



Family Nursing & Home Care

Standard Operating Procedures

Children Looked After Internal Processes

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Document Profile

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Version Control / Changes Made

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| March 2023 | 2 | Updates made to the health assessment pathways for Children Looked After to reflect the new processes that OGAG originally agreed when in a temporary powerpoint format. Title of document changed from Standard Operating Procedures Looked After Children Health Assessment Pathways to Standard Operating Procedures Children Looked After Internal Processes. |
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Contents

Introduction.....4

SOP 1 Children Looked After Initial Health Assessments & Notifications5

SOP 2 ON Island Children Looked After Review Process.....7

SOP 3 OFF Island Children Looked After Initial Assessment /Review Process9

Introduction

Initial Health Assessments

There is a regulatory requirement that exists throughout the UK for each looked after child to have a holistic, comprehensive health assessment and a health care plan in place prior to the first Children Looked After review. During the Initial Health Assessment, completed by a Medical Advisor, the child has the opportunity to voice any concerns they may have regarding their health. The summary health report written following this Initial Health Assessment is used to formulate the health recommendations for the child's care plan.

Within the health report will be a record of the child's wishes and feelings regarding their present and future health. This provides carers and professionals with important health information on the child and provides a foundation for future health reviews. The Initial Health Assessment/summary health report is used to inform reports for adoption panels, discussions with prospective adopters at "matching" and possibly to inform court proceedings. It also serves to provide the child with details of their past health history on reaching adulthood and lays the foundations for the involvement of children in their own health care.

Review Health Assessments

Review Health Assessments help health practitioners to fulfil the UK regulatory requirements for each Child Looked After to have a periodic health review and modification of their health care plan. Review Health Assessments, completed by health visitors or school nurses, enable a holistic review of the health and development of the looked after child. Reviews will determine if previous health care plans have been carried out and will identify new issues. The summary health report written following the review assessment will be used to formulate the health recommendations for the child's care plan.

Review Health Assessments offer carers and children, to the extent that is age and developmentally appropriate, an opportunity to discuss any particular concerns about their health care with a health professional. They provide an ongoing opportunity to engage children in their own health care and provide a focus on health promotion appropriate to the age and development of the child. They are repeated 6 monthly for preschool children and annually for school aged children.

SOP 1 Children Looked After Initial Health Assessments & Notifications

Purpose

This SOP provides guidance on the process for completing Initial Health Assessments and Notifications for Children Looked After

Scope

This SOP applies to any healthcare professional who may be involved in these processes

Core Requirements

- When a child becomes a Child Looked After (CLA), a Notification of Change Form is sent by the Children's Social Worker (CSW) either directly or via their Business Support Administration Team to the Health Visitor (HV) Hub for children under 5, or to the FNHC School Nurse (SN) for children over 5 (this is also copied to Deputy Operational Lead and Safeguarding Lead). Best Practice is for this to happen within 24 working hours of the child being brought into care.
- When notified, FNHC's identified administrator will discharge the child from HV/SN caseload and complete an inbound referral to the CLA caseload on EMIS. They will add a CLAA ALERT to the EMIS record where the process for the child's Initial Health Assessment (IHA) will begin.
- The child/children's FNHC Health Professional will partly complete the British Fostering and Adoption Form (BAAF) Part A – IHA with the child's name, D.O.B, URN and immunization history (document on EMIS). The health professional will send out the IHA form to the Children's Social Worker so they gain consent and complete. (CSW will gain consent for the IHA from the person with Parental Responsibility - this may be the CSW themselves.) The form will be returned to FNHC with a signature (bottom section Part A). Best Practice is to receive this back within 5 working days. Where the child's FNHC Health Professional will arrange a mutually convenient time/venue for the child, carer, Medical Advisor, (CSW if appropriate) to complete the IHA. Best Practice is for the IHA to happen within 21 working days of the child coming into care.
- The Medical Advisor, with the HV/SN in attendance will carry out the IHA. The Medical Advisor will complete BAAF Form Part B and C and return to FNHC

in time for the child's first care planning meeting (within 28 days of being received into care). If the IHA has not been received within 28 working days

the HV/SN will complete a care plan using the Health Recommendations for Young People Care Plan (document on EMIS) and forward this to the Children's Social Worker for the child's initial care planning meeting.

- On receiving IHA BAAF Form part B and C the HV/SN will save this as a PDF, upload to EMIS, then send out Part B and C to the CSW (with cover letter). They will send Part C to the GP and send Part C to the child and their carer (please see important information in **Note** below).

Note - Outstanding IHA completed documents

The child's IHA will inform the Child's First Care Planning Meeting. Should the IHA not have been received then an ASSURE and DATIX will be placed on behalf of the child.

Remember to respect a child wishes to not share something that isn't safeguarding i.e. sexuality

SOP 2 ON Island Children Looked After Review Process

Purpose

This SOP provides guidance on the process for Reviews of On Island Children Looked After

Scope

This SOP applies to any healthcare professional who may be involved in these processes

Core Requirements

- The health professional responsible for the child will identify the review Health Assessment is due 2 months prior to the due date either from their caseload or from their last appointment (information on EMIS CLA Caseload). On direction from health professional, FNHC Admin will complete BAAF RHA-C/RHA-YP Form, adding to the header the child's name, D.O.B and URN.
- The health professional will update the immunisation history. The form will be emailed by the health professional (copying in identified administrator) to CSW for completion of Part A. There will be request to return within 5 working days which is best practice. CSW will return a signed consent (bottom of Part A) to the health professional and identified administrator. The health professional or administrator (on direction), will chase after 7 working days. At this point copy Team Lead and Safeguarding Lead who will escalate if necessary to the CSW's manager where signed consent will be requested with urgency. When the consented form has been received, upload to EMIS.
- The allocated FNHC health professional will book an appointment for a mutually convenient date, time and venue with the child/young person and their carer (if appropriate). FNHC are commissioned is to offer 6 monthly RHA's for children under the age of 5 and yearly for children over the age of 5.
- The health professional will understand recommendations and action from the last IHA or RHA, where on completion of the review health assessment, will action any incomplete or new health needs as identified.
- Part B and C of the RHA will be saved as a PDF Document to EMIS (Best Practice is to upload to EMIS within 24 working hours of assessment)

- The Health Professional will forward Part B and C to the CSW, with FNHC cover letter, directing CSW the health care plan is to inform the child's holistic care plan and for their upload to MOSAIC. (Cover letter to send with Part B and C available in EMIS document library.)
- FNHC Health Professional will forward Part C to the child/carer (please see important point in **Note** below).
- FNHC health professional will send Part C to the GP with cover letter (EMIS cover letter available in EMIS Library for send of Part C to GP).
- Should the child not attend, or is not brought; alternative appointments and/or venue will be offered (at least up to 3 times).
- If the Child or Carer refuses RHA, the CSW will be informed, and consideration given to raising an ASSURE around health risk. Escalate this situation to line management.

Note - Outstanding IHA completed documents

The child's IHA inform the RHA. Should the IHA not have been received then an ASSURE and DATIX will be placed on behalf of the child.

Remember to respect a child wishes to not share something that isn't safeguarding i.e. sexuality

SOP 3 OFF Island Children Looked After Initial Assessment /Review Process

Purpose

This SOP provides guidance on the process for Initial Assessments/Reviews of Off Island Children Looked After

Scope

This SOP applies to any healthcare professional who may be involved in these processes

Core Requirements

- **Initial** - The health professional responsible for the child will be informed by CSW in the same way as described above if an Initial Health Assessment is due off island (this is extremely rare and requires discussion with senior manager).
- **Review** - FNHC Administrator will identify BAAF Health Assessment request 3 months prior to due date.

- **Initial** – The same steps (described above) are followed in the request for consent, CSW Jersey to gain consent for the child's IHA.

- **Review** - FNHC Administrator will complete BAAF RHA-C/RHA-YP Part A as above, including request for signed consent (bottom of Part A) and send to CSW Jersey. If this is not returned within 5 working days, FNHC Administration will inform the professional who is responsible for the off island children's looked after caseload and this will be requested again with escalation to CSW's manager if required.

- **Initial and Review** - Upon receipt of consented part A BAAF IHA/RHA-C/RHA YP Form this will be sent to the Children Looked After care administration team (CIC Team) in the area where the child is residing with request for completion of the IHA or RHA; the administration team will update EMIS with the date this has been sent.

- Should the child refuse their RHA, FNHC off island CLA/Sn will work with the CLA Service off island to understand why, and consider ASSURE of health risk.

- On receipt of the completed Initial/Review BAAF Part B and C, FNHC Administration will task the FNHC allocated Health Professional for review and the document will be saved as PDF to EMIS.
- The allocated FNHC Health Professional will send Part B and C to Jersey CSW to inform the child's care plan and for their upload to MOSAIC (using same cover letter as described above available on EMIS library).
- The CIC team on the mainland will complete and share documents as relevant with GP and carer on the mainland.
- If the completed Initial/Review BAAF Part B and C Health Assessment Form has not been returned within 7 working days of completion. In discussion with the health professional responsible for the off island CLA Caseload, FNHC Administration will send a reminder to the local CIC Administration Team on the mainland. EMIS to record date of reminder sent. This will be escalated to professional responsible for off island caseload for their action and for escalation of required. It will also be escalated to FNHC line management.

Note - Outstanding IHA completed documents

The child's IHA will inform the child's RHA. Should the IHA not have been received then an ASSURE will be placed on behalf of the child. A DATIX will be placed on behalf of the child if the child's IHA was completed on island.

Remember to respect a child wishes to not share something that isn't safeguarding i.e. sexuality