailing any identified or outstanding health needs, including a print out of immunisation history. The letter should include details of how and where to access support with these issues and state that the CIC Team is still available to provide advice and support if

required. The letter to be copied to the Social Worker or 16 + Team Personal Advisor and GP (see Appendix 11b letters).

2.1.5. Specialist CIC Nurse to be aware of Cornwall Council's Policy and Guidance for Children Returning Home from Care (Section 20) (Please see document in the CIC shared folder - TR11\LACYPT\General\Cornwall council reunification policy).

2.1.6. Specialist CIC Nurse to identify whether a health passport has been issued to the young person and offer to send one with the letter if required. (Appendix 7)

2.1.7. Specialist CIC Nurse to identify any additional professionals who will continue to work with the young person, e.g. Health Visitor or CAMHS and ensure that any relevant information is communicated to them by using an appropriate referral form or letter, and verbally also if necessary; this action to be documented and filed in child health record.

2.1.8. All documentation and correspondence to be saved by the CIC Health Administrative Team in the young person's electronic file; printed paper copies must be taken and filed in the child health record folder.

2.1.9. The CIC de-accommodation tool form to be completed and then returned to the CIC Health Administrative Team for processing.

2.1.10. This process must be completed in **10 working Practitioner Working days** of the Nurse receiving the young person's records.

Royal Cornwall Hospitals
NHS Trust

CG12: Children in Care with Incomplete or Outstanding Immunisation Status Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline is for the Doctors and Specialist CIC Nurses in the Children in Care (CIC) Health Team. The aim of this guideline is to ensure that children in care and their carers have up to date information about their immunisation status and have access to the full UK immunisation programme in order to ensure adequate protection and to address any incomplete or outstanding immunisations.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

2.1. The practitioner should fully review the immunisation status of children in care with the carer at each health assessment. This information should be verified from the child's personal child health record (red book), GP records, Trust information systems, or previous health records from other areas. Any amendments should be recorded and Trust systems updated.

2.2. When the immunisation status of a child or young person is known to be incomplete according to Public Health England guidelines, the Specialist CIC Nurse or Doctor will alert the carers, the Social Worker and GP practice if appropriate, to complete the schedule according to the document 'Public Health England vaccination of individuals with uncertain or incomplete immunisation status'. www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status. The most recent version of this guidance should be referred to.

2.3. Carers to be given information with instruction how to contact Kernow health school immunisation team to arrange a Catch up appointment on 01872 221105 or 01872 221106 or 01872 221107 to book your child into one of our catch-up clinic https://www.kernowhealthcic.org.uk/primary-care-services/school-immunisations/

2.4. The recommendations for any outstanding immunisations should be included in the child's health plan (CoramBAAF form Part B and C) with clear timescales for completion and review. The Trust systems and all written child health records should be updated accordingly.

2.5. If the recommendations have not been adhered to at the scheduled review date, the Specialist CIC Nurse should send a reminder letter to the carer or parent and copy this to the child's Social Worker and GP. A further review date to check compliance should be arranged and recorded on the children in care database. Any further problems with meeting the immunisation requirements should be discussed in person with the child's Social Worker and, if necessary, raised as an issue of concern.

Royal Cornwall Hospitals
NHS Trust

CG13: Referral to the YZUP Services by the Children in Care Health Team Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to the Doctors and Specialist CIC Nurses in the Children in Care (CIC) Health Team who undertake health assessments and substance use screening (SUST*) for young people in care. The purpose of this guideline is to ensure there is identification of substance misuse amongst the looked after children and the care leavers population and to ensure there are timely referrals to appropriate harm reduction services through the YZUP** Team.

(* SUST Substance Use Screening Tool)

(**YZUP young people's section of the Cornwall and Isles of Scilly Drug and Alcohol Action Team – 'We are With You')

1.2. This version supersedes any previous versions of this document.

2. The Guidance

2.1. The CIC Doctors and Specialist CIC Nurses must all undertake SUST training.

2.2. The CIC Doctors and Specialist CIC Nurses should ensure that all children and young people over 10 years who attend for a health assessment will have drug and alcohol issues discussed and recorded at their health assessment.

2.3. The CIC Doctors and Specialist CIC Nurses should ensure that all looked after children or young people who are identified with a drug and alcohol problem have a SUST tool completed and/or be referred to YZUP according to the agreed guidelines (see Appendix 12 – YZUP CIC Health referral flowchart).

2.4. To ensure accurate data collection, referrals to drug and alcohol services to be recorded on the CIC Health Team database.

2.5. All CoramBAAF Part C health reports to indicate referral to drug and alcohol services.

Royal Cornwall Hospitals
NHS Trust

CG14: Children in Care Team working with Children in Independent Fostering Placements Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. This guideline applies to the Specialist CIC Nurses in the Children in Care (CIC) Health Team who work with children in care from the CCG area placed with independent foster care agencies. The aim is to ensure that there is clear, robust communication, and clarity of responsibility between the placing Local Authority, the independent fostering agency and the CIC Health Team so that the health needs of the child or young person are addressed and they are not disadvantaged by this process.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

When the Specialist CIC Nurse is notified about a child placed with independent foster agency carers on their caseload he/ she should

2.1. Review the child health records available and update as necessary.

2.2. Contact the child's Social Worker by telephone for information regarding the placement and check that the carers have been given full information about the child's health needs including a copy of the health plan, and any ongoing health services.

2.3. Contact the foster carers by telephone to introduce the role of the Specialist CIC Nurse and the CIC Health Team.

2.4. Discuss child's health plan and any new, ongoing or outstanding health issues to be addressed.

2.5. Give contact details and send Team leaflet.

2.6. Note and record the name and contact details of the independent agency and foster care support Social Worker.

2.7. Support/ facilitate the foster carer with addressing health recommendations, arrange and monitor follow up as required.

2.8. Liaise with the Social Worker regarding any unmet needs or difficulties with accessing services.

2.9. All contact to be recorded and filed as per record keeping guidelines.

2.10. CIC Health Team database to be updated as necessary.

Royal Cornwall Hospitals
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CG15: Children in Care Placed Away from Their Commissioning Area Clinical Guideline

1. Aim/Purpose of this Guideline

1.1. Commissioned Health Services for looked after children should have appropriate arrangements in place to meet their physical and mental health needs. Responsible commissioner guidance (Who Pays? Determining responsibility payments to providers. NHS England http://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf)

The aim of this guideline is to give clear guidance to the members of the Specialist Children in Care (CIC) Health Team for when a looked after child from Cornwall is placed out of the Cornwall Integrated Care Board (ICB) Area, or a looked after child is placed into Cornwall from another commissioning area, there is continuity of their healthcare and their health care is not disadvantaged by the process.

1.2. This version supersedes any previous versions of this document.

2. The Guidance

2.1. Looked-after children placed outside of Cornwall ICB area.

2.1.1. The CIC Health Administrative Team should be notified by the Local Authority when a looked after child is to be placed outside of the area.

2.1.2. The CIC Health Administrative Team will follow the administration process to update relevant information systems and records. The CIC Health Administrative Team will obtain information and contact details regarding the designated Nurse and the child's carers in the new area. The CIC Health Administrative Team will notify the named Specialist CIC Nurse and pass on child health records and the contact information to the Specialist CIC Nurse.

2.1.3. The Specialist CIC Nurse should make contact with the child's Social Worker for relevant background information about the placement, for an update of the child's health and wellbeing, and to enquire about any new or outstanding health issues.

2.1.4. The Specialist CIC Nurse will review the child health records and the recommendations from the most recent Review Health Assessment (RHA) or Child in Care Review report. If necessary, the Specialist CIC Nurse should make telephone contact with the identified Designated Nurse in the receiving area to communicate and highlight any specific health needs and establish local service provision.

2.1.5. The Specialist CIC Nurse should contact the new carers and record information regarding the new GP, dentist, school, school Nurse, and discuss any identified health needs. A copy of the child's immunisation records should be sent to the new carer.

2.1.6. A file note should be written to record actions taken (see Appendix 15 cha4743 v1 *Summary information for child placed out of county*) and the records with attached summary should be passed back to the CIC Health Administrative Team to forward the information according to the Administration process.

2.1.7. RHA requests will be sent to the receiving Designated Nurse by the CIC Health Administrative Team according to the administration process. If the report is not received back in 28 days the CIC Health Administrative Team will follow-up and notify the Specialist CIC Nurse that it is outstanding. Completed health assessments will be checked against quality standards and signed off by the Designated Nurse, Children in Care Health Team.

2.2. Looked-after children placed in Cornwall from another commissioning area.

2.2.1. The CIC Health Administrative Team should be notified by the originating commissioning area and/or the Local Authority if a looked after child from another area is placed in Cornwall.

2.2.2. The CIC Health Administrative Team will notify the named Specialist CIC Nurse and follow the administration process to update relevant systems and records and transfer information to the CIC Health Team at RCHT.

2.2.3. It is the placing Local Authority and commissioning area which holds responsibility for commissioning secondary health care; the Specialist CIC Team may be able to advise and offer support to facilitate if needed.

2.2.4. The Specialist CIC Nurse should make contact with the child's Social Worker to request relevant background information regarding the placement; an update of the child's health and wellbeing and enquire about any new or outstanding health issues.

2.2.5. The Specialist CIC Nurse should request the child's health records from the placing area; this should include the most recent statutory health assessment; these should be reviewed and actioned on receipt.

2.2.6. The Specialist CIC Nurse should contact the carers, and the child/young person if appropriate, to introduce himself/herself and to offer information about the CIC Health Team service in Cornwall. A letter and CIC Team leaflet should be sent.

2.2.7. When a statutory health assessment is required the Specialist CIC Nurse will ensure there is a signed request and make

arrangements accordingly as per clinical guideline for statutory review health assessment.

2.2.8. Review Health Assessments will be completed within 28 days. Completed health assessments will be checked against quality standards (Appendix 16), and signed off by the Designated Nurse, CIC Health Team, RCHT.

Royal Cornwall Hospitals
NHS Trust

CG16: Assessment and Management of Unaccompanied Asylum Seekers (UASC) Standard Operating Procedure

1. Introduction

1.1. An unaccompanied asylum seeker is defined as someone who:

- Is under 18 years when the claim is submitted.
- Is claiming asylum in their own right.
- is separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so.

1.2. In the last 12 months, there were 4,081 applications from unaccompanied children, 63% more than in the previous year: accounting for 7% of total asylum seekers. (Refugee Council, 2022).

1.3. The National Transfer Scheme (NTS) protocol ('the transfer protocol') for UASC has been created to enable the safe transfer of unaccompanied children from one local authority (the entry authority from which the unaccompanied child transfers) to another local authority (the receiving authority). Only unaccompanied children that meet the definition of a UASC are eligible to referred to the NTS. National UASC dispersal protocol v0.4 (publishing.service.gov.uk).

1.4. A young person judged to be under 18 years of age, without an adult to care for them, is entitled to the same rights as other looked-after children and young people. This includes, accommodation, some finance, education, statutory health assessments, support and reviews. This group of young people will most likely be given discretionary leave to remain until 17½ years old, leaving detailed processing of an asylum application for when they are older. Children and young people are entitled to legal aid. As much information as possible should be gathered using an appropriate interpreter at an early stage as this will be relevant to their application. Specific statutory guidance is provided for England.

Separated children asylum process journey map - Refugee Council.

1.5. Refugee and unaccompanied asylum-seeking children and young people have the same rights to care as UK nationals. The Refugee Council provides a factsheet in a variety of languages which contains information on healthcare eligibility and access for people seeking asylum in the UK. They have also developed an information pack for refugees, which provides information about accessing health services. See Initial Health Assessment (IHA) flowchart on next page for further details.

Process Flowchart for Children and Young People Who Are Unaccompanied Asylum Seekers.

16+ Admin to assist with organising an interpreter for the appointment.

Cornwall Council UASC Operational Lead to notify the CIC Health Team of proposed placement of unaccompanied child/young person asylum seeker **within three working days** of notification / arrival.

Same day, CIC Health Team to make provisional booking for IHA at the Gwithian Unit, RCHT or west Cornwall Hospital and alert Social Worker to the date and time. **Social Care to book interpreter.**

Within ONE day of the UASC arriving in Cornwall and at least TWO days prior to the IHA, Social Care to send a copy of the SS103 and any available health documents.

rchtr.Cornwallchildrenincarehealthteam@nhs.net

CIC Admin Team to disseminate to Paediatrician and Named CIC Nurse.

SW to facilitate registration with GP surgery ASAP to enable generation of NHS Number

Within ONE working day: UASC details to be logged onto LAC database by Children in Care Admin Team and the CIC Nurse notified of the arrival of the UASC on to their caseload.

TWO days before IHA: Children in Care Admin to confirm IHA appointment details with allocated Social Worker and confirm with allocated Social Worker that an interpreter has been arranged for the Initial Health Assessment.

Within ONE working day of receipt of request for IHA, CIC ADMIN will allocate Part A and any available health record to Paediatrician.

Within FIVE working days of arrival in Cornwall, the Social Worker/Carer to ensure the child/young person is registered with the GP to access the accelerated immunisation programme and book optician appointment.

At the IHA: Paediatrician will refer to Community Dental Service for dental assessment. Paediatrician to assess the child's/young person's emotional health to determine whether psychological services are required (including CAMHS). Giving consideration at the assessment to post traumatic stress, dislocation from family, culture, language and religion, on-going risk of exploitation, lack of parental support and advocacy in a foreign country.

Within TEN working days, the Paediatrician responsible for undertaking the Initial Health Assessment will complete the IHA-C/YP form including Part C (Agency Health Adviser's Summary and Health Recommendations for Child/Young Person Care Plan) and CIC Admin will email the completed documentation to Social Care Admin.

Within TEN working days of the IHA: Copies of Part C (Agency Health Adviser's summaries and Health Recommendations for Child/Young Person Care Plan) will be distributed by CIC Admin to: Social Worker, GP, Health Visitor or School Nurse (as and if appropriate) and Independent Reviewing Officer (IRO) and Carer (as appropriate). The Specialist CIC Nurse will have access to the report.

The child/ young person's Social Worker will make arrangements for the Health Summary report and recommendations to be shared with them at the statutory visit following receipt of the health report.

The Specialist CIC Nurse will follow **up within TWELVE WEEKS** of child/young person becoming LAC and arrange an appointment with the Social Worker and an Interpreter to see the child/young person in the place of residence and or where the child/young person prefers, to monitor implementation of the Health Recommendations from the IHA and to report to the CIC Review Meeting.

2. Purpose of this Standard Operating Procedure

This Standard Operating Procedure (SOP) sets out the key criteria for decision making in order to ensure that all unaccompanied asylum seekers are adequately assessed, and their physical and mental health needs met in a timely manner.

3. Ownership and Responsibilities

4.1. Role of the Managers

Line managers are responsible for ensuring this procedure is followed and staff have access to training as required.

4.2. Role of Individual Staff

All staff members are responsible for reading the procedure and following it accessing training and education as required and appropriate.

4. Standards and Practice

5.1. Professionals may need to consider further development of their knowledge and skills in working with unaccompanied asylum seekers including communication and consultation strategies; multi-disciplinary and multi-agency teamwork; and an understanding of the relevant individual conditions and disorders and their evolution and consequences in adult life.

5.2. The UASC website has resources that may be helpful to look at prior to conducting the Initial Health Assessment (IHA). UASC Health – Unaccompanied asylum-seeking children's health

5.3. Planning

- IHAs will be done by the Children in Care (CIC) doctor with a special interest in UASC or another doctor (if needed to be done within a quicker time frame).
- An IHA should be arranged and booked by the CIC administrative team with the social care team within 10 working days of the UASC arriving in Cornwall.
- Review Health Assessments (RHA) to be done by specialist CIC nurse unless further medical review warranted and then can be booked to be done by CIC doctor.

5.4. Preparation

- Prior to the appointment, information should be obtained from other agencies to inform the assessment.

- Interpreter needs to be booked by social care if needed.

- The British Association of Adoption and Fostering (CoramBAAF) statutory health assessment forms have been adapted and there is a specific UASC Form to complete part B and C. Contact the CIC health team for the most up to date version of the form.

5.5. Conducting the Initial Health Assessment.

- If a young person of 15 years or above has capacity to consent, the CoramBAAF consent form Part C, for obtaining and sharing health information, should be discussed and signed consent sought. This can be done verbally using an interpreter and having the young person sign, or if they are able to read and the UASC website has a consent form in their language then this can be printed and put in the notes. Resources – UASC Health (link to consent forms in various languages).

- The doctor or specialist nurse should introduce him/herself and explain the 'Statement of Confidentiality' to the young person. For all health assessments the young person should be given the opportunity to be seen alone for all or part of the appointment and an appropriate room should be requested. This should be documented in the IHA/RHA form. The young person's privacy should be maintained and respected. However, this is not always possible due to the language barriers with UASC.

- The doctor or specialist nurse should ask the young person for signed consent on the CoramBAAF form (IHA-YP part B); the professional will document if he/she considers the young person may not have understood the full nature of what is being consented to.

- The IHA-YP part B, UASC version, to be completed by the doctor or specialist nurse with the YP.

- Clarification of information sought and received from other health professionals should be documented in part B of the health assessment.

- The height and weight of the young person should be measured by the doctor or specialist nurse using appropriately calibrated scales and height measures according to correct procedure guidelines. This equipment should be cleaned after use according to trust policy. Height and weight measurements should be recorded with centiles, then plotted, and monitored on the young person's growth chart. The BMI calculation should be rounded up to the nearest decimal point and plotted on a BMI chart to indicate underweight, healthy, overweight or obese status. Where there is any concern, a BMI centile chart should be maintained and monitored for the child.

- Emotional health needs must be assessed. Moods and feelings questionnaire should be completed along with questions allaying to

possible Post Traumatic Stress Disorder (PTSD) and disordered sleep. Microsoft Word - TOOL Moods and Feelings Questionnaire Short Version.docx (uaschealth.org)

- Appropriate health promotion resources and additional screening tools may be needed and used as appropriate. See UASC website for further resources that may be useful.

- Arrange baseline bloods: Full Blood count, Urea and electrolytes (U and E); bone and renal profile; vitamin D; ferritin, urine microscopy, culture and sensitivity (MC and S) (consider screening for schistosomiasis if from an endemic country). These can be done in clinic at the same time as the IHA. Doctor doing the assessment to follow up blood results and action if needed. Including starting prescription for vitamin D if required and prescribing medication for schistosomiasis (if required).

- Blood borne virus screening – HIV, syphilis, hepatitis B and C should be consented for and bloods done in clinic if required. Paediatrics – UASC Health (screening consent in different languages).

- Screen for tuberculosis. Screening questions (within proforma), check for BCG scar and do a Quantiferon-TB Gold (to be done within IHA clinic appointment) and arrange for chest x-ray (CXR) (if from a high-risk country).

- Prescribe a stat dose of anti-worming medication (either albendazole or mebendazole) in clinic.

- Send urine for chlamydia and gonorrhea routinely. Young people, especially those who have been subject to sexual violence, may not be able to accurately report past history at the first assessment with an unfamiliar clinician. Targeted screening risks stigmatisation, hence routine screening policy.

- The young person should be made aware of how and where to access local health services, and when they are needed. Referral to CAMHS or for counselling should be made if thought necessary.

- Sleep hygiene advice offered if needed.

- Referral to dental and optician services.

- Appropriate onward referrals to local GUM (genitourinary medicine) and paediatric infectious diseases service should be made if needed.

- Refer all Young people to the GP for catch up vaccines as per UK health security agency guidance. Unless they have documentation of vaccines given in previous countries in which case catch up as needed. Vaccination of individuals with uncertain or incomplete immunisation status (publishing.service.gov.uk).

5.6. Report and Recommendations.

- It is the Doctor or Specialist CIC nurse's responsibility to complete the form adapted CoramBAAF IHA –YP, Part C within 10 working days of completing the health assessment. The typed report should be saved into the health assessment draft folder on the CIC Health Team shared drive for processing by the designated administrative personnel.

- The Part C report should include a summary of the relevant information that the young person has given consent to share. If the young person refuses to give consent to share information with anyone it must be highlighted in red. The report should include growth measurements and centiles with a qualifying narrative if indicated. The recommendations should be SMART (Specific, Measurable, Achievable, Realistic and Time related) and worded sensitively. There should be clear identification of the duties of individual carers or professionals to facilitate meeting the needs of the young person. It is imperative that the voice and personality of the young person are clearly reported and conveyed in the health report.

- The Doctor or Specialist Nurse is responsible for updating the CIC records with the date of health assessment completion and sign off, the medical summary sheet, relevant public health information, and referrals.

- Immediate actions for other members of the CIC Health Team should be passed on to them as soon as possible following the completion of the health assessment without necessarily waiting for the report to be typed and distributed.

5.7. Evaluation.

It is the responsibility of the YP's specialist nurse to arrange follow-up contact with the young person and their carer according to the recommendations. A routine telephone contact to the carer or young person should be made 3 months following the health assessment to review and monitor recommendations, and to offer support if required.

5.8. IHA declined or non-attendance.

- If a young person declines a health assessment, further attempts to engage with the young person should be made and their social worker should be notified. If the IHA is not carried out after a second attempt, a part C summary report and recommendations should be completed using information available to the doctor or nurse and processed within 10 days as above in line with timescales. GPs may have to be contacted to arrange health screening.

- The reason for non-attendance should be explored further with the young person's social worker, and the specialist nurse should make further attempts to engage with the young person.

5. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the guidance.
Lead	Children in Care Health Team, Named Nurse, Lydia Rawe.
Tool	CG1 CG2 CG3 CG4 CG5 CG6 CG7 CG8 CG9 CG10 CG11 CG12 Individual documentation review. CG1 CG2 CG3 CG4 CG11 CG16 Quarterly spot check. CG5 CG7 CG8 CG9 CG10 CG12 Spot check audit. CG6 Child Health Record Audit and spot check audit of database. CG10 Six monthly routine child health immunisations sweep. CG11 Audit of referrals on child in care database. CG13 Individual documentation review – see attached quality standards tool – Appendix 16.
Frequency	CG1 CG2 CG3 CG4 CG11 Quarterly – Quarterly Audit report shared at CIC Team clinical meeting. CG5 CG6 CG7 CG8 CG9 CG10 CG12 As required – minimum 3 yearly. CG13 Every Health Assessment.
Reporting arrangements	CG1 CG2 CG3 CG4 CG5 CG7 CG8 CG9 CG10 – Children in Care Health Team Meeting. Directorate Audit and Guidelines meeting. CG6 CG11 CG12 CG13 Children in Care Health Team Meeting CG11 Local Authority.
Acting on recommendations and Lead(s)	Children in Care Health Team meeting. Required changes to practice to be completed within 3 months.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A member of the Team will be identified to take each change forward. Lessons will be shared with the relevant stakeholders.

6. Equality and Diversity

6.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

6.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Children in Care Health Team Clinical Guidelines V3.1
This document replaces (exact title of previous version):	Children in Care Health Team Clinical Guidelines V3.0
Date Issued/Approved:	April 2025
Date Valid From:	April 2025
Date Valid To:	September 2026
Directorate / Department responsible (author/owner):	Lydia Rawe; Named Nurse for Children in Care and Dr Gina Clarke, Consultant Paediatrician.
Contact details:	01872 254590
Brief summary of contents:	This is the collected Clinical Guidelines for the Children in Care Health Team
Suggested Keywords:	Looked after Children, Children in Care, Clinical Guidelines, Named Nurse, Designated Doctor, Statutory Health Assessment, Child in Care, Short break provision, Initial Health Assessment, Child in Care review, Record keeping, emergency department attendance, MIU attendance, de-accommodation, Under 16, Outstanding immunisations, YZUP, SUST, Drugs and Alcohol Referral, Promoting Health and Wellbeing of looked after children, Responsible commissioner.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Designated Doctor Children in Care. Community Paediatric Business and Guidelines Meeting. Safeguarding Operational Group.
Manager confirming approval processes:	Caroline Chappell

Information Category	Detailed Information
Name of Governance Lead confirming consultation and ratification:	Tamara Thirlby
Links to key external standards:	None required
Related Documents:	**Looked-after children and young people** NICE guideline [NG205]Published: 20 October 2021. Children Act Care Planning, Placement and Case Review, DE March 2010, updated July 2021. Promoting the Health and Wellbeing of Looked-after Children, DH 2015. Who Pays? Determining Responsibility Payments to Providers. NHS England 2013. Short Breaks – Statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks DSCF 2010. Routine childhood immunisation schedule . Uk Health Protection Agency Published may 2014 – updated feb 2022. https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule. Vaccination of individuals with uncertain or incomplete immunisation UK Health protection agency September 2013 – updated May 23. https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status. State of child health – looked after children . RCPCH May 2021.https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/looked-after-children/.
Training Need Identified?	Yes, SUST training delivered by YZUP service, Cornwall Council (Clinical Guideline 11).
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Children in Care

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
16/03/2017	V1.0	**Children in Care Health Team Clinical Guidelines** (previous separate Clinical Guidelines reviewed/revised and all separate guidelines (1-13) combined to become CIC Team Clinical Guidelines document)	Doctor Eleanor McCartney, Designated Doctor, Children in Care Liz Allan, Designated Nurse, Children in Care Lydia Rawe, Specialist CIC Nurse Children in Care
10/3/2020	V2.0	**Children in care health team Guidelines** Minor amendments and updates. Change in management – Now managed by named Nurse for Children in care. ED/ MIU notification changed IRO now known as CRA Appendices updated	Lydia Rawe; Named Nurse for Looked after Children
July 2023	V3.0	**Children in care health team Guidelines** Minor amendments and updates. All Attached Documents now approved by FRG with CHA numbers. Guidance and key documents updated. Unaccompanied asylum seeking children guideline updated. New process for first review updates at 3 months. Inclusion of Health update questionnaire and QR service user feedback. IHA for children Under 10.	Lydia Rawe, Named Nurse for looked after children Toyah Naylor, Specialist CIC Nurse Dr Gina Clarke, Designated Dr Looked after children Dr Natasha Sauven Consultant Paediatrician Dr Russell Jones, associate specialist / medical advisor for adoption and fostering.

Date	Version Number	Summary of Changes	Changes Made by
March 2025	V3.1	Children in Care team guidelines. Amendment to Guidelines 10. Changes to referral process to Public health nursing. Changes to process of uploading communication to Maxims**.**	Lydia Rawe; Named Nurse for Looked after Children

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Children in Care Health Team Clinical Guidelines V3.1
Directorate and service area:	Children in Care Health Team
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Lydia Rawe; Named Nurse for Looked After Children
Contact details:	01872 254590

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clear guidelines for the Specialist Nursing Team within the Children in Care (CIC) Health Team.
2. Policy Objectives	Clear guidelines for the Specialist Nursing Team within the Children in Care (CIC) Health Team for maintaining quality standards of care.
3. Policy Intended Outcomes	Standardised practice.
4. How will you measure each outcome?	See section 3.
5. Who is intended to benefit from the policy?	Children and young people in care.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Community Paediatric Business and Guidelines Meeting. Safeguarding Operational Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs i.e., available in different languages if required/ access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/carer/patients with any identified additional needs will be referred for additional support as appropriate i.e., to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Lydia Rawe; Named Nurse for Looked After Children

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3a. Review Health Assessment (RHA) Appointment Letter

Ref:

Confidential.

(Child/ young person name or carer).
(Address)**.**

(Date)

Children in Care Team

Royal Cornwall Hospital

Pendragon House

Gloweth

Truro

Cornwall TR1 3LJ

Direct line: 01872 254590

Dear Carer/ YP,

Name:

Address:

NHS No: **DOB:**

Further to our telephone conversation today,

I would like to confirm the appointment for……..statutory review health assessment on:

Date/ time … ……..Place

If you have any problems attending this appointment please contact me to arrange an alternative time.

Or if unable to contact by phone.

Name's ……..statutory review health assessment is due …….

I would like to offer ……an appointment to undertake this on

Date/ time……. Place

Please would you confirm whether you are able to attend this appointment.

Please bring …..*name* …..personal health record/red book to the appointment.

With best wishes,

Specialist CIC Nurse, Children in Care.

Enc. Leaflet HA.

Cc: SW.

Appendix 3b. Review Health Assessment (RHA) Refusal Follow Up Letter

Ref:

Confidential.

(Child / young person Name or Carer).

(Address).

(Date).

Children in Care Team

Royal Cornwall Hospital

Pendragon House

Gloweth

Truro

Cornwall TR1 3LJ

Direct line: 01872 254590

Dear Carer/ YP,

Name:

Address:

NHS No: **DOB:**

I was sorry not to see you/ to see you with …….. for your/their health assessment(s)/review(s)/appointment(s) today/ this week.

I would like to offer you a further appointment on ……, however, if you have any problems attending this appointment, please telephone me at our office or on the mobile number at the top of this letter so we can arrange an alternative time.

With best wishes.

Yours sincerely,

Name of CIC Nurse.

Specialist CIC Nurse, Children in Care.

Cc: SW.

Appendix 3c. Review Health Assessment (RHA) Was Not Brought (WNB) Follow Up Letter

Ref:

Confidential.

(Child / young person name or carer).

(Address)**.**

(Date).

Children in Care Team

Royal Cornwall Hospital

Pendragon House

Gloweth

Truro

Cornwall TR1 3LJ

Direct line: 01872 254590

Dear child/ young person,

Name: **NHS No:**

I am writing to you because I understand you did not want to meet with me for your health review recently.

With the information that is available to me, I have written a health summary and recommendations for your health plan. This will be shared with your Social Worker and GP (Dr …..). I enclose a copy of this for you.

The Children in Care Health Team is available to you for any health advice and support you may need, and you can contact myself or another Nurse from the Team on the number at the top of this letter.

I include some information leaflets which I hope you will find useful.

With best wishes,

Name of CIC Nurse…….

Specialist CIC Nurse, Children in Care.

Encl. CoramBAAF Part C health report.

Cc: SW.

Appendix 4. Pre Health Assessment Checklist and Health Update Questionnaire

CHA3582: Pre-Health Assessment Checklist (cornwall.nhs.uk).

CHA4783: Health Update Questionnaire Under 10s (cornwall.nhs.uk).

CHA4782: Heath Update Questionnaire Over 10s (Cornwall.nhs.uk).

Appendix 5. Children in Care Team leaflet

RCHT1384 The Children in Care Team.

Appendix 6. Process for assessment of emotional and behavioural difficulties using the SDQ (Strengths and Difficulties Questionnaire)

The SDQ is a clinically validated screening tool that provides information to help form a view about the emotional wellbeing of individual looked-after children. The SDQ is used to ascertain areas of strength and difficulty in the following 5 areas:

- Emotional symptoms.
- Conduct problems.
- Hyperactivity/inattention.
- Peer relationship problems.
- Prosocial behaviour.

The SDQ is a tripart tool which is used with:

- Young people aged 11-17.
- Parents or carers for ages 2-4 and 4-16.
- Teachers for ages 2-4 and 4-16.

The individual questionnaires can be used separately, but if the score appears outside of the normal range, further enquiry should be made.

The SDQ is to be completed as per the statutory guidance.

Blank SDQ forms and the scoring system can be accessed online at http://www.sdqinfo.com/.

Scoring SDQ self report and interpreting scores:

https://sdqscore.org/.

Appendix 6a. Strengths and Difficulties Questionnaire S11-17

https://www.sdqinfo.org/py/sdqinfo/b0.py.

Strengths and Difficulties Questionnaire S 11-17

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

Your Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Do you have any other comments or concerns?

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

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

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

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

• How long have these difficulties been present?

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

• Do the difficulties upset or distress you?

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

• Do the difficulties interfere with your everyday life in the following areas?

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

• Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

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

Your Signature .....

Today's Date .....

Thank you very much for your help

Appendix 6b. Strengths and Difficulties Questionnaire P 3-4

sdqinfo.org/py/sdqinfo/b0.py.

Strengths and Difficulties Questionnaire P 3/4

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

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

Date of Birth.....

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

Do you have any other comments or concerns?

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

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

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

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

- How long have these difficulties been present?

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

- Do the difficulties upset or distress your child?

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

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

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

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

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

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

Mother/Father/Other (please specify:)

Thank you very much for your help

Appendix 6c. Strengths and Difficulties Questionnaire P 4-16

sdqinfo.org/py/sdqinfo/b0.py.

Strengths and Difficulties Questionnaire P 4-16

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

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

Date of Birth.....

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

Do you have any other comments or concerns?

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

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

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

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

- How long have these difficulties been present?

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

- Do the difficulties upset or distress your child?

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

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

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

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

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

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

Mother/Father/Other (please specify:)

Thank you very much for your help

Appendix 6d. Scoring the Self-Report Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as a 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

Emotional Symptoms Scale.	Not True	Somewhat True	Certainly True
I get a lot of headaches, stomach-aches or sickness.	0	1	2
I worry a lot.	0	1	2
I am often unhappy, downhearted or tearful.	0	1	2
I am nervous in new situations.	0	1	2
I have many fears, I am easily scared.	0	1	2

Conduct Problems Scale.	Not True	Somewhat True	Certainly True
I get very angry and often lose my temper.	0	1	2
I usually do as I am told.	2	1	0
I fight a lot.	0	1	2
I am often accused of lying or cheating.	0	1	2
I take things that are not mine.	0	1	2

Hyperactivity Scale.	Not True	Somewhat True	Certainly True
I am restless. I cannot stay still for long.	0	1	2
I am constantly fidgeting or squirming.	0	1	2
I am easily distracted.	0	1	2
I think before I do things.	2	1	0
I finish the work I am doing.	2	1	0

Peer Problem Scale.	Not True	Somewhat True	Certainly True
I am usually on my own.	0	1	2
I have one good friend or more.	2	1	0
Other people my age generally like me.	2	1	0
Other children or young people pick on me.	0	1	2
I get on better with adults than with people my age.	0	1	2

Prosocial Scale.	Not True	Somewhat True	Certainly True
I try to be nice to other people.	0	1	2
I usually share with others.	0	1	2
I am helpful if someone is hurt, upset or feeling ill.	0	1	2
I am kind to younger children.	0	1	2
I often volunteer to help others.	0	1	2

The Total Difficulties Score:

is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing)

Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores.

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on the total difficulties score can be used to identify likely "cases" with mental health disorders. This is clearly only a rough-and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the web site. You may want to adjust banding and caseness criteria for these characteristics, setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.

Self Completed.

	Normal	Borderline	Abnormal
Total Difficulties Score.	0 – 15	16 – 19	20 – 40
Emotional Symptoms Score.	0 – 5	6	7 – 10
Conduct Problems Score.	0 – 3	4	5 – 10
Hyperactivity Score.	0 – 5	6	7 – 10
Peer Problems Score.	0 – 3	4 – 5	6 – 10
Prosocial Behaviour Score.	6 – 10	5	0 – 4

Generating and Interpreting Impact Scores.

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10.

	Not at all	Only a little	Quite a lot	A great deal
Difficulties upset or distress me.	0	0	1	2
Interfere with HOME LIFE.	0	0	1	2
Interfere with FRIENDSHIPS.	0	0	1	2
Interfere with CLASSROOM LEARNING.	0	0	1	2
Interfere with LEISURE ACTIVITIES.	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e when they do not perceive themselves as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal: a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.

Appendix 7. Process for completing the Health Passport

Health assessment paperwork allocated to Specialist CIC Nurse as per protocol.

Specialist CIC Nurse to check young person's date of birth.

If child is 15 or over at time of health assessment.

Specialist CIC Nurse to check CIC database to see whether health passport has been issued previously.

Complete Health Passport ensuring that as a minimum the following are included:

Name.

DOB.

NHS Number.

GP details.

Copy of the Immunisation history.

Complete relevant health history using information available from the child health file. Include: birth history, details of accidents, illness, investigations, operations and known medical conditions as appropriate.

Ensure that all information included is only about the young person named on the passport.

When completing the health passport ensure that information is conveyed to the young person sensitively. Be mindful of past health information or experience which the young person may not be aware of. Sharing of any sensitive information needs to be planned and discussed in person following consultation with the Social Worker, and CIC Psychology Services if appropriate.

Appendix 8. Consent (Part C) – Child or Young Person with Capacity to Consent **(form used with licence from CoramBAAF)**

Consent Form.

LOOKED AFTER CHILDREN.

Part C **to be completed by the child or young person with capacity to consent.**

The Social Worker named in Part A has explained to me that the information listed below is very important to my welfare:

- My complete health history including pre-birth and birth information.

I agree to relevant information being shared with:

- The health professionals responsible for my health and advising the agencies involved in my care.
- The Social Workers and others planning my care.
- My carers if necessary.

If further information is required, I give consent for the agency health adviser to obtain information from:

- General Practitioners and specialists who have cared for me.
- My health records.

Name (please print):

Signature: Date:

Name of witness (please print):

Address:

Professional designation:

Signature of witness: Date:

Appendix 9. GP Letter

Children in Care Team

Royal Cornwall Hospital

Pendragon House

Gloweth

Truro

Cornwall TR1 3LJ

Direct line: 01872 254590

Ref:

Confidential.

Practice Manager.

(GP Address).

(Date).

Dear Practice Manager.

Re: Insert Name, DOB and NHS number

I would be grateful if you could assist with the sharing of information regarding the above named to inform the statutory health assessment for this child / young person in care.

Children and young people in care participate in bi-annual (under 5's) or annual (over 5's) health assessments which form part of their care plan.

Following a recent CQC inspection it was recommended that the Children in Care Health Team communicates with GP surgeries prior to completing these assessments. This would enable accurate information about recent attendances, current prescriptions and immunisation history to inform the statutory health assessment.

This communication with GP surgeries also features in The Government's Statutory Guidance on 'Promoting the Health and Wellbeing of Looked-after Children' (DoH, Dfe 2015).

It would be most helpful if you could respond by email to this request and attach a printout of attendances over the last 12 months, details of any referrals, prescriptions issued and an immunisation history.

The reply can be sent direct to the Children in Care Health Administrative Team on rch-tr.Cornwallchildrenincarehealthteam@nhs.net.

Any enquiries regarding this request should be directed to Lydia Rawe Named nurse for Children in Care on Lydia.rawe@nhs.net.

Yours sincerely,

Specialist CIC Nurse, Children in Care .

Appendix 10. CIC Review Report Template

CONFIDENTIAL.

HEALTH PRACTITIONERS REPORT FOR CHILDREN IN CARE REVIEW.

DATE: **TIME**: **VENUE**:

SUBJECT NAME: **DOB**:

NHS NUMBER:

SOCIAL WORKER:

CIC NURSE:

G.P:

IRO / CRA:

OTHER HEALTH AGENCIES INVOLVED:-

DATE OF LAST HEALTH ASSESSMENT:- date with (name the practitioner e.g., Dr. …. Or Specialist CIC Nurse …….._

RECOMMENDATIONS FROM LAST CIC HEALTH ASSESSMENT:-

SEE UPDATE BELOW.

Health Issues	Action Required	By When	Person Responsible
e.g., dental health			
Vision			
Emotional health			

HEALTH INTERVENTIONS SINCE LAST CIC REVIEW:-

List Appointments at health settings or with health professionals and as per updates (include any known planned appointments):-

Dental health – update information…..

Vision – Update information…….

Emotional health update information……

Any Medications List.

OUTSTANDING HEALTH ISSUES FOR CONSIDERATION/ACTION AT THIS REVIEW:-

List any outstanding issues:

- E.g., attend dentist on …..
- Immunisation due by …..

Please contact me if I can support the Young person to access health services, or if there are any health concerns raised at the CIC review.

REPORT FROM: Name. **Specialist CIC Nurse**: **Mobile Number:**

SIGNED:

DATE:

LOOKED AFTER CHILDREN and YOUNG PEOPLE TEAM.

Child Health Department,

Pendragon House,

TR1 3XQ.

Tel: 01872 254590.

Appendix 11a. De-accommodation – under 16

Ref:

Confidential.

(Date).

Children in Care Team

Royal Cornwall Hospital

Pendragon House

Gloweth

Truro

Cornwall TR1 3LJ

Direct line: 01872 254590 or 254937

Dept. fax: 01872 254517

Dear,

Re: Name/ DOB/ NHS no.

I am writing to you as I am aware that (child's name) has recently been discharged from Local Authority care.

According to (child's name)'s most recent health report, here is a summary of their health. The following health issues may be outstanding:

……

……

(Include information regarding how and where to access help with this, e.g., dentist, physio etc).

Our team is still available to assist you with advice or support about your child's health.

I enclose a copy of (child's name)'s immunisation history that is held on the central health computer for Cornwall.

These records show that (child's name) is fully up to date with immunisations.

Or:

These records show that (child's name) is not fully immunised. The following immunisations remain outstanding

……

Please contact your GP surgery to make the arrangements for these.

You are welcome to contact me or any of the team if you have any further questions.

Should you need to access early help services or contact your child's Health Visitor or School Nurse, please contact the Early Help Hub on 01872 322277.

Please accept our best wishes for the future.

Yours sincerely,

Specialist CIC Nurse, Children in Care.

cc SW- SW: Please ensure this health information is included in the child's permanence support plan, GP,SN/HV.

Appendix 11b. De-accommodation – over 16

Ref:

Confidential.

(Date).

Children in Care Team

Royal Cornwall Hospital

Pendragon House

Gloweth

Truro

Cornwall TR1 3LJ

Direct line: 01872 254590 or 254937

Dept. fax: 01872 254517

Dear,

Name: …… DOB: …… NHS……

The Children in Care Health Team is writing to all young people who have just left care. This letter is just a reminder that our team are still available to assist you with advice or support with matters relating to your health.

According to your health plan the following health issues may still be outstanding……..

……..

(Include information regarding how and where to access help with this e.g., dentist, physio etc.).

I enclose a copy of your immunisation history that is held on the central health computer for Cornwall. These records show you are fully up to date.

Or:

These records show that you are not fully up to date. Please contact this team or your GP Surgery for further advice about making arrangements for these immunisations to be given.

It is important that you are able to access health care when you need it. I advise that you should register with a local GP and dentist if you have not already done so. Details of GP practices and NHS Dentists are available via the NHS Website: www.nhs.uk/Pages/HomePage.aspx.

Do not hesitate to contact me or any of the team if you have any further questions.

Should you require to access early help services, contact your Health Visitor or School Nurse, please contact the Early Help Hub on 01872 322277.

Please accept our best wishes for the future.

Yours sincerely,

Specialist CIC Nurse, Children in Care,

Cc: SW, GP,

Appendix 12. Guidelines for referral to YZUP services by the Children in Care Health Team

During the Initial Health Assessment and Review Health Assessment the child/young person will be asked the questions regarding alcohol and substance misuse as indicated in the CoramBAAF Health Assessment Tools:

- IHA-C CoramBAAF Form 0-9 years: *Would it be appropriate for the child to have any further discussion or information about skin or hair care, diet, exercise, relationships, sex, smoking, alcohol, street drugs, etc?*

- RHA-C CoramBAAF Form 0-9 years - *Comments on any other issues not covered by sections above (e.g. Drugs and Alcohol/ if child is asylum seeker, etc).*

- IHA-YP CoramBAAF Form over 10 years - *Would you like any further discussion or any information about skin or hair care, diet, exercise, relationships, sex, smoking, alcohol, street drugs, etc?*

- RHA-YP CoramBAAF Form over 10 years - *Use or exposure to smoking/ alcohol/ substances/ solvents/ other.*

If any of the vulnerabilities below above are identified, the practitioner will discuss with the child/young person the need for a referral to YZUP (Young peoples' Drug and Alcohol Service).

RISK/ HARM	**YES**	**NO**
Age of first drug if under 15 years		
Child/ young person is using two or more substances		
Child/ young person is using opiates and/ or crack user		
Young person is drinking more than 6-8 units per day for more than 13 days out of the last 28 days		
Young person is involved in self-harm and misusing alcohol or drugs		
The young person is pregnant and misusing alcohol or drugs		
The young person's accommodation is unsettled and misusing drugs or alcohol		
The young person is not engaged in education or employment or training and misusing drugs or alcohol		
The young person is involved with YOT and misusing alcohol or drugs		

2012/2013 Risk/ Harm Profile.

If the young person agrees to a referral:

The practitioner will make a referral to the YZUP service using the agreed referral paperwork

The practitioner will access the young person's competence (Gillick v West Norfolk 1984) and safeguarding concerns and discuss with the young person the need to inform their Social Worker of the referral recording actions on the summary report and health plan.

The practitioner will make an arrangement to follow-up the outcome of the referral with the child/young person within 6 weeks of the Health Assessment or make arrangements for their Social Worker or another clinical member of the CIC Health Team to do so.

If the young person has refused referral:

The practitioner will make arrangements for follow-up with the child/young person within 6 weeks or make arrangements for their Social Worker or another clinical member of the CIC Health Team to do so and a SUST tool should be completed.

The practitioner will discuss with the child/young person the need for a referral to YZUP (Young peoples' Drug and Alcohol Service).

The practitioner will also discuss with the young person the need to inform their Social Worker about the need for a SUST to be completed or a referral to YZUP and record actions in their health record.

LA/23.01.14 Amended 16.12.14.

Reviewed 12/12/16 LA / LR.

Reviewed LR Feb 2020.

Appendix 13. File Notes: Instructions for Completing File Notes for Children in Care Team Specialist CIC Nurses

- Use electronic file note template in individual electronic record folder.
- Check Name, DOB, NHS no.
- Date, type record of event and sign using electronic signature, onto electronic file note and save in child's folder as:
    - Nurse Initial, file note, date (xx.xx.xx) child's name.
- Print paper copy and pass to CIC Health Administrative Team for filing in child health record.
- Amend children in care database with any change of personal details, referrals, relevant public health information, recalls.

Appendix 14. Process and Checklist When a Looked After Child is Placed Out of County

		Date actioned/ mark if N/A.
	INFORMATION FROM SS103 OR FROM SOCIAL CARE / CIC health care professional CONFIRMED ON MOSAIC.	
ADMIN	Record Changes on Database.	
	Print V and I and recent RHA.	
	Get information regarding designated Nurse in the new area contact details.	
	Pass Child health records, print outs and DN information and new carer information to CIC Nurse.	
CIC NURSE	Review records, recommendation from recent RHA and/ or updated CIC report.	
	Any ongoing work / therapies to be written as a small summary.	
	If necessary contact designated Nurse in new area to discuss ongoing work and local service provision in receiving area.	
	Contact New carer - record information of new GP, Dentist, school and School Nurse. Discuss any identified health needs.	
	Send Vaccinations and Immunisations detail and RHA and most recent CIC review report (if dated after RHA) with recommendations to carer.	
	Record in file note.	
	Pass records with summary attached to CIC Health Administrative Team.	
ADMIN	Forward recent RHA Part C, recent CIC review report and, if applicable summary from CIC Nurse with Vaccinations and Immunisations print out to New Designated Nurse.	
	Pass Vaccinations and Immunisations details to child health to forward printout to new child health department.	

Appendix 15. Update file note for child placed out of county

CHA4743: Looked After Children File Note For Children Placed Out Of County (cornwall.nhs.uk)

Appendix 16. Benchmarking – Self Assessment Tool