

Livewell Southwest

**Children in Care (Looked After)  
Guidelines for Review Health  
Assessments**

Version No 1.4

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Healthnet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.**

**Author: Designated Nurse Children in Care**

**Asset Number: 291**

## Reader Information

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	<p>Intercollegiate Role Framework (RCN &amp; RCPCH March 2015)</p> <p>National Children’s Bureau, Promoting the health of young people leaving care (2008)</p> <p>Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the local safeguarding children board – Plymouth City Council Report published: 6 January 2015</p> <p>Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DCSF/DH March 2015)</p> <p><b>NICE guidance (National Institute for Health and Care Excellence)</b></p> <ul style="list-style-type: none"> <li>• Improving the health and life chances for the 68,000 looked-after children in England: a local government briefing from NICE (June 2014)</li> <li>• Looked-after babies, children and young people (March 2014)</li> <li>• Looked-after children and young people LGB19 ( June 2014)</li> <li>• Looked-after children and young people PH28 (October 2010)</li> <li>• NICE QS the health and wellbeing of looked after children and young people (April 2014)</li> <li>• Promoting the quality of life of Looked After Children and Young People (NICE &amp; SCIE 2010)</li> </ul>
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## Document review history

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0.2	Amendments following consultation	May 2010	Designated Nurse Children in care	
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1.1	Review and amendments	May 2012	Designated Nurse Children in Care	New organisation details included and minor amendments
1.2	Amendment	September 2012	Health Visitor Lead. Children's & Families Service.	New competency paperwork added.
1.3	Review and amendments	August 2013	Designated Nurse Children in Care	New organisation details included and minor amendments
1.4	Review and amendments	September 2015	Designated Nurse Children in Care	Minor amendments

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# Children in Care (Looked After) Guidelines for Review Health Assessments

## 1 Introduction

- 1.1 A health assessment for a child/young person in care is a holistic assessment of their physical, emotional and behavioural needs. The assessment also includes aspects of health education and health promotion.
- 1.2 Health assessments will be offered to all children and young people age 0-18 who are in care, or 'looked after', by Plymouth Local Authority. Children who are looked after by other local authorities and placed in Plymouth can be offered a health assessment if one is requested by the placing Local Authority or Livewell Southwest.
- 1.3 These guidelines apply to all Health Visitors, School Nurses and Community Public Health Nurses working within Health Visiting and School Nursing for Livewell Southwest.

## 2 Purpose

- 2.1 The Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DCSF/DH March 2015) and Promoting the quality of life of Looked After Children and Young People (NICE & SCIE 2010) emphasise the Government's aim to improve the life chances of looked after children.
- 2.2 Growing up as fit and well as possible is seen as the key to being able to benefit from educational and other life enhancing opportunities. In seeking to achieve these improvements, the statutory requirements for those responsible for Looked after Children have been amended to provide a more robust yet flexible framework within which the needs of the individual child can be met.
- 2.3 All children when they become Looked After by the Local Authority will have an Initial Health Assessment by a suitably competent Doctor. Each child or young person will have a health plan developed from the assessment.
- 2.4 Review Health Assessments will be undertaken six monthly for children aged 0 - 4 years and annually for children and young people aged 5 – 18 years. These will be completed by an appropriately competent Health Visitor, School Nurse, Community Public Health Nurse or the Designated Nurse Children in Care.
- 2.5 Children and young people can be referred on to other services following their health assessment or may be offered ongoing support

from the Health Visitor, School Nurse or Community Public Health Nurse.

- 2.6 Health Visitors, School Nurses and Community Public Health Nurses are able to offer additional support for issues relating to sexual health, smoking cessation and substance use.
- 2.7 School Nurses and Community Public Health Nurses can offer on-going support to school age children through school 'drop-in' services.
- 2.8 Health Visitors, School Nurses and Community Public Health Nurses are well placed to signpost children and young people and their carers to statutory and voluntary services as appropriate.
- 2.9 Health information will be provided to the child or young person on a regular basis throughout their time in the educational and care systems.
- 2.10 Children and young people will be supported to develop their knowledge and skills in making decisions which promote their own health and wellbeing.
- 2.11 Children and young people should have continuity of Health Visitor, School Nurse or Community Public Health Nurse for care, advice and assessment.

### **3 Duties**

- 3.1 **Director of Governance, Locality Managers and their Deputies** are responsible for ensuring this policy is implemented.
- 3.2 **Line Managers and Team Managers** are responsible for ensuring and monitoring: -
  - That their staff understand and work within the standards of this policy
  - All their staff who complete review health assessments are competent to undertake the role
- 3.3 **All staff** undertaking Review Health assessments for this client group will attend training as identified by the Designated Nurse or Doctor for Children in Care or Service Managers.
- 3.4 **The Designated Nurse or Doctor for Children in Care or appropriate trainers** will ensure provision of training based on the policy and national guidance.

## 4 Definitions

4.1 Children who are in care may be:

- Accommodated under a voluntary agreement with their parent(s) consent, (section 20) or their own consent, aged 16 or 17
- In care on a Care Order or Interim Care Order under section 31 of the Children Act 1989
- Accommodated under section 21(2)(C)(i) of the Children Act 1989 (remanded to Local Authority care)
- On an Emergency Protection Order under Section 44 of the Children Act 1989.

4.2 Children in Care may also be referred to as “Looked After Children” which is the terminology used under the 1989 Children Act.

4.3 Children in care may be placed with:

- foster carers
- relative or friend
- adoptive placement
- parents or person with parental responsibility (under Placement with Parents regulations)
- parent and baby unit
- residential care home
- residential school
- secure unit
- independent living (child over 16 years of age)

4.4 Children under the age of 16 years living more than 28 days with a person who does not have parental responsibility is deemed to be in a private fostering arrangement and Children’s Social Care should be informed.

4.5 The Designated Doctor and Nurse role is to assist Clinical Commissioning Groups, Livewell Southwest, Local Authorities and other relevant organisations in fulfilling their responsibilities to improve the health of Children in Care.

4.6 In addition, the Designated Nurse will:

- Provide a direct clinical service to children in care
- Support other nurses who will be seeing these children and their carers
- Provide training for foster carers and others involved in the care of a child, regarding the health, wellbeing, and development of children in care
- Provide training to Health Visitors, School Nurses and Community

Public Health nurses in the health and wellbeing of children in care and in undertaking Review Health assessments

- Ensure health assessments are offered to every child in care
- Work with the child's Social Worker and health professionals to co-ordinate the health care plan and ensure actions are tracked
- In association with the child's Health Visitor, School Nurse or Community Public Health Nurse, act as a key conduit and contact point between the child or young person and their carer, where they have difficulty accessing health services
- Liaise with the child's Social Worker regarding any health needs and direct the child's Social Worker to the key health contact for that child
- Advise all professionals working with children in care and their carers of the specific health needs of children in care
- Act as Health Representative to Plymouth Fostering Panel
- Quality check the individual health reviews and use information from the Initial and Review Health assessments to inform the Clinical Commissioning Group, Livewell Southwest and Plymouth Local Authority of identified health needs and outcomes for Children in Care.

4.7 CoramBAAF Adoption & Fostering Academy will provide resources, education and training regarding children in care and adoption. They also produce the Initial and Review Health assessment forms, for which Plymouth Social Care holds the copyright.

4.8 The following services are available for children in the care of Plymouth Local Authority:

- CAMHS: Children and Adolescent Mental Health Services. There is a dedicated CAMHS Children in Care Team in Plymouth, for children placed within Plymouth by Plymouth Children's Services.
- The Plymouth Virtual School provides advice and support to children in care, carers, Social Workers, Designated Teachers and schools regarding the educational needs of children in care.
- The Independent Reviewing Officer (IRO) reviews the child's care plan at least every six months during the time the child is in care.

## **5 Competencies Required**

5.1 The practitioner must: be appropriately qualified and competent to carry out health assessments and should:

- 1) Be a Level 1 registered nurse.
- 2) Fulfil the competencies in appendix A.

- 3) Have knowledge of the document, "Promoting the Health and Wellbeing of Looked After Children" (2015) and other relevant documents.
- 4) Have attended essential training in the health needs of children in care.
- 5) Have attended level 3 multi-agency Child Protection training.
- 6) Be aware of referral pathways.
- 7) Be able to access appropriate equipment and facilities.
- 8) Undertake supervision in line with Livewell Southwest protocols.

5.2 Training and subsequent updates will be provided or identified by the Designated Professionals for Children in Care. All staff must be able to demonstrate a thorough working knowledge of Safeguarding processes.

### **5.3 Liaison/working together**

5.3.1 The Health Visitors, School Nurses and Community Public Health Nurses should demonstrate an understanding of the roles and responsibilities of other professionals working with a child in care, including the Designated Nurse, the child's Social Worker, the foster carers' Social Worker, the IRO (Independent Reviewing Officer) and the Virtual School (addressing children's educational needs). This will be achieved through attending the Children in Care training session and completing the Children in Care questionnaire.

### **5.4 The purpose of the Initial and Review Health Assessments**

5.4.1 The Health Visitors, School Nurses and Community Public Health Nurses will demonstrate an understanding and awareness of the purpose of the Initial and Review Health Assessments and the importance of the outcomes for the child/young person.

This will include:

- Research based understanding of the health inequalities and health needs of children in care
- Knowledge of the government documents giving guidance and relating to improving the health and wellbeing of children in care
- Working knowledge of the legislation relating to children in care including legal status

5.5 The Health Visitors, School Nurses and Community Public Health Nurses will provide information about past and present health needs of

a child entering care, or during the time that child is in care, with due regard to protocols regarding confidentiality and information sharing. This will include information requested by the Designated Doctor, Designated Nurse or other appropriate health professional. (Please see Appendix C).

## **6 Service Specification**

### **6.1 Service recipients:**

- Children in care aged 0 to 4 years who are registered with a Plymouth General Practitioner.
- Children and young people in care aged between five and 18 years who are on the roll of Plymouth schools including those attending Alternative Complementary Education (ACE).

### **6.2 This specification excludes children and young people**

- in independent schools and other non-statutory educational provision
- those at further education colleges
- those in employment or training
- not in education, employment or training (NEET)
- in schools outside Plymouth
- children aged under 5 years who are in placements outside Plymouth

**6.3** The Review Health Assessments for these children and young people will be arranged and/or undertaken by the Designated Nurse. The health records for these children will be held by the child's Health Visitor or School Nurse in the relevant area, or be on the Designated Nurse's caseload.

### **6.4 Identification of Children for Health Assessments**

**6.4.1** Children's Social Care identifies the children or young people who will require a Review Health Assessment within the next 6 to 8 weeks, and will send the RHA forms and request to the Safeguarding Children Team, Mount Gould Hospital.

**6.4.2** The Safeguarding Children Team sends the form and request to the appropriate Health Visiting or School Nurse Team, with a request to complete and return the Review Health Assessment within 4 weeks. (See flow chart, Appendix D).

**6.4.3** In addition the Designated Nurse for Children in Care will provide Health Visiting and School Nursing Managers with up to date lists of children in the care of Plymouth Local Authority. These lists will be provided 3 times per year, in September, January and April.

- 6.4.4 The School Nursing and Health Visiting Managers will provide the Safeguarding Children Team with updated staffing lists.
- 6.4.5 The Children in Care health assessment forms (BAAF RHA-C and BAAF RHA-YP) used by Plymouth are obtained by Social Care under licence from CoramBAAF Adoption & Fostering Academy.
- 6.4.6 Children in Care who are placed in Plymouth by other Local Authorities, and who need a health assessment, will be identified on an individual basis. Health Assessments for these children will be offered in response to a request received from the placing local authority or health commissioner/provider, which the Safeguarding Children Team will forward to the relevant Health Visiting or School Nurse Team.

## **6.5 Consent**

- 6.5.1 Consent needs to have been obtained for the health assessment. This will have been obtained prior to the child's Initial Health Assessment when they entered care and a copy is kept on the child's Social Care file. In addition, the foster carer should have a letter of delegated authority giving permission for routine health assessments and health intervention.
- 6.5.2 The birth parent, Local Authority, or both, hold parental responsibility - not the carer.
- 6.5.3 A young person may give their own consent for their health assessment following Fraser Guidelines.
- 6.5.4 If there is any doubt about consent, the Community Public Health Nurse should contact the child's Social Worker to confirm it is permitted to proceed with the health assessment.

## **6.6 Arranging the Review Health Assessment**

- 6.6.1 The Health Visitor, School Nurse or Community Public Health Nurse should make contact with the carer or young person (depending on the child's age) to arrange a health assessment at an appropriate time and place identified by the foster carer or young person. This could be at the placement address, or at an alternative appropriate venue.
- 6.6.2 Depending upon the child's age, telephone or text reminders, made near to the appointment date, appear to have a reduced non attendance rate. Language line can be used if required, and consideration given to the best way to communicate with a child with any special needs.
- 6.6.3 The health assessment for a school aged child should not normally be offered during school hours or within school, unless specifically

requested by the young person, carers, or Social Worker, but offered after school or in school holidays at an agreed venue.

- 6.6.4 If the child does not attend appointments on two consecutive occasions, please refer to the DNA policy (LSW Safeguarding Children Policy). The Designated Nurse for Children in Care also needs to be informed.

## **6.7 Undertaking the Health Assessment**

- 6.7.1 Individual Nurses need to report any capacity issues to their Team Manager. Team Managers will in the first instance review capacity within their team, and inform their Line Manager and the Designated Nurse for Children in Care when staffing issues cannot be resolved and the review health assessment cannot take place within the specified time frame.
- 6.7.2 The Health Visitor, School Nurse or Community Public Health Nurse should have a copy of the Initial Health Assessment, carried out when the child came into care, and/or the previous Review Health Assessment, which includes a summary and action plan of previously identified health needs.
- 6.7.3 Part A of the RHA form should have been completed by the child's Social Worker.
- 6.7.4 Prior to undertaking the health assessment, the Health Visitor, School Nurse or Community Public Health Nurse should contact the child's Social Worker and/or foster carer to establish whether there are any particular health needs or concerns.
- 6.7.5 Parts B & C of the RHA form should be completed by the nurse carrying out the Review Health Assessment.
- 6.7.6 Completion of part C of the assessment (health summary report and action plan) is to be done by the nurse who has undertaken the assessment, and, depending upon age, in partnership with the young person, as this is the only information from the Health Assessment that will be shared with other parties (except in particular circumstances, such as Safeguarding concerns). For this reason it should be a comprehensive summary and analysis of the child's health and wellbeing.
- 6.7.7 The Substance Screening Tool (DUST) can be completed if indicated.
- 6.7.8 Subsequent Review Health Assessments should, wherever possible, be carried out by the same nurse, to provide continuity of care for the child or young person.

- 6.7.9 The whole completed assessment (Parts A, B & C) is sent to the Safeguarding Children Team. This can be sent by secure email.
- 6.7.10 The Safeguarding Children Team will send copies of Part C to the child's Social Worker, the child's G.P. and the CCG, and will attach the completed form to SystmOne following quality assessing by the Designated Nurse.
- 6.7.11 If there are persistent problems in any part of the administrative or organisational process, the Health Visiting or School Nurse Team Manager should notify the Designated Nurse for Children in Care who will pursue the matter in order to improve arrangements.

## **6.8 Confidentiality**

- 6.8.1 Staff will follow the Livewell Southwest Policies on Confidentiality and the Safeguarding processes. The issue of confidentiality must always be explained to the children and young people. Careful consideration must be given at all times to the need for information sharing.

## **6.9 Supervision**

- 6.9.1 All children in care should be discussed in accordance with procedures relating to vulnerable children.
- 6.9.2 If concerns are identified during the review health assessment the issue will be discussed with the Line Manager or Child Protection supervisor for the Community Public Health Nurse.
- 6.9.3 The individual Health Visitor, School Nurse or Community Public Health Nurse should receive support in Clinical Supervision sessions. Individual nurses can contact the Designated Nurse for advice or guidance if they encounter a concern, and will be signposted appropriately.
- 6.9.4 If the Health Visitor, School Nurse or Community Public Health Nurse identifies any concerns regarding a foster carer or other professional working with that child, the Nurse should seek advice from her Team Manager or the Designated Nurse for Children in Care. If indicated, Child Protection procedures should be followed.

## **6.10 Record Keeping**

- 6.10.1 All Children in Care are recorded on SystmOne by the Safeguarding Team admin, with a special note, at the point of notification that the child has been accommodated or moved into the area by another Local Authority. This will allow staff to be aware that the child or young person is in care. When the child is no longer accommodated the episode will be closed.

6.10.2 The Health Visitor, School Nurse or Community Public Health Nurse who is undertaking a Review Health Assessment will maintain records on SystmOne as per policies.

## **6.11 The Independent Reviewing Process for Looked After Children**

- All Children in Care are subject to statutory independent reviews of the placement every six months.
- The Review Health Assessment should inform the child's care plan and the child's health needs should be considered at the Statutory Review.
- The Health Visitor, School Nurse or Community Public Health Nurse should attend the first Statutory Looked After Child review, and subsequent Statutory reviews if the child is open to the service. If the Nurse cannot attend and the child is open to their service, a report should be sent to the Independent Reviewing Officer prior to the Statutory Review Meeting.

6.11.1 Minutes of the Review meeting should be received and attached to the child's health records on SystmOne.

## **6.12 CAMHS Children in Care Consultations**

6.12.1 Where emotional or mental health difficulties are identified, or where carers are experiencing difficulties in the placement, a consultation with the CAMHS Children in Care Team can be requested. A referral to the CAMHS Children in Care Team can be made directly to the Team, based at Midland House, or through the child's Social Worker, who should be informed of any referral or concern.

## **7. Monitoring Compliance and Effectiveness**

- 7.1 The Designated Nurse Children in Care will quality check all Initial and Review Health Assessment forms and assessments undertaken on children and young people in care. If there is a need for further training or support with health assessments, the Designated Nurse will inform the Community Public Health Nurse and the Team Manager.
- 7.2 The Designated Nurse will collect anonymised data to inform audits, the annual report, and statistics required by Social Care.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 11<sup>th</sup> November 2015

## Appendix A

<b>Clinical/professional competency assessment form</b>
<p><b>Competency:</b> To undertake holistic Review Health Assessments within statutory timescales to identify health needs, provide signposting to health resources, follow up health needs and improve health outcomes for Children in Care age 0 to 5 years.</p>

Care Quality Commission Essential Standards of Quality and Safety reference	<b>Outcome 4: Care and welfare of people who use services</b>
Author	Clinical Lead for Health visiting and school nursing and Designated Nurse for Children in Care
Date agreed	
Version number	CPHN 11

It is the responsibility of all staff to ensure they are working to current and relevant policies, standards and guidelines.

**Staff Name;** .....

**Department** .....

This statement of competence will provide evidence towards the following dimensions in the Knowledge and Skills Framework

Core 1 level 3: Develop and maintain communication with people about difficult matters and/ or in difficult situations.

Core 6 level 3: Promote equality and value diversity

HWB2 level 4: Assess complex health and well-being needs and develop, monitor and review care plans to meet those needs

HWB3 level 2: Contribute to protecting people at risk.

<p>Aim; For Practitioners to demonstrate evidence of competence in Conducting assessments of Children in Care within the statutory time scale.</p>					
Objectives/criteria	O	A	S	C	S
Demonstrates ability to complete an holistic assessment of child development clearly identifying risk factors to improved outcomes for the child					
Demonstrate an understanding and awareness of the purpose of the assessment.					
Demonstrate knowledge of the importance of improved outcomes for the child/young person and how this information can be collected.					
Working knowledge of the required paperwork					
Attend Children in Care training and questionnaire (appendix C)					
Have attended Level 3 Safeguarding children training.					
Attend a Statutory LAC Review					
Demonstrate competency in use of the developmental assessment tools (e.g. Schedule of Growing Skills, ASQ)					
<p>Outcome The individual will be able to perform this skill/activity safely and competently</p>					

<p><b>Evidence used to support claim</b> Attendance at level 3 Safeguarding training.</p> <p>Attendance at 2 yearly update on Children in Care.</p> <p>Evidence of analysis of the impact of being in care on the child's emotional and physical development.</p> <p>Completes the Children in Care paperwork accurately and comprehensively and in a timely way.</p> <p>Evidence of attendance at LAC review.</p>	
<p>Agreed action plan (if relevant)</p>	

<p><b>Competency statement (Assessor)</b></p> <p><b>I confirm that the above named member of staff has achieved the required competency level</b></p>
<p><b>Name</b></p> <p><b>Designation</b></p> <p><b>Signature</b></p> <p><b>Date</b></p>

**Competency statement (staff member)**

**Having received appropriate training I am competent in this procedure at this time. I have discussed this role as part of my job description with my manager**

**Name**

**Designation**

**Signature**

**Date**

## Appendix B

<b>Clinical/professional competency assessment form</b>
<p><b>Competency</b> : To undertake holistic Review Health Assessments within statutory timescales to identify health needs, provide signposting to health resources, follow up health needs and improve health outcomes for Children in Care aged 5 and above.</p>

Care Quality Commission Essential Standards of Quality and Safety reference	<b>Outcome 4: Care and welfare of people who use services</b>
Author	Clinical Lead for Health visiting and school nursing and Designated Nurse for Children in Care
Date agreed	
Version number	CPHN 12 School Nursing

It is the responsibility of all staff to ensure they are working to current and relevant policies, standards and guidelines.

**Staff Name;** .....

**Department** .....

This statement of competence will provide evidence towards the following dimensions in the Knowledge and Skills Framework

Core 1 level 3: Develop and maintain communication with people about difficult matters and/ or in difficult situations.

Core 6 level 3: Promote equality and value diversity

HWB2 level 4: Assess complex health and well-being needs and develop, monitor and review care plans to meet those needs

HWB3 level 2: Contribute to protecting people at risk.

Aim;  
 For Practitioners to demonstrate evidence of competence in:  
 Conducting assessments of Children in Care within the statutory time scale.

Objectives/criteria	O	A	S	C	S
Demonstrates ability to complete an holistic assessment of child development clearly identifying risk factors to improved outcomes for the child					
Demonstrate an understanding and awareness of the purpose of the assessment.					
Demonstrate knowledge of the importance of improved outcomes for the child/young person and how this information can be collected.					
Working knowledge of the required paperwork					
Attend Children in Care training and questionnaire (appendix C)					
Have attended Level 3 Safeguarding children training.					
Attend a Statutory LAC Review					

Outcome  
 The individual will be able to perform this skill/activity safely and competently

<p><b>Evidence used to support claim</b></p> <p>Attendance at level 3 Safeguarding training.</p> <p>Attendance at 2 yearly update on Children in Care.</p> <p>Evidence of analysis of the impact of being a child in care on the child's emotional and physical development.</p> <p>Completes the Children in Care paperwork accurately and comprehensively and in a timely way.</p> <p>Evidence of attendance at LAC review.</p>	
<p>Agreed action plan (if relevant)</p>	

<p><b>Competency statement (Assessor)</b></p> <p><b>I confirm that the above named member of staff has achieved the required competency level</b></p>
<p><b>Name</b></p> <p><b>Designation</b></p> <p><b>Signature</b></p> <p><b>Date</b></p>

**Competency statement (staff member)**

**Having received appropriate training I am competent in this procedure at this time. I have discussed this role as part of my job description with my manager**

**Name**

**Designation**

**Signature**

**Date**

## Appendix C

### Children in Care Quiz

**Name:** .....

1. Where can you access information regarding the health needs of Children In Care?
2. Who is the key worker for a child in care?
3. Who would give consent for a health procedure for a child in care?
4. What is the purpose of a Statutory Review?
5. What is the purpose of an Initial Health Assessment?
6. What is the purpose of a Review Health Assessment?
7. Where would you find information on already identified health needs?
8. How often should children and young people have a health assessment?
9. What has research identified as the key health needs for children in care?
10. What services in Plymouth may offer support to children in care?
11. What do you do if you have concerns about a foster carer?

## **Appendix D**

### **Information requested by the Designated Doctor and Nurse for the Initial Health Assessment**

A request for the following information will be sent by secure email to the Health Visitor, School Nurse or Community Public Health Nurse prior to the appointment for the Initial Health Assessment:

Name of child:

Date of birth:

NHS number :

Any known health conditions/concerns (child):

Paediatrician or other health professionals involved with child's care:

Other relevant information (e.g. educational statement, special needs):

Health issues affecting close family members (if permission has been obtained to share this)

Completed by: (CPHN name)

Date completed:

Please do not leave any sections blank: if you have no information please indicate this.

If the child is under 5 years of age, please attach a copy of the previous two Schedule of Growing Skills profiles, as SOGS is not undertaken at the IHA.

If the child is over 5 years old, please attach any recent health assessment undertaken.

Please contact Di Dymond, Designated Nurse Children in Care, if you have any other information which might be of use to the examining doctor undertaking the IHA.

## Appendix E

### Review Health Assessments: process



