Policy and Guidance for Undertaking Statutory Health Assessments for Doncaster Looked After Children

Target Audience
Staff working with Looked After Children aged 0 -19 years within RDASH Looked After Children’s Team, DCIS Children, Young People and Families Integrated Health Teams and CAMHS.
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1. INTRODUCTION
This policy and guidance has been developed to promote the health and wellbeing of Looked After Children (LAC) who are in the care of Doncaster Local Authority / Children’s Trust. It represents the current recommended good practice to ensure that all health assessments for looked after children are carried out safely and effectively.

“Promoting the Health of Looked after Children” (DOH 2009) sets out a framework for the delivery of care from health and social services to ensure effectiveness in promoting the health and well being of children and young people in the care system. This guidance is due for review in April 2015.

Looked After Children have usually already been identified as children in need in the community and some will have been in need of protection. They may have profoundly increased health needs compared to their peers from comparable socio-economic backgrounds. Looked After Children and more likely to be educated outside of mainstream education and to enter the criminal justice system.

Looked After Children are more likely to become teenage parents, encounter problems with drugs and alcohol and are at higher risk of Child Sexual Exploitation than their peers. They are at greater risk of experiencing poor emotional wellbeing or mental health problems as well as poor physical health.

They may also have experienced poorer access to services, including universal services such as routine child health surveillance and health promotion, dental services, and immunisations. They are more likely to have needs arising from:

- Living with families affected by drugs, alcohol, mental health issues and or domestic abuse
- Special needs or disability
- Coming from highly mobile families

2. PURPOSE
Statutory health assessments for Looked After Children aim to:

- To identify individual unmet health needs and develop a plan of intervention / referral to address these needs.
- To promote the health and wellbeing of Looked After Children.
- To address health inequalities for Looked After Children.
- To inform agencies who have a corporate parenting responsibility of the health needs of Looked After Children.
- To facilitate effective multi agency planning for Looked After Children.
- To provide data on health needs to inform the Community Needs Assessment for Looked After Children.
- To fulfil the statutory requirements for health assessments for Looked After Children.
3. SCOPE

The detail contained within this policy applies to all staff working with Looked After Children aged 0 -19 years within RDASH Looked After Children's Team, DCIS Children, Young People and Families Integrated Health Teams and CAMHS.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Deputy Directors of Nursing and Assistant Director Children Young People and Families are responsible for:

- Promoting and monitoring the implementation of the principles and procedures set out within this policy in order that the health needs of Looked After Children are identified and addressed.
- Promoting collaborative working between health and social care services in order that the health needs of Looked After Children remain at the centre of this process.

4.2 Service / Clinical Managers are responsible for:

- Ensuring their staff are aware of, and adhere to the principles and procedures set out within this policy.

4.3 The Named Nurse for Looked After Children is responsible for:

- Coordinating and monitoring the initial and review health assessments of Looked After Children placed both in and out of authority.
- The quality assurance of all nurse led review health assessments.
- Working collaboratively with multi-agency colleagues in order that the health needs of Looked After Children are identified and addressed.
- Co-ordinating and attending multi-agency meetings regarding the development of services for Looked After Children.
- Collating data to develop the health needs assessment of Looked After Children.
- Providing training for Health Professionals involved in the delivery of health assessments for looked After Children and contributing to multi-agency training regarding the health needs of LAC.
4.4 The Lead Health Professional (Health Visitor / School Nurse / LAC Nurse) is responsible for:

- Working collaboratively with children, young people and their carers, and colleagues in Health and Social Care to ensure that the health needs of Looked After Children are identified and addressed.

- Implementing holistic health assessments and developing a Health Recommendation Plan for all Looked After Children, ensuring that all identified actions from the health plan are managed, followed through and recorded as per Trust policy.

- Updating the health recommendation plan as any new health needs arise.

- Providing ongoing health advice and support to Looked After Children and their carers.

- Liaising with the allocated social worker regarding possible referral to other services / agencies.

- The Lead Health Professional should attend LAC Review Meetings for all Looked After Children who have identified health needs, to ensure that health needs are being addressed and outcomes improving. If there are no unmet health needs an updated health report can be provided to inform the LAC Review meeting. The Lead Health Practitioner will then be responsible for reviewing the meeting minutes to ensure no new health actions have been identified. Where a new health action is identified the Lead Health Practitioner will assess and provide a plan of care.

- Ensuring all Looked After Children are provided with a health summary upon leaving care.

4.5 Looked After Children Administrator

- Coordinating the initial and review health assessments for Looked After Children placed within and out of authority.

- Liaising with health and social care colleagues to ensure accurate and timely information is received in order to progress initial and review health assessments to meet statutory time scales.
5. PROEDURE / IMPLEMENTATION

5.1 Health Assessments for Looked After Children

‘Guidance on Promoting the Health and Wellbeing of Looked After Children’ (DCSF 2009), supports the following principles:

- A health assessment is to be undertaken as soon as practicable after a child becomes looked after, once available health information has been collated. This should take place within 20 working days of a child entering care.

- The health assessment should be holistic and include physical health, emotional / mental health and health promotion.

- The first health assessment is undertaken by a suitably qualified medical practitioner, which may include a physical examination.

- A written report of the health assessment and a health recommendation plan is to be prepared for each child.

- The frequency of subsequent review health assessments for children aged 5 years and under is 6 monthly and for children aged 5 years and over it is annually.

- The review health assessment may be undertaken by appropriately qualified health professionals including, Health Visitors, School Nurses / Community Staff Nurses and Looked After Children’s Nurses.

5.2 Procedure for obtaining Initial Health Assessments (IHA's).

Within 5 days of a child entering care the Looked After Children Health Team should receive Part A of the British Association for Adoption and Fostering (BAAF) form along with the consent form from the social worker. The consent form obtained on entry into care enables consent for health assessments throughout the care period.

Additional information required from the social worker will include BAAF Form PH (Report on the health of the birth parent) one for each parent, BAAF Form M/B (Obstetric report on mother / neonatal report on the child, Part A only) and a copy of the Children’s and Families assessment. The social worker will send a copy of BAAF Form CR C/YP (Carers Report) to the carers with a request that this is completed and brought to the IHA appointment.

Receipt of a fully completed BAAF part A and consent will then trigger a health assessment appointment request to the Designated / Named Paediatrician’s administrator, who will arrange the IHA appointment within 10 days of the request. The child’s social worker will be informed of the IHA appointment and will be expected to attend. BAAF form M/B will be sent to the designated Obstetric personnel for completion and returned to the Paediatric administrator at DRI.
Notification to health visitor / school nurse / key health professional

On receipt of the fully completed Part A (BAAF), the LAC health administrator will update SystmOne to record LAC status and any changes in placement address, on the DCIS Looked After Children’s template. Notification will be given to the key health professional involved with the child / young person via a task on SystmOne.

The purpose of the Initial Health assessment (IHA) is:

- To identify and record existing medical conditions from the time that the child is first looked after.
- To provide a comprehensive and holistic health assessment including physical and emotional health needs.
- To formulate a health recommendation plan.
- To provide the opportunity to offer age appropriate health promotion for the child and carer.
- To record the child’s wishes and feelings regarding their present and future health.
- To involve the child young person in their own health care.
- To provide comprehensive information on the child’s health for carers.

BAAF (British Association of Adoption and Fostering) form IHA (Initial health assessment) C (Child aged 0-10 years old) or YP (Young People aged 10 years or over), is the health assessment tool used for initial health assessment of a Doncaster looked after child / young person. They are available to view in letters on SystmOne.

**Part A** (of BAAF form IHA-C/YP)

Part A is completed by the social worker and provides basic background information on the child, their legal status, placement details and the reason the child became looked after. It also includes consent to undertake the assessment. Part A will be scanned onto SystmOne by the LAC Health Administrator.

**Part B** (of BAAF form IHA-C/YP)

Part B of BAAF form IHA-C/YP is a holistic assessment of the child’s health and is to be completed in full by the assessing doctor.

It is expected that the child’s social worker will attend the IHA appointment along with the carer to ensure that the assessing doctor has up to date information on the child’s background and health history.

Part B contains personal and possibly sensitive information about other family members, as well as the child. It should be retained in the child’s health record, and treated with the utmost care and respect to confidentiality.
Part B will be recorded on SystmOne and will be used as a basis for future review health assessments.

**Part C** (of BAAF form IHA-C/YP)

Part C is to be completed by the assessing doctor. Part C comprises of a summary report and the health plan which will form part of the child’s holistic care plan.

The Health Plan should set out clear objectives, actions, timescales and responsibilities arising from the Initial Health Assessment.

A copy of BAAF Part C IHA – C/YP is sent the Social Worker / Carer / Reviewing Officer by the LAC Administrator. A copy of the full IHA Parts B/C will be sent to the child’s GP for inclusion in the GP held record.

The issues raised in the summary report must be discussed with the young person / carer and great care must be taken to respect confidentiality.

Part C will be recorded on SystmOne and the Lead Health Professional tasked to view the IHA. Any actions that require follow up by the Lead Health Professional will be identified in the health recommendation plan.

The Health Summary and Recommendation Plan (Part C) is reviewed at the Looked After Children’s Review meeting to ensure that identified health needs are being addressed.

The Health Assessment is not an isolated event, but part of a continuous process with emphasis on ensuring that actions in the health plan are taken forward and health outcomes improved.

5.3 **Leaving Care Health Summary**

When the Initial Health Assessment has been completed, the Leaving Care Health Summary will be initiated on SystmOne. Relevant information from the IHA will be transferred to the Leaving Care Health Summary. This will provide the Looked After Child / Young Person with a comprehensive summary of their health on leaving care. The Leaving Care Health Summary should be updated when any significant health needs arise and following each review health assessment.

This will be issued by the Lead health professional when the child / young person leaves care and documented on SystmOne.

See Appendix 1 - Flowchart for Initial Health Assessments
5.4 Procedure for Review Health Assessment (RHA)

The LAC health administrator will request an updated BAAF part A form, from the Children In Care Team at Doncaster Children’s Trust 8 weeks prior to the review assessment being due, in order to meet statutory timescales. Review Health Assessments are undertaken every 6 months for Looked After Children under 5 years of age and annually for LAC over five years of age.

Purpose of the Review Health Assessment

- To provide a holistic review of the health, development and emotional wellbeing of the Looked After Children / Young Person.
- To identify any new or emerging health concerns.
- To offer age appropriate health promotion for the child / carer.
- To provide an opportunity for the young person and/or carer to discuss any health concerns with a health professional.
- To engage Looked After Children and Young People in their own health care.
- To assist young people preparing to leave care.

Successful health assessments will require a flexible and child centred approach, appropriate to the child or young person’s age and stage of development.

Process

Review health assessments for Looked After Children are undertaken by the child’s named Health Visitor, School Nurse or LAC nurse (Lead Health Professional).

BAAF form RHA (Review health assessment) C (Child aged 0-10 years old) or YP (young person aged 10 years or older), is the health assessment tool for review health assessment of a Doncaster looked after child/young person.

Arranging the Review Health Assessment.

Where appropriate the Lead Health Professional should ascertain from either the child’s social worker or carer which adult/adults (e.g. foster carer or birth parent) need to be present with the child for the review health assessment. The appropriate adult should have sufficient knowledge of the child’s needs and be able to provide information to support an effective assessment of the child’s health needs.

Review health assessments for school age children should cause minimum disruption to the school day, and consideration should be given at all times to the need for an appropriate adult to be present. Young People aged 11 years and above should be given the opportunity of a 1-1 assessment with the School Nurse / LAC Nurse to allow them to discuss issues that they do not want to share with another adult.
The Lead Health Professional will contact the carer / young person to arrange a convenient time and venue for the health assessment to take place. It is the responsibility of the Lead Health Professional to ensure that review health assessments take place within statutory timescales.

**Part A** (of BAAF form RHA-C/YP)

Part A is completed by the social worker and provides basic information on the child, their legal status and placement details. Part A will be scanned onto SystmOne by the LAC Health Administrator.

**Part B** (of BAAF form RHA-C/YP)

It is the responsibility of the assessing health visitor/school nurse/LAC nurse to complete Part B comprehensively to ensure that a holistic health assessment is undertaken. The voice of the child / young person should be clearly evidenced throughout the assessment.

The Strengths and Difficulties Questionnaire score (SDQ), for Looked After Children aged 4 -16 years will be discussed with the child and carer and integrated into the review health assessment to ensure that emotional needs are considered and addressed. If the SDQ is not available to inform the health assessment this should be included as an action for the social worker on the Health Recommendation Plan, to ensure that the SDQ is completed and shared with Lead Health Professional.

The review health assessment provides an opportunity to offer age appropriate health promotion on a wide range of health related issues.

When completing review health assessments for Looked After Children aged 11 years and above, the substance misuse screening tool should be offered where a need is identified and documented in the exposure smoking/alcohol/ substances section.

Part B contains personal and possibly sensitive information about the child / young person. It should therefore be retained in the child’s health record, and treated with the utmost care and respect to confidentiality.

**Part C** (of BAAF form RHA-C/YP)

It is the responsibility of the assessing Health Visitor/School Nurse/LAC Nurse to complete part C. Part C comprises of a summary report and the health recommendation plan which forms part of the child’s holistic care plan.

The assessing health professional should ensure that all relevant information from part B is summarised in Part C. The Health Plan should set out clear objectives, actions, timescales and responsibilities arising from the Initial Health Assessment.

The issues raised in the summary report must be discussed with the young person and great care must be taken to respect confidentiality.

**Part C is the only information from the BAAF form RHA – C/YP that is shared with the social worker / carer.**

The Named Nurse for Looked After Children should be tasked on SystmOne by the assessing health professional as soon as the review health assessment has been completed. The Named Nurse will quality assure the Review Health Assessment to ensure
that it provides a comprehensive picture of the child / young person’s health and wellbeing and results in a clear health action plan to address identified health needs. BAAF Parts B and C should be saved for future editing by the assessing practitioner; when quality assured by the Named Nurse they will be saved as completed.

A copy of BAAF Part C RHA – C/YP is sent the Social Worker / Carer / Reviewing Officer by the LAC Administrator. A copy of the full IHA Parts B/C will be sent to the child’s GP for inclusion in the GP held record.

The Health Summary and Recommendation Plan (Part C) is reviewed at the Looked After Children’s Review meeting to ensure that identified health needs are being addressed.

The Health Assessment is not an isolated event, but part of a continuous process with emphasis being put on ensuring actions in the health plan are taken forward and health outcomes improved.

It is the responsibility of the Lead Health Professional to ensure that subsequent review health assessments are undertaken within statutory timescales; every 6 months for children aged 0-5years and annually for children aged 5year and above.

The Leaving Care Health Summary should be updated by the Lead Health Professional when any significant health issues arise and following each review health assessment.

See Appendix 2 – Flowchart for Review Health Assessments

5.5 Transfer of Looked After Children

When a Looked after Child transfers placement within the Doncaster area which results in a change in the Lead Health Professional (HV/SN/LAC), a face to face handover will be arranged by the existing health professional. This is to ensure a smooth transition of care, and that the receiving health professional is fully aware of any actions outstanding in the Health Recommendation Plan which require follow up, and the date of the next Independent Review Meeting.

Transfer to the Looked After Children’s Specialist Team

Looked After Children who attend a school sixth form remain on the caseload of the school nurse. Young People who leave school at the end of year 11 and continue to be ‘Looked After’ by the Local Authority, will transfer to the 16+ LAC team. A face to face handover will be required as above.

Transfer out of authority

When a Looked After Child moves out of authority, a telephone handover will be arranged by the existing Lead Health Professional to the Lead Health Professional in the area where the child is placed. This is to ensure a smooth transition of care, and that the receiving health professional is fully aware of any actions outstanding in the Health Recommendation Plan which require follow up, and the date of the next Independent Review Meeting. See appendix 3 for transfer out pathway.
5.6 When a child ceases to be ‘looked after’

On notification from the Doncaster Children’s Trust that a child is no longer ‘looked after’, the LAC health administrator will update SystmOne, amending the child’s status. A notification will be sent via task to the relevant health professional HV/SN/LAC nurse advising them of the change in status. The Leaving Care Health Summary is issued to the child/young person by the Lead Health Professional to ensure that they have a comprehensive summary of their health upon discharge from care.

5.7 Advice

The Looked After Children’s Safeguarding and Standards Team are available to provide advice, support and training regarding the health of Looked After Children.

The LAC health team can be contacted on:
01302 796245 – LAC Administrator
01302 796268 / 07917031902 – Named Nurse

6. TRAINING IMPLICATIONS

All health practitioners undertaking statutory health assessment for Looked After Children including Health Visitors, School Nurses and LAC Nurses will be required to undertake Level 3 training on the Health Needs of Looked After Children on a 3 yearly basis. All newly appointed staff who will be involved in assessing the health need of Looked After Children will be required to receive training as part of their induction. Looked After Children’s Training is integrated into the safeguarding children training programme for Levels 1 and 2.

7. MONITORING ARRANGEMENTS

The LAC Named Nurse / LAC Specialist team will quality assure all review health assessments for Looked After Children. An annual audit will be undertaken by the Named Nurse to track that the health needs identified at Initial and Review Health Assessments are being addressed.
8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

<table>
<thead>
<tr>
<th>8.1 Privacy, Dignity and Respect</th>
<th>Indicate how this will be met</th>
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<tr>
<td>The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).</td>
<td>There are no additional requirements in relation to privacy, dignity and respect.</td>
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<tr>
<th>8.2 Mental Capacity Act</th>
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<tr>
<td>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court. Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.</td>
<td>There are no additional requirements in relation to the Mental Capacity Act.</td>
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9. **LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS**

Policy and Guidance on the Strengths and Difficulties Questionnaire for Looked After Children.

10. **REFERENCES**

Looked after Children and Young People: Public Health Guidance (NICE 2013)

Promoting the Quality of Life of Looked After Children and Young People (NICE 2010)

Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DCSF 2009)

Care Matters: Transforming the Lives of Children and Young People in Care (DCSF 2007)

11. **GLOSSARY OF TERMS**

LAC  Looked After Child

BAAF  British Association Adoption & Fostering – The lead organisation for expertise and advice on fostering and adoption.

C/YP  Child / Young Person

HRP  Health Recommendation Plan

IHA  Initial Health Assessment

RHA  Review Health Assessment

SystmOne  Doncaster health electronic recording system
Appendix 1

**LAC Flowchart**
Initial Health Assessments (IHA’s)

<table>
<thead>
<tr>
<th>Child / Young Person enters care</th>
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<tr>
<td>Within 5 days of child entering care, Social Worker completes necessary BAAF forms and consent and sends completed documentation to RDASH LAC health team via secure email – <a href="mailto:rdash.childrenincare@nhs.net">rdash.childrenincare@nhs.net</a></td>
<td>↓</td>
</tr>
<tr>
<td>LAC health administrator updates SystmOne re LAC status and tasks Lead Health Professional for information.</td>
<td>↓</td>
</tr>
<tr>
<td>IHA to be completed by medical practitioner within 20 working days of entry into care.</td>
<td>↓</td>
</tr>
<tr>
<td>Completed IHA scanned onto SystmOne by LAC health administrator and Lead Health Professional informed via task. The LAC Health administrator sends a copy of BAAF part C to the Carer, Social Worker and Independent Reviewing Officer. A copy of BAAF parts B&amp;C are sent to the child’s GP.</td>
<td>↓</td>
</tr>
<tr>
<td>Lead Health Professional views IHA documentation on SystmOne and identifies any actions that require follow up. Lead Health Professional commences leaving care health summary.</td>
<td>↓</td>
</tr>
<tr>
<td>Lead Health Professional monitors and tracks health action plan to ensure that the health needs of LAC are being actioned and addressed.</td>
<td>↓</td>
</tr>
<tr>
<td>Lead Health Professional attends Independent Reviews Meetings (where there are identified health needs) to ensure that the health needs of LAC are being addressed.</td>
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**Key**

LAC – Looked After Child
IHA – Initial Health Assessment
RHA – Review Health Assessment
LHP – Key Health Professional (Health Visitor / School Nurse / LAC Nurse)
BAAF - British Association for Adoption and Fostering
### LAC Flowchart

#### Review Health Assessments (RHA’s)

<table>
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<tr>
<td>RHA’s are required 6 monthly until the child reaches 5 years of age. From the age of 5 years and above RHA’s are required every 12 months.</td>
</tr>
<tr>
<td>It is the responsibility of the Lead Health Professional to ensure that RHA’s are completed within the statutory timescales above.</td>
</tr>
<tr>
<td>When the RHA has been completed it is recorded on SystmOne and the Lead Health Professional tasks the Named Nurse for Looked After Children to quality assure.</td>
</tr>
<tr>
<td>When quality assured the LAC administrator sends a copy of BAAF Part C to the Carer, Social Worker and Independent Reviewing Officer. A copy of BAAF part B&amp;C is sent to the child’s GP.</td>
</tr>
<tr>
<td>The Lead Health Professional updates the Leaving Care Health Summary.</td>
</tr>
<tr>
<td>The Lead Health Professional monitors and tracks the health action plan to ensure that the health needs of LAC are being actioned and addressed.</td>
</tr>
<tr>
<td>Lead Health Professional attends Independent Reviews (where there are identified health needs) to ensure that the health needs of LAC are being addressed.</td>
</tr>
</tbody>
</table>

### Key
- LAC – Looked After Child
- IHA – Initial Health Assessment
- RHA – Review Health Assessment
- LHP – LHP Health Professional (Health Visitor / School Nurse / LAC Nurse)
- BAAF- British Association for Adoption and Fostering
LAC Team notified that a child is transferring out of area.
N.B. If Health Practitioner is notified that a child is transferring out of area please notify LAC Team immediately.

LAC Administrator changes address and relevant details on SystmOne

For school aged children. LAC administrator to check that the child is moving schools as transfer out depends on the child’s school not address.

LAC team notify HV /SN/LAC Nurse via task of placement change

LAC Administrator to notify Child Health of new placement details.

HV/SN /LAC Nurse reviews SystmOne record

HV/SN/LAC Nurse contacts practitioner in new area to hand over

HV/SN/LAC Nurse ends all relevant relationships in ‘Groups &Relationships’

HV/SN/LAC nurse tasks LAC admin to say that record is ready to transfer out.

LAC Admin print SystmOne record and send to LAC team in new area, or create a share on SystmOne

LAC Administrator transfers child to ‘LAC out of area caseload’