



Children's Safeguarding and Family Help

Corporate Parenting Service

Health care planning and health assessments for CLA: procedures and practice guidance

Camden's Children and Learning Directorate uses relational practice as the foundation for all our work. Our integrative relational practice framework is based on our values, and is designed to help achieve the Directorate's purpose: to work with children, families and communities to make a positive, lasting difference to their futures, so they have the best start in life.

We recognise the impact of structural inequalities on the lives of the children and families we work with and as a service we will embrace inclusive, anti-discriminatory and anti-racist practice based on our values and our mission to champion social justice.

Our practice framework centres on honest and compassionate relationships with those we serve and with each other. It is an expectation that all Directorate policies and procedures are implemented in line with our practice framework, and that any actions within policies and procedures reflect its ethics, values and practice expectations.

1 Introduction

This documents sets out local practice and guidance for social workers in relation to health care planning and health assessments for looked after children and should be read together with the *Health care assessments and plans* policy: [Health Care Assessments and Plans](#)

2 Health assessments good practice

- Health assessments should identify and assess:
 - the child's current state of physical and mental health and emotional wellbeing in relation to their stage of development
 - their health and dental care history including immunisations, health screenings and developmental checks, paying attention to any missed episodes
 - relevant health histories for the family, including the birth mother's ante-natal health
 - the current status of any on-going medical treatment or intervention for the child, including appointments and places on waiting lists
 - identification of any unrecognised or unresolved health needs or developmental delay, including mental health, behavioural or emotional problems
 - an assessment of the impact of how previous care experiences and lifestyle may have affected the child's health and development and how this can be addressed through health planning.
- Sources of information that should be taken into account for the purposes of the assessment are:
 - health information gathered by social workers during the child and family assessment, including health histories of the child and their parent
 - information held by primary health providers such as GPs, dentists, opticians, midwives and health visitors
 - information from parent held records such as the child's red book
 - database searches and other records held by local A&E departments or other hospital departments

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- information from CAMHS
 - information from schools regarding the child's behaviour and social presentation as these may impact on health outcomes.
- All information gathered should be made available to the medical practitioner carrying out the assessment. The medical examination should be used to discuss any health issues with parents and carers and inform them of any referrals to be made and/or any on-going treatment that needs to be pursued.
- Carers should also be given practical advice regarding any action they need to take with regard to the child's health in the meantime, for example on-going medication. Carers should also be notified of any health issues that may have an impact on caring for the child and these should be noted in the placement plan and discussed at the placement agreement meeting.

Dental and optician checks

- It is important that information on the child's dental record is made available to the statutory CLA review and a dental check carried out when the child becomes looked after if a check has not taken place recently. The need for a dental check should be flagged by IRO at first CLA review with an expectation that it is completed within 6 months.
- Following that, social workers should liaise with carers and key workers to ensure children have a dental check up every 6 months and that any required dental treatment is carried out.
- Where required, social workers should also liaise with carers and key workers to ensure that children who need to be seen regularly for checks by an optician.

3 Health care plans: good practice

- Health care plans should set out clear objectives, actions and timescales and state who is responsible for carrying out actions and should take account of any previous plans and on-going actions and interventions.
- The plan should be drawn up by the CLA health team, normally the medical advisor for initial plans and a CLA nurse for review plans, although this may depend on the child's identified health needs and diagnosis. Parents should also be involved if the child is likely to return home in the foreseeable future.
- Although the content of health plans will be dependent on the child's age, development and state of health, the following elements should be included;

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- the child's current state of physical and mental health and emotional wellbeing
- the health history for the child and their family
- the effect of their health history on their development
- arrangements for:
 - routine health checks
 - treatment and monitoring for identified health needs
 - preventative measures and further screening
 - advice and guidance on monitoring and promoting health.
- When discussing the child's health as part of the CLA review, IRO's will take account of the sometimes sensitive nature of the information and ensure that arrangements are in place to protect confidentiality. This is particularly important for children affected by blood borne viruses.

4 Consent for health assessments and treatment: best practice

Recording consent

- Once the child becomes looked after, the following medical consents must be obtained from parents:
 - Parental consent for a child to have an IHA and for a RHA to be carried out at regular intervals should be recorded at Part A on the relevant IHA or RHA form.
 - Consent to obtaining and sharing medical information about a child and their birth parent should be recorded on the BAAF consent form and consent must be sought by the social worker in all situations as soon as the child becomes looked after.
 - Parents must sign to give their consent on the placement plan or Camden consent record to give consent to the child to have **urgent, routine** and **planned** medical treatment or to delegate authority for these decisions to the foster carer.
- Parental consent must always be obtained where the child is **accommodated under section 20** of the Children Act 1989. If consent is not obtained for either an assessment to be carried out, or for obtaining medical information, medical authorities such as a GP practice or health centre are unlikely to provide information.

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- It is recommended that an agreement is reached with parents in the first instance, but where consent is not given, and it is felt that the child's welfare may suffer as a consequence, social workers should consult with their manager and the service manager to consider what action to take, including obtaining legal advice on what options are available.
- If there is no parent available to give consent, for example in the case of unaccompanied minors, the service manager or head of service may give consent. In cases of medical emergency, foster carers may give consent for urgent treatment where this is needed to safeguard the child's welfare.
- If a child is looked after on an interim care order or a full care order and the parent is unable or unwilling to sign the consent forms for the child to have a medical assessment, the CLA head of service can sign on Camden's behalf.

Consent for non-routine medical treatment

- Where any child is subject to a care order, the Director of Children's Safeguarding and Family Help must give their consent to any medical treatment that is not considered routine. In the absence of Director, the Executive Director of Children and Learning must give consent.
- Decisions should be made based on written advice from the medical advisor and the views of the carers, birth family and young person where appropriate.
- The definition of non-routine medical treatment is specialist intervention such as:
 - general anaesthetic including for examination purposes, blood tests, dental extraction
 - invasive surgery, for example gastrostomy
 - non routine medication prescribed by hospital clinics.
- The Director should also be consulted for their consent where:
 - a course of treatment is being offered that may carry inherent risks to the child which need to be considered in relation to the possible benefits
 - there are a number of treatment options available and a decision needs to be made as to which one would be in the child's best interests.
- Any planned non-routine medical treatment for the child should be part of their CLA health care plan and discussed at their statutory CLA review, unless treatment is needed in a medical emergency, when there should be a discussion between the social worker, their supervisor, the child's IRO and the service manager or Corporate Parenting Head of Service.

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- Where alternative courses of treatment or treatment that may not necessarily benefit the child will be discussed at the health appointment, the social worker should attend with the foster carer to obtain as much information as possible so that Camden's medical adviser and the Director are able to make an informed choice on whether or not to consent to the treatment.
- Social workers should ensure that medical professionals who are working with the child are aware of their need to liaise with the medical adviser and provide all necessary information. Social workers should provide the medical adviser's contact details for the medical practitioner.
- The social worker should seek the written consent of the Director, providing all relevant information, including medical documentation. The Director should then seek the views of Camden's medical adviser before making a decision on the matter, which must be in writing.
- All decisions relating to non-routine medical treatment must be recorded on the child's case record within their health care plan and the Director's written consent uploaded onto the record.

Young people who refuse a health assessment

- It is recognised that often, young people do not fully engage with professionals around their health needs, and may refuse consent to assessment. Young people report that they find traditional health service delivery does not meet their needs.
- To address this, social workers need to find new ways of engaging young people and helping them to access targeted services that are welcoming, non-judgemental and able to meet their specific health needs.
- If a young person refuses to have a health assessment, the social worker must ensure that they have fully discussed with the young person why the assessment is necessary and that they have understood and addressed the reasons for their refusal. This must be recorded in the case notes of the young person's file on MOSAIC.
- If the young person has refused an initial health assessment with the medical adviser, the social worker should inform the CLA health team. The nurse advisor will contact the young person and offer them an appointment either at home or another venue and explain the health assessment process and general health issues with them.
- If the young person has failed to attend 3 appointments at the Crowndale health centre for an IHA with the medical adviser, the nurse advisor will carry out the IHA with appropriate supervision by the medical adviser.

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- If the young person has refused a review health assessment, this should be discussed with the nurse advisor who will contact the young person and try to make alternative arrangements with the young person to carry out the assessment.
- It is important that young people are made aware of the need to take increasing responsibility for looking after their own health as part of the leaving care service. Care leavers should also be made aware of their health history and how to access their records.

Consent for vaccinations

- Some parents may not wish their child to receive vaccinations as part of the NHS childhood vaccination programme or for Covid 19 and it is important that social workers are aware of what action they can take in these circumstances.
- Where a child is accommodated under section 20 of the Children Act 1989, parental consent for the child to be vaccinated must be obtained. Social workers and health professionals should work with parents to persuade them to consent to the child being vaccinated.
- Where the child is subject to a care order, a local authority can arrange and consent to the child being vaccinated if this is in the child's best interests, notwithstanding the objections of parents unless there are valid reasons relating to the child's individual circumstances or health that means it may not be in their best interests to be vaccinated.
- With regard to Covid 19 vaccinations, a local authority may consent to a child who is subject to a care order being vaccinated where:
 - the vaccination is part of the national programme
 - the child is not competent to give consent on their own behalf
 - the local authority regards the vaccination as necessary in order to promote their welfare.
- However the local authority must take into account the child's individual circumstances or health in order to decide whether vaccination is in their best interests.

5 Assessing mental and emotional wellbeing

- Looked after young people cite their mental and emotional wellbeing as the most important aspect of their health, but these needs may be overlooked. There is also a danger of focussing on the physical manifestations of poor emotional wellbeing, such as difficult behaviours, rather than the young person's internal problems.

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- Social workers need to be aware of the impact of the following on the mental and emotional wellbeing of looked after children and the subsequent effect on their behaviour:
 - poor attachments due to pre-care experiences or unstable care histories
 - the impact of separation from birth family and community support networks
 - the impact of any traumatic events in the child's life prior to being looked after, including parental bereavement.
- As these factors are likely to manifest themselves in negative behaviours, it is important the foster carers are aware of the child's history so that they are able to have insight into the issues and to help them develop strategies to cope.
- Social workers should work closely with foster carers and residential workers to ensure that they receive support around difficult behaviours and services are made available to the child in order to prevent future placement breakdown.
- In particular, social workers and foster carers should be aware of the potential use of substances such as drugs and alcohol by young people in order to deal with difficult emotional problems and make early referrals to services.
- Carers (or parents where the child is placed at home) will be asked to complete a Strengths and Difficulties questionnaire (SDQ) for every looked after child aged between 4-16 years who has been looked after for over a year (though not children who receive respite care).
- The questionnaire will be repeated on an annual basis for children who remain in care so that their emotional wellbeing can be continually monitored and assessed throughout the care episode.
- In addition, for those children who had a high score in a previous assessment, additional questionnaires will be sent to the child's teacher and any young person aged 11 or over.
- The purpose of the assessment is to screen children for emotional and behavioural difficulties so that action can be taken to address any problems and to identify any child who is at risk of developing mental health difficulties later in life.
- Completed questionnaires are returned to the social worker where a score is allocated that indicates the severity of the child's emotional and behavioural difficulties. The child's social worker will take any appropriate action to ensure the child receives the services they need, for example a referral to CAMHS.

6 Procedures for initial health assessments

Arranging initial assessments

The following BAAF health forms are in use for initial health assessments and are available on MOSAIC:

IHA – C	Initial health assessment for 0 – 9 years old
IHA – YP	Initial health assessment for 10 – 18 years old
PH (Parental Health)	Completed by birth parent(s) and social worker
Consent Form	Consent by birth parent for obtaining and sharing of health information (this is different to consent for the health assessment on the IHA form)
MB (obstetric and birth details)	Part A completed by social worker and the rest by hospital midwife

When the child becomes accommodated, the *CLA health assessment* episode will be sent to the allocated social worker's incoming work folder and they will be able to access the relevant health forms from there. Social workers should send the IHA form to the CLA health team at the Crowndale Centre within **2 working days** of the child becoming looked after.

Completing the IHA and consent forms

- The social worker should complete Part A of the IHA form.
- Consent must be signed at the bottom of page 2 of the IHA form in order for the health assessment to take place. The signed consent should be uploaded onto the MOSAIC record.
- If the child is accommodated under Section 20, the social worker should complete the placement and Health Consent Form with the parent, ensuring that the parent completes the consent to health assessment, medical treatment section and consent to share health information section.
- If the child is on a care order either the parent or social worker can sign for consent on the IHA form.
- A young person over 14 years of age can usually give his/her own consent as long as they are deemed competent to do so.
- The BAAF consent form (for sharing information) should also be signed by parents and uploaded onto MOSAIC as this gives health practitioners authority to obtain health information relating to the child and birth parent and for this information to be shared with social workers and other health professionals.

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- For children accommodated under section 20 the consent to sharing health information can be signed on the CLA placement and Health Consent form.

Procedures for health assessments at Crowndale Health Centre

- The IHA will be carried out by the CLA health team based at the Crowndale Health Centre. Clinics are held on a Monday morning.
- Completed forms must be tasked to the CLA health administrator at Crowndale Health Centre via MOSAIC before an appointment for a health assessment can be made. The social worker should also send brief background details, any other available health reports and where possible the parental health forms.
- The CLA health administrator at the health centre will then book an appointment, normally within 2 weeks, and send out an appointment letter. Social workers should also ensure that foster carers are aware of the details.
- The child should be accompanied to the assessment by either their parent, foster carer or the social worker.

Procedures for health assessments by local CLA teams

- If a child is placed outside London and in an area which makes it difficult or inappropriate to come to Camden, then it may be necessary for the IHA to be carried out by the CLA health team in the area where the child is placed.
- Social workers should complete part A and gain parental consent as described above and send the forms with a covering letter to the CLA health team in the receiving borough. The Business Support Officer for CLA services will have a list of contact details for each authority's CLA health team.
- The Camden CLA designated doctor or nurse should be informed if the IHA is being arranged by a local team.

Health forms for permanence

- The initial health assessment pack also contains the following forms that must be completed if it is likely that the long-term plan for the child is permanence, but their completion should not delay the child's IHA being held.
 - **Form M (obstetric report on birth mother) and Form B (neonatal report on child)** should be completed by the relevant doctor or midwife where the child was born. Social workers should send the forms to the appropriate midwife for completion (usually the named midwife for safeguarding), along with the

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mother's consent form. The hospital social work teams at UCH and the Royal Free should be approached to assist in this process if necessary.

- **Form PH** gives details of the medical history of the birth parent and should be completed by the social worker with each birth parent. If it is not possible to obtain this information at the time the child becomes looked after, then a separate appointment should be made with each parent to complete the form for the first CLA review.
- As the local authority medical advisor may wish to approach the parent's GP for further health information, parents must consent to sharing this information.
- A copy of the completed and signed BAAF consent form should be sent with all of these forms to indicate that consent has been given. The completed forms should be returned to the medical advisor at the Crowndale Health Centre.

Process after IHA takes place

- Following assessment, the medical advisor will complete the summary and make recommendations for the child's health care plan. The completed summary and recommendations will then be uploaded onto MOSAIC by the Looked After Children's health administrator.
- The summary and recommendations from the medical advisor will inform the child's health care plan. This and the medical report must be brought to the child's first CLA review.
- If the assessment is carried out by a CLA health team in another authority, please ensure that the summary and recommendations for the health care plan have also been completed. It is the responsibility of the social worker and the Business Support Officer for to ensure that medical forms are returned on time. A copy should be sent to the CLA designated nurse.

Recording

- It is the responsibility of the Business Support Officer to keep records of referrals that have been made and to update health information on the child's case file on MOSAIC. Business Support Officers are also responsible for sending notifications to social workers when further health reviews are due.
- Social workers must record all efforts made to ensure the medical has been carried out in the case notes of the child's MOSAIC case file. This is particularly important where an older looked after child refuses to have an assessment.

7 Procedure for review health assessments

Notification and arrangement of review

The following BAAF forms are in use for statutory review health assessments (RHA) and are available on MOSAIC:

RHA – C	Review health assessment for 0 – 9 years old
RHA – YP	Review health assessment for 10 – 18 years old

- Review health assessments are undertaken by the CLA specialist nurses or designated nurse. They may take place at Crowndale Health Centre, at the child or young person's placement or other suitable venue. Where the child or young person lives too far to travel to Camden, the CLA nurse will arrange an outreach visit, including to placements outside London.
- Occasionally the review will be undertaken by the CLA medical adviser, if the plan for the child is adoption and a pre-adoption health assessment is required, or if there are particular developmental or other medical problems. These health assessments will always be at Crowndale Health Centre.
- Social workers will be notified by the Business Support Officer of any RHA that is due to be carried out. The social worker should complete part A of the review health assessment form and task this to the CLA health administrator at the health centre via MOSAIC by the 15th day of the month before the assessment is due to take place.
- The CLA health administrator at the health centre and the CLA specialist nurse will make arrangements for the health assessment to be carried out with the foster carer or young person once the RHA with part A completed has been received.

RHA at the Crowndale Health Centre

- The social worker will be informed of the date and should liaise with the foster carer to ensure arrangements are in place for the young person to attend. The social worker may be asked to facilitate attendance in some circumstances.
- The timeliness of reviews is monitored by Business Support Officers via monthly MOSAIC reports and a meeting held regularly with the CLA health service to look at any overdue assessments and those assessments that are due to be held within 2 months.

RHA by the local CLA health team

- If a child or young person is placed too far outside London to make an outreach visit feasible or practical, the Camden CLA health team will arrange for the RHA to be undertaken by the CLA health team where the child is placed. The social worker should follow the same procedure and send the RHA-C or RHA-YP form with part A completed to the CLA health administrator at the health centre and the CLA health team will then make the appropriate arrangements.
- The social worker should ensure that an appointment is made for the review to be carried out within the statutory time scale and that all relevant forms are sent to the Camden CLA specialist nurse or administrator.

Process after RHA takes place

- The process after the RHA takes Place is the same as for the IHA. Following assessment, the CLA specialist nurse will complete the summary and make recommendations for the child's health care plan. The completed summary and recommendations will then be uploaded directly onto MOSAIC.
- The summary and recommendations of the CLA specialist nurse or medical adviser should be brought to the next CLA review and the child's health care plan reviewed and amended accordingly.
- Business Support Officers are responsible for ensuring the date that the review assessment was held is recorded on MOSAIC. If a review health assessment does not take place within the statutory time-scale, this should be reported to the manager and the child's IRO.