

Please note refreshments are provided in the Exchange from 5.30pm

Agenda

1. Introductions and Apologies

County Councillor Clarke

To note who is attending and any apologies for absence.

2. Notes of the Meeting and Matters Arising from 20 September 2022

(Pages 1 - 12)

County Councillor Clarke

To agree for accuracy the notes of the meeting and receive any matters arising.

3. Update from the Four Corporate Parenting Board Priority Groups (5 mins)

Andreas Feldhaar, Permanence Service, LCC

To receive a progress update from the four Corporate Parenting Board Priority Groups since the last Board meeting.

4. Performance Data (25 mins)

Umer Khonat, Business Intelligence, LCC

To receive the latest Performance Data for services relating to children looked after and care leavers in Lancashire.

5. Children in Care and Care Leavers Health (60 mins)

(Pages 13 - 50)

Caroline Waldron, Safeguarding Children and Children in Care and Health Colleagues, NHS Lancashire and South Cumbria Integrated Care Board and Young People, LINX (Lancashire's Children in Care Council)

To discuss Health issues relating to children looked after and care leavers, including mental health, dental, health checks.

6. Care Leaver Week 2022 (10 mins)

Jane Hylton, Permanence Service, LCC

To receive feedback from the Care Leaver Week October 2022.

7. Timetable of Meetings 2023/24 (5 mins)

(Pages 51 - 52)

County Councillor Clarke

To note the timetable of meetings for 2023/24.

8. Any Other Business

County Councillor Clarke

To receive any other business.

9. Date and Time of Next Meeting

County Councillor Clarke

Thursday, 12 January 2023 at 6.00pm in Savoy Suite 2, The Exchange, County Hall, Preston, PR1 8RJ.

Agenda Item 2

Lancashire County Council

Corporate Parenting Board

Minutes of the Meeting held on Tuesday, 20th September, 2022 at 6.00 pm
in Savoy Suite 1 - The Exchange - County Hall, Preston

Present: Members

County Councillor Stephen Clarke	- Lancashire County Council
County Councillor Jeff Couperthwaite	- Lancashire County Council
County Councillor Andrea Kay	- Lancashire County Council
County Councillor Scott Smith	- Lancashire County Council
County Councillor Rupert Swarbrick	- Lancashire County Council
Ripley	- LINX Representative
Emma	- LINX Representative
Mary	- LINX Representative
Chris Bradley	- LINX Representative

Co-opted members

Audrey Swann	- Vulnerable and Looked After Children, LCC
Andreas Feldhaar	- Permanence Service, LCC
Janice Laing	- Permanence Service, LCC
Gina Power	- Permanence Service - Children in Our Care, LCC
Catherine Brooks	- Child and Family Wellbeing Service, LCC
Brian Wood	- Child and Family Wellbeing Service, LCC
Adam Riley	- Child and Family Wellbeing Service
April Rankin	- Child and Family Wellbeing Service
Jennifer Donnelly	- Lancs 0-19, HCRG
Maureen Huddleston	- Morecambe Bay Hospital Trust, NHS (Virtual)
Hayley Kinowski	- Safeguarding, Audit and Inspection, (LCC)
Amanda Barbour	- Fostering, Adoption and Residential, LCC
Helen Hargreaves	- NHS Lancashire and South Cumbria Integrated Care Board (Virtual)

Other Attendees

Sam Gorton	- Democratic Services, LCC
Jane Hylton	- Permanence Service, LCC

Clare Smith	- Policy, Commissioning and Children's Health, LCC
Aaron Walmsley-Fishwick	- Permanence Service, LCC

1. Introductions and Apologies

All were welcomed to the meeting and apologies were received from County Councillor Julie Gibson, Brendan Lee, Moya McKinney and Julie Dawson.

It was noted that Jenny Donnelly was attending on behalf of Rebecca McGeown, Lancashire 0-19, Health Care Resourcing Group (HCRG).

The Board were informed that County Councillor Howard Hartley had been appointed as Deputy Chair on the Board, replacing County Councillor Ash Sutcliffe. Thanks were noted to CC Sutcliffe for his commitment to the Board throughout his time as Deputy Chair.

The Board were informed of the passing of a former Care Leaver and member of the Corporate Parenting Board Marc Bentley.

The Board also observed a minute's silence in memory of the death of Queen Elizabeth II.

2. Notes of the Meeting and Matters Arising from 11 May 2022

Resolved: That the minutes were agreed as an accurate record and there were no matters arising from them.

3. Update from the Four Corporate Parenting Board Priority Groups

Andreas Feldhaar, Permanence Service, Lancashire County Council provided the Board with an update which included the Corporate Parenting Strategy 2022-2026 and the Service Plan, which had been circulated with the [agenda](#) to members, prior to the meeting.

The Board were reminded that the four priorities governed the improvement outcomes for Lancashire's children and young people in care and care leavers. The eight objectives and four priorities also informed the new Corporate Parenting Strategy 2022-2026 and the Permanence Service Plan 2022-2026. The Strategy is now live and can be accessed via the following link <https://www.lancashire.gov.uk/council/strategies-policies-plans/children-education-and-families/corporate-parenting-strategy/>.

The Board noted that in terms of the four priorities a detailed plan has been developed to look at each of the priority areas and how they are progressing and outlined were some key deliverables that are currently being worked on or have been delivered:

Achieving Permanence

- Care Leaver Covenant - this work has progressed, and a report has been presented to the Education and Children's Social Care Senior Management Team and the Executive Director for Education and Children's Services and the next step is to embed the Covenant within the Council. A further update will be reported to the Board when available.
- Revised Life Story work that previously came to the Board has now been completely rolled out.
- Care Leavers Week will take place in October and an update will be given later in the meeting.
- PROUD Awards are also going to take place again in 2023 and a further update will be given later in the meeting.

Improving sufficiency to provide the right home at the right place

- Lasting Homes Process and Panels have now been embedded in practice.
- National House project in Preston has seen its first young people join the project. It is a long-term project, and each year there will be another group of young people joining.
- Joint Housing Protocol for Care Leavers was launched in May.
- There will be Lasting Homes Panels for Leaving Care with a slightly different focus and from age 16 years, will embark on the housing pathway for young people and will include housing partners. They are not completely rolled out yet across the County, however, this work is in progress.
- The Staying Put Policy is also going to be revised as there have been changes in terms of the fostering allowances and how fostering operates, therefore it is essential that the policy is aligned to these changes.
- The National Guidance for Unregulated Placements and Supported Accommodation for 16 to 18 year olds needs to be presented at a future Board meeting as provisions could impact on what is available for 16 to 18 year olds. Ongoing work in terms of the Covenant would hopefully improve the housing provisions for young people in Lancashire.

Improving social, physical, emotional and mental health support and outcomes

- A scoping exercise had previously been carried out with leisure centres in Lancashire for the Local Offer and it was noted that this is going to be reviewed again and also to request that young people can bring a friend along also for free or at a discounted rate.

- An independent living programme is also at its final stages before being rolled out through a phased implementation over a two-year period.
- [Ask Jan](#) has already been rolled out, which is a service that offers general advice and emotional well-being support to care leavers 18 to 25 years old. It has a lot of different services where young people can be referred for a minimal cost for an annual subscription, and then the young person can access all their services for free for a 12-month period.
- A partnership meeting will be convened in the near future with Heads of Services to look at the health provision for looked after children and care leavers and their pathways

Improving Education, Employment and Training Opportunities and Outcomes

- A lot of work in the Service Plan for this priority is for 2023 and this is so it is aligned to the academic year to be able to embed it once young people have started school.
- In terms of the access to school and college, the aim is to ensure that where young people live, does not interfere with access to school, which can sometimes be difficult when they move homes or when they would benefit from a particular school, however, they cannot access it and there are barriers. Therefore further work needs to be done on looking at barriers and the data sharing arrangements for those children of mandatory school age that are actually not in school and this piece of work will be shared when available at a future Board meeting as it is the responsibility of everyone as a corporate parent and along with partners to look at, review, support and look for solutions for these children to enable them to access school and receive the support they need.
- Digital Access Guarantee is an area of work from the Permanence Service's perspective, to commit to ensuring that young people have online access, either via Wi-Fi or data if required. It is important as an Authority to consider how the Council can work with partners to embed a digital access guarantee for all our children, regardless of which provision they live in when they are 16 and 17 years old to make sure that the provider offer is consistent.

Resolved: That the Board noted the update.

4. Young People's Takeover Day - 26 July 2022

Young people from LINX (Lancashire Children in Care Council), April Rankin and Adam Riley, Participation Team, Child and Family Wellbeing Service, Lancashire County Council gave a presentation on the Corporate Parenting Board Youth Takeover Day which was held on 26 July 2022 at Hothersall Lodge.

The Board noted that young people had spent the morning session doing different activities which they reported had built their confidence and enabled

familiarisation to the environment before members of the Board joined them for the afternoon session.

A short video was shown from the day, which included quotes from young people and carers about how they found the session which included:

- It was a really good day; I had a nice time talking to all the different people that were there and I got a few helpful tips and suggestions too.
- The day was great I loved meeting other young people and different professionals like Claire from education and I liked to learn what other professionals do. Didn't like waking up early though haha.
- I had so much fun and met lots of nice people and I can't wait do it again. I especially loved the zip wire and the egg and tuna butties".
- I would say he was buzzing all the way home, he had so much fun so thank you.

Other feedback received on the day from members of the Board including young people was:

- Lovely to meet so many enthusiastic children and young people.
- Would like to see more young people attending.
- Having a focus on what needed to be discussed. What needs to be changed and why?
- Good to see our partners attending today.
- Learnt about young people's interests.
- The professionals have been very helpful, and I have gained something.
- Teamwork is really important.
- Learned to communicate with new people.
- I feel happy that our younger children have been supported to attend today.
- Met people and other professionals that I have only met online.
- I have learnt to work well in a team and communicate with others.
- Nostalgic for being a full-time youth worker.
- Get more help with dentists. Find out about apprenticeship opportunities.

The young people also reported that for future sessions, they would like to spend a full day with professionals, so they can chat more and build up relationships.

Thanks was given to members who had provided information, as requested at the last Board meeting held on 11 May 2022, where they had been asked to find a minimum of five services in their local area that support children and young people. This information will now be collated to provide an informative leaflet which can be shared with other young people in care, so they can see what is available in their area or if they move to other areas.

Following discussions with Health professionals on the day, young people were keen to have a Health Takeover Day for young people in care and care leavers which would be a range of activities including:

- What roles different health professionals have and what they do ie health workers, opticians, sexual health workers, mental health workers and GPs.
- Share information about the health passport.
- Get feedback from young people around what support they would like from Health.
- Explain what young people are entitled to from opticians, dentists etc.
- Get information regarding prescription exemptions and what they are entitled to on Universal Credit and if in employment.

Helen Hargreaves, Lancashire and South Cumbria Integrated Care Board requested that the information regarding health that the young people reported on, be forwarded to her, so it can be presented into the networks, and they will look at providing information as requested by the young people. It was also suggested that the different roles in the health service could also attend the Health Takeover Day and speak to the young people.

The Board thanked young people for arranging the day and for the presentation.

Resolved: That the Corporate Parenting Board:

- i) Noted the update.
- ii) Agreed for April Rankin to provide feedback from the young people on health, to Helen Hargreaves so that it can be shared within the Integrated Care Board networks in order to provide further information to young people as requested.

5. Internal Audit Review of Corporate Parenting Board

Andreas Feldhaar, Permanence Service, Lancashire County Council provided feedback on the recent Internal Audit Review that had taken place in March 2022 of the Corporate Parenting Board.

The Board noted that the last time an Internal Audit Review had been carried out, was in 2019. The findings from 2022 was that the Board had improved, and the overall assurance rating was "Substantial" which was the best outcome for the Board.

The report had been circulated with members of the Board prior to the meeting which included further information on:

- The Executive Summary
- Background and Scope
- Summary of Audit Findings
- Action Plan
- Rating Definitions

Resolved: That the Board noted the Internal Audit Review and the recommendations and agreed to take them forward.

6. Update from the Head of the Virtual School for Children Looked After and previously Children Looked After

Audrey Swann, Education Improvement Service, Lancashire County Council provided the Board with an update on education for Lancashire children in care and care leavers. The Board received information that had been collated over a 12-month period, following two years where very little statutory data had been produced due to the pandemic, with the exception of GCSEs.

A presentation was given to the Board and is appended to these minutes. Further detailed comparator attainment information can be found in the presentation for:

Early Years (including Reception)

This figure fell from 2018-19 46.7% to 39.6% in 2021-22. It was noted that this was reflected nationally and is due to the impact of the pandemic. Work is ongoing within this age group to see what else can be done to improve the good level of development outcomes. There is a small increase in pupil premium that is due to be provided for children in nurseries, however, it is a very small amount of £400 over a year, compared to children in Reception and above who receive a higher amount. There is an area of work happening with Children's Social Care, which is around increasing the number of looked after children who are attending nursery on a regular basis which also helps them to be better prepared when starting school. There is also a named member of the team that specifically works and leads on early years who is working closely with providers and carers in terms of training.

Primary: Key Stage 1

One of the first assessments that is carried out is the Phonics Test which is at the end of Year 1. Figures for 2021-22 had increased to 70.7% from 57.4% in 2020-2021 however there is still a gap between children looked after and those who are not looked after, however, despite the pandemic, those figures have increased.

At the end of Key Stage 1, reading, writing and maths combined for 2021-2022 was 22.4% which was a decrease from 2018-19 where it was 39.2% where the measure is "working at expected level".

A home reading scheme is provided for Key Stages 1 and 2 children looked after and there is also a tutorial on how to help children read at home and this will be provided to each carer and parent and can be found on the Virtual School website [The Virtual School - Lancashire County Council](#). A pilot will commence shortly with parents and carers face to face, to do some work on how to develop their young person in developing reading and writing skills.

The Board noted that all early year's children up to five years of age receive a free book every month as part of the Dolly Parton Scheme that Lancashire County Council has signed up to.

Primary: Key Stage 2

The Board noted that data for Key Stage 2 had also improved for reading (2018-19 - 43% compared to 2021-22 – 62.8%) and writing (2018-19 45.6% compared to 2021-22 – 50.6%). Maths has shown a slight decrease of 1% since 2018-19 to 51.2%, however, combined figures for reading, writing and maths showed an overall increase from 2018-19 - 31.1% to 2021-22 – 39.6%.

The Board were informed that following discussions with colleagues, one of the reasons that figures could have improved following the Pandemic was that learning from home may not have been as much of a challenge to those in Key Stage 2 as it was for those in Key Stage 1 and that this progress needs to be maintained and continues to improve.

Secondary: Key Stage 4

The Board were informed that there was currently no GCSE data for 2022 as the Data Team were still collating this information and this will be shared with the Board when available. It was noted that there were 171 young people eligible for GCSEs in 2022.

Data for Attainment 8 (average over eight GCSEs) which included two years where GCSE results were teacher assessed, had shown an increase of 6.5% since 2018-19 to 23.1% in 2020-21. Grade 4+ in English had Maths had also increased by 10.4% to 26.1% in 2020-21 and 5+ had increased by 4% from 2018-19 and the increases were higher than Lancashire's statistical neighbours. The Board were informed however, that there is still a big gap between children looked after and other young people and work is ongoing to improve attainment figures.

Post 16 Children in Care (Years 12 and 13)

The Board noted that these young people have to be in some form of education, employment or training after they leave school in Year 11 and were informed of what the Service have been doing over the last few years with Children's Social Care colleagues in ensuring that a young person has a plan in place before they leave school. All Years 10 and 11 looked after children in Lancashire have a named Employment Support Officer who goes into the school on a regular basis and meets individually with each young person at least once a term to discuss career information, advice and guidance about getting work experience places and forming plans with them. Figures show that since July 2020 the Intended Destinations have increased from 80% in July 2020 to 96% in July 2022. Young

people are monitored three times a year at college in October, January and June and in June 2021, 79.9% of young people were still in some form of education, employment and training and in June 2022 this had increased to 84.8%.

The Board noted that apprenticeship opportunities had reduced during the pandemic and work was underway now to increase those openings again, however the vast majority of young people in Years 12 and 13 attend further education.

For the first time this year, data was available for Intended Destinations for the end of Year 13/Key Stage 5 for what young people were planning to do when they finish Year 13. Currently there are 57 young people attending University, which also includes those that commenced prior to 2022.

Care Leavers

It was noted that there were still too many young people post 18 who were not in education, employment or training and that this is a priority for the service. In March 2020 there were 45% of young people in education, employment and training and in March 2022 there were 52%, however the Board noted that this figure fluctuates on a daily basis. Support for young people is key to raising the % of young people in education, employment and training, particularly around illness (including mental health) and disabilities.

The Employment Support Team at Lancashire County Council works really closely with the Virtual School and individual young people up to the age of 25 years helping them to gain employment or training and there is a pre-employment online course that young people can undertake to help build their confidence and move forwards. The number of young people that were supported into employment by the Employment Support Team increased in 2021-22 to 103 from 82 the previous year. Relationships were continuing to be built with district councils and other employers, both big and small, to provide more opportunities for young people.

Following the presentation, the following issues/points were raised:

- If there is any support that the Virtual School Team requires, to please contact members of the Board.
- It is vital that the Board are sighted on this data regularly (at least annually) and challenge the Service where necessary.
- Every single child is tracked individually every term within the school on a RAG rated system and asked about progress, wellbeing and attendance is done in real-time.
- Work is also ongoing with Children's Social Care on Life Story Work and a conference is going to be held for schools so they can understand what Life Story Work is, why it is important and how they need to contribute to it.

- A template for schools who have children looked after, previously children looked after, children in need or child protection pupils is provided for school's designated teachers in order for them to complete an annual report for Governors, however, it is not mandatory, albeit good practice and members of the Board were encouraged if they are in these settings to promote this.

Resolved: That the Corporate Parenting Board:

- i) Noted the update.
- ii) Agreed to receive the final GCSE results when available from Audrey Swann, Virtual School, Lancashire County Council.
- iii) Agreed to receive the Annual Report 2022 which will be circulated by Sam Gorton, Democratic Services, Lancashire County Council.

7. Children and Young People's Care Home Names

Young people from LINX (Lancashire's Children in Care Council) had been requested by the Fostering, Adoption and Residential Service, Lancashire County Council, to decide on names for five new children and young people's care homes across Lancashire. The Board noted that it is important that young people have a say as this may be their home at some point, and to ensure that everyone has a voice and that their views are heard when looking at naming the homes. Thanks was given to the young people for their contributions on this piece of work.

The young people from LINX and the Care Leavers Forum in Lancashire had chosen various names which were presented to the Board (presentation attached), along with a brief description of the type of home it would be, in which area of Lancashire and the reasoning behind as to how the young people had decided on the various names.

Following the vote, the Board agreed that the top five names were as follows:

- i) Sunflower
- ii) Red Rose
- iii) Sunshine
- iv) Lavender
- v) Oak

Young people would now go back to their participation groups and choose the name endings ie home, house, lodge or manor and allocate them to one of the five homes and then report back to the Adoption, Fostering and Residential Service on their choices.

Resolved: That the Corporate Parenting Board agreed on names for five new young people's care homes in Lancashire, following a selection of names provided by young people.

8. Care Leavers Week

Jane Hylton and Aaron Walmsley-Fishwick, Permanence Service, Lancashire County Council gave a presentation on the National Care Leavers Week 2022 (as attached).

The Board were informed that this will take place w/c 24 October 2022 and end with celebration events on 27-28 October 2022 and a programme of events was outlined.

The Board were asked for support/donations for gifts and prizes for the event on 27 October 2022 and to contact Jane Hylton, email jane.hylton@lancashire.gov.uk by 15 October 2022 regarding this.

Resolved: That the Board noted the request and the programme of events for the National Care Leavers Week 2022.

9. PROUD Awards 2023

Janice Laing, Permanence Service, Lancashire County Council informed the Board that the PROUD Celebration Event for all Looked After Children and Care Experienced young people would be held on the evening of 30 March 2023 at Burnley Football Club. This will be the first time the event has taken place since 2019 due to the pandemic.

A brief presentation was given (as attached) and the Board informed that a Task and Finish Group had been convened to plan the event.

The Board noted that nominations would commence before Christmas and that the categories would be:

Positive Choices and Achievements
Responding to the Needs of Others
Outstanding Service to the Community
UR Talented
Danny Collins Inspiration Award

Once further information was available, this would be shared with the Board for promotion.

Again, raffle donations will be gratefully received for the evening and to contact Janice Laing, email Janice.laing@lancashire.gov.uk if any further information is required.

Resolved: That the Board noted the event date, request for raffle donations and the request to promote the event and encourage nominations.

10. Future agenda items

Andreas Feldhaar, Permanence Service, Lancashire County Council presented the attached presentation which detailed future potential agenda items (as well as the standing items), that would appear on agendas at future Board meetings.

Two areas that were highlighted as a priority for the next meeting was Performance Data which the Board had not received since March 2021 and had been addressed in the Internal Audit Review and a Health Take-Over which includes the provisions and changes in health and this follows on from the young people's take-over meeting in July where young people asked about what health services are available to young people in the community and requested that they come to a future meeting to present more detailed information on this.

Amanda Barbour, Fostering, Adoption and Residential Services, Lancashire County Council informed the Board that it was a requirement that the Adoption and Fostering Service present their Annual Reports to the Board and that this should be factored in as a statutory requirement. As the reports are both significantly long, the proposal to the Board was that an Executive Summary Report is produced for both Annual Reports and will also contain a link to the full reports, along with a presentation to ensure the item is engaging for young people.

Resolved: That the Corporate Parenting Board:

- i) Agreed to add the Annual Reports for Fostering and Adoption to be added to the forward plan.
- ii) Agreed to receive an Executive Summary with a link to the detailed reports for both the Fostering and Adoption Annual Reports.
- iii) Agreed the priorities for the next meeting as Performance Data and Health Take-Over.

11. Any Other Business

There was not any other business received.

12. Date and Time of Next Meeting

Wednesday, 23 November 2022 at 6pm, Savoy Suite 2, The Exchange, County Hall, Preston, PR1 8RJ.

Enquires to be directed to: LSCFT Children in Care and Care Leavers Nurse Team.

Direct Line: **East Lancs and Blackburn with Darwen nurse team-01254 283399**

Direct Line: **Central Lancashire nurse team- 01772 777220**

PRIVATE & CONFIDENTIAL

Date:

Dear

We are aware that you are now leaving care, so we would like to give you information about your health. We have provided 2 copies so you can give a copy to your personal advisor in the leaving care team if you chose to do so.

This is your own confidential personal health record and:

- **It includes information about your medical history and some facts about your health when you were younger**
- **You might need this information in the future if you have any medical treatment**
- **You can take it with you when you go to see the Doctor, Dentist or anybody else you might see about your health.**

Please keep this information in a safe place as you may need it in the future.

Your NHS No is:

--	--	--

--	--	--

--	--	--	--

GP (General Practitioner) - It is very important that you are registered with a GP. Your GP has all your health information past and present so if you require this for specific purposes e.g. information for employment, please make an appointment with your GP to discuss what information you require. Your GP is usually the first doctor you will see if you are unwell or worried about your health.

GP details (Doctor)	
-------------------------------	--

Dentist - It is important to keep your teeth and gums healthy. Even if you don't think there is anything wrong with your teeth it is important to see your dentist every six to twelve months for a check-up. If you are not registered with a dentist call the Lancashire dental helpline on 0300 123 4010. If you require emergency dental advice you can call NHS 111.

Dentist details:	
Your last appointment was:	

Your Immunisation history:-

Dates given	1	2	3	4	5
Diphtheria					
Tetanus					
Polio					
Pertussis					
Hib					
Pneumococcus					
Rotavirus					
Meningitis B					
Meningitis C					
MMR					
Influenza					
HPV					
Men ACWY					
BCG					
Hepatitis B					
Other: Covid 19					

	Yes	No
--	------------	-----------

Your immunisations are up to date:		
------------------------------------	--	--

Please make an appointment to see your General Practitioner (GP) to have your incomplete immunisations as stated below:-

Please let us know if there is anything you would like to know about your past or current health. For example your birth weight, an operation you had when you were younger or previous hospital appointments, anything that is important to you. If you think about something at a later date you can let us know:

Known Medical History/Allergies:

.....we would advise you to have regular vision checks to ensure your eyes are healthy. You will be able to have vision checks through any optician.

Your feedback is really important to us, please let us know about how you found your experience with this care leaver's health summary by accessing the site below through scanning the QR code to your phone or copying the link into your address bar. Thank you

<https://forms.office.com/r/b5FDPSAbq6>

and the QR Code is ;

Children in Care / Care Leaver Feedback



Please contact The Enhanced Children in Care and Care Leavers team on the number at the top of this letter if you would like to discuss any health needs at all.

Once you are 18, you will no longer require an annual health assessment. If you would like to talk about your health or require any health advice or support to access health services, please do not hesitate to contact us or ask your personal advisor to contact us of your behalf on the above telephone numbers.

Yours sincerely

Children In Care and Care Leavers Nurse

Cc Young Persons health records/ GP records

Useful websites

Please subscribe to the care experienced news letter. This is a news letter written by care experienced young people with information about events you could take part in or health and wellbeing advice. Please click the link below to access and subscribe to the news letters. To see the newsletters click on the green button that says "Read the FYP"

[The For You Page newsletter for care experienced young people - Lancashire County Council.](#)

Advice and information on smoking

www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit

Advice and information on alcohol

www.drinkaware.co.uk

www.nhs.uk/livewell/alcohol

Advice and information on sexual health – contraception, sexual health, family planning

www.brook.org.uk

www.nhs.uk/livewell/sexualhealthtopics

Advice and information on drugs

www.talktofrank.com

Advice and information about healthy eating and exercise

www.nhs.uk/livewell/fitness

www.nhs.uk/livewell/healthy-eating

Help and support with housing

england.shelter.org.uk

Advice and support with mental health issues

www.youngminds.org.uk

www.samaritans.org.uk

How do I register with a dentist?

You can find a dental surgery near you by using the NHS Choices website www.nhs.uk by typing your postcode into the search box.

Phone the receptionist and ask if you can register. Don't worry if they tell you they are not able to accept new patients, just choose another dentist.

Just like when you register with the GP, you will probably need to go to the dentist and complete a **registration form**. **You do not need to provide ID but this may help with registration. If you do not have any ask your PA for support with this as they will be able to provide this to your Dentist.**

If you are not registered with a dentist and require emergency dental treatment, you can contact **0333 332 3800**, please be aware that an appointment offered could be out of the area you are living.

Sexual Health Advice

0300 123 4154 - select **option 3**

National Careers Service

0800 100 900 (19years +)

Substance Misuse

Young We Are With You [0808 164 0074](tel:08081640074)

Quit Squad Stop Smoking Support

0800 328 6297

Accommodation Emergencies

- During office hours call 01524 582257
- At weekends and when the office is closed call 01524 67099

Emotional Wellbeing Support

Kooth.com

Samaritans

08457 909090

Emergency

999

Police non-emergency

101

NHS Direct

111

Emergency Dentist

0300 1234 010

My Health Passport



Date of Birth	
NHS Number	
GP	

Immunisations

Immunisation given	1	2	3	4	5
Diphtheria					
Tetanus					
Polio					
Pertussis					
Hib					
Men C					
MMR					
Meningitis ACWY					
HPV					

Websites and Free Apps

www.themix.org.uk
www.leavingcare.org

Calm Harm
Mindshift
Headspace

Health Needs

- Immunisations
- Attend the dentist every 6 months or before if required. Registered at XXXXXX (include full address and date of last appointment)
- Optician –next due XXXXXX

If you have any concerns regarding your health and wellbeing please see your pharmacist, Walk in Centre or make an appointment with your GP.

Form RHA-YP

CONFIDENTIAL CONFIDENTIAL

Name NHS/CHI number DoB

Form RHA-YP LOOKED AFTER CHILDREN
Review Health Assessment
Recommended for young people 10 years and older

CoramBAAF children’s health assessment forms

This form is part of an integrated system of forms, including:

- Consent Form (consent for obtaining and sharing health information)
- Form M (mother’s health)
- Form B (baby’s health)
- Form PH (parental health)
- Form IHA-C (initial health assessment for child from birth to 9 years)
- Form IHA-YP (initial health assessment for young person 10 years and older)
- Form RHA-C (review health assessment for child from birth to 9 years)
- Form RHA-YP (review health assessment for young person 10 years and older)
- Form CR-C (carers’ report – profile of behavioural and emotional wellbeing of child from birth to 9 years)
- Form CR-YP (carers’ report – profile of behavioural and emotional wellbeing of child or young person aged 10–16 years)

Guidelines for completing Form RHA-YP

Who should complete the form?

Part A – to be completed by the agency/social worker

Part B – to be completed by the examining health professional, either a doctor or a nurse

Part C – to be completed by the examining health professional

Part D – may be used for data collection if desired by the responsible LAC health team

Purpose of the form/assessment

- To help health practitioners fulfil the regulatory requirements throughout the UK for each looked after young person to have a periodic health review and updated health recommendations for the care plan.
- To provide a holistic review of the health and development of looked after young people, to determine if previous health care plans have been carried out, to identify new issues and to provide a written summary health report that will be used to formulate the health recommendations for the child care plan.
- To offer carers and the young person an ongoing opportunity to discuss any particular concerns about their health care with a health professional.
- To create an opportunity for discussion with the young person about their health concerns, including physical and emotional development, relationships, sexual health, possible use of tobacco, drugs and alcohol and to encourage them to begin to assume responsibility for their own health.
- To focus on health promotion appropriate to the age and development of the young person.
- To assist those young people preparing to leave care to understand their health history, to assume responsibility for their own health and to start to access adult health services.

Name NHS/CHI number DoB

The forms have been revised after wide consultation and feedback collected over 10 years. They are designed for use throughout the UK although it is recognised that regulations across the four countries differ and that practice varies across regions depending on local circumstances. To ensure that the forms meet local needs and processes, they may be used flexibly – for example, if information has been recorded previously and is accessible within the health record, it is not necessary to duplicate it. Similarly, not every question or prompt will need to be followed for each young person and clinical judgement should be exercised.

Part B should be completed by a nurse or doctor who must have relevant experience and training to at least Level 3 of the RCPCH and RCN Intercollegiate Competencies (ICC). If the young person is followed in a specialist or disability clinic, it may be most appropriate for a practitioner from that team to complete the assessment.

Secure email **must** be used when sharing any of the information on these forms with other agencies. Practitioners should be familiar with the systems in use in their locality and protocols for sharing confidential information.

Part A and procedure for social worker prior to health assessment

- Part A contains important demographic, social and legal information that is required by the assessing health professional prior to the assessment and **must be completed in full by the social worker/local authority**.
- The social worker must state the name and contact details of the agency health adviser to whom the form should be returned. The young person's legal status and holder/s of parental responsibility/ies must be indicated.

Consent for health assessment

- The social worker should make every effort to obtain informed consent for the health assessment in advance. This consent should be sought from:
 - the young person if he/she has capacity to consent; or
 - a birth parent with parental responsibility/ies; or
 - another adult with parental responsibility/ies; or
 - an authorised representative of any agency holding parental responsibility/ies.
- The young person with capacity to consent may do so by signing the consent section at the start of Part B of this form at the time of the health assessment.
- Although it is best practice to obtain consent at the time of each health assessment, this may not always be possible. When consent has been obtained at the time of placement, a copy should be available for the assessing health professional on request. It must be remembered that a young person may have developed capacity to consent since earlier consent was given by a parent or other adult.
- When a young person is in a foster to adopt or long-term fostering placement, a prospective adoptive parent or foster carer may have delegated authority to consent to health assessments. The social worker should provide a copy of the record of delegated responsibility arrangement for the young person's health file, and document this in the section on consent.
- **In England or Wales**, when a young person is on a placement order and placed with prospective adopter/s, the prospective adopter/s will have shared parental responsibility/ies and may give consent for health assessment, assuming that the young person does not have capacity to consent.

Name NHS/CHI number DoB

- **In Northern Ireland**, prospective adopters do not have parental responsibility for a young person placed with them, although on occasion they may have delegated authority to consent for health assessment, assuming that the young person does not have capacity to consent.
- **In Scotland**, when a young person is subject to a permanence order, the carers may have parental responsibility to consent to medical treatment or delegated authority to do so, assuming that the young person does not have capacity to consent.
- **Consent to access health information** In most instances, complete health information on the young person and family will have been obtained at the initial health assessment. Occasionally there may be instances when a copy of the CoramBAAF Consent Form will need to accompany a request for additional health information or records, for example, when CoramBAAF Forms M (mother), B (baby) or PH (parental health) were not completed for the IHA.
- The young person's social worker should provide the assessing health professional with details regarding any change to social, family or educational circumstances. It is the social worker's responsibility to prepare the young person, parents and carer for the assessment.
- The young person's social worker should provide the assessing health professional with a copy of the most recent health care plan and an updated report including any actions or outcomes from the last assessment. If the child's *Personal Child Health Record* (red book) is not already in the possession of the carer, the social worker should obtain it from the parents and ensure that it is brought to the health assessment.
- It is good practice for the social worker, and birth parent(s) where appropriate, to attend the assessment as well as the carer or the young person's support worker, thus ensuring that the health professional has up-to-date information on the young person's background and family and personal history, and is able to receive directly any comments regarding the young person's health. **The social worker should advise the health professional if there are any concerns about personal safety for all those attending.** The social worker should also alert the health professional to any addresses on the form that must not be shared with other family members.
- The social worker should ensure arrangements are made for an interpreter or signer to be present if necessary.
- **The agency/social worker should be aware that it is the expectation of the LAC health team that they should be notified when actions from the recommendations in Part C are carried out.**

Part B: The health assessment and procedure for the assessing health professional

- Part B should be completed by the assessing health professional who must have relevant experience and training to at least Level 3 of the RCPCH And RCN Intercollegiate Competencies.
- Services should have a mechanism for identifying which health professional is best placed to undertake the assessment. If the young person is already known to the community child health team, a practitioner who knows the young person may be better placed to provide a comprehensive report.
- It is important for any assessing health professional to seek advice and guidance when needed from a senior colleague with expertise. Although some specialist nurses have expertise in physical examination, medical oversight should be in place, and there should be an agreed pathway for the young person whose RHA was completed by a nurse to see a doctor if needed.

Name NHS/CHI number DoB

- To provide continuity of care, the assessing health practitioner should always have a copy of the previous health assessment/s including the entire IHA and most recent RHA form, a copy of the most recent health care plan, an updated report from the social worker including any actions or outcomes from the last assessment, relevant reports from other health professionals and a copy of the *Personal Child Health Record* or *Carer-Held Health Record*, where available.
- The purpose of the assessment should first be explained to the young person, parent(s) and carer.
- There is a section for the young person to sign, giving their informed consent to the assessment. With increasing maturity and understanding, it is to be expected that many, or perhaps most, young people will have capacity to consent to health assessment and will take an increasingly active part in their own health care.
- The emphasis should be on engaging the young person in the assessment of their own health and encouraging responsible health behaviour and a healthy lifestyle, including discussing their hopes and aspirations, rather than on completing yet another form.
- Those present at the assessment should be listed at the beginning of Part B.
- It is important to note that young people may not discuss sensitive and personal information unless confidentiality can be assured. At the outset, the issue of confidentiality should be raised with the young person and the limits of confidentiality explained. Carers or other adults should not be present during assessment unless the young person specifically gives permission. It may, however, be helpful to speak to the carer alone.
- The form should record the young person's wishes and feelings regarding their present and future health and well-being.
- The forms are intended as guidance and should not replace clinical judgement. A box can be left blank if the question or issue is not relevant, and should be marked N/A for 'not applicable' to indicate that the practitioner has considered it.
- The extent of the physical examination will depend on the age of the young person and its appropriateness within the clinical context. For example, examination of the genitalia would not be routine in a young person if there is no clinical indication. Practitioners should clearly document what physical examination has been carried out.
- With appropriate consent (for example, using CoramBAAF Consent Form), health professionals should use all available information, such as community health, GP and hospital records, to inform the assessment. Additional information that is thought to be relevant may be available from other sources within the young person's care network. The source of all information should be documented.
- For refugee and trafficked young people, consider any ongoing impact on their health of their country of origin and route taken, experiences en route, infectious diseases, the impact of displacement, separation and loss, physical, emotional and sexual trauma, sexual health and mental health. See 'Additional resources' for websites with information on worldwide prevalence rates of HIV/AIDS and hepatitis as well as country-specific immunisation schedules and uptake.
- Since Part B may contain personal and sensitive information about other family members, as well as the young person, it should be retained in the young person's LAC health record and treated with the utmost care with respect to confidentiality. For adoption only, a copy of the entire form will be sent to the young person's adoption agency.

Name NHS/CHI number DoB

- Practitioners should be sensitive to the language used as this report may be shared across agencies, released in court proceedings and accessed by the young person in the future.
- The issues raised in the report must be discussed with the young person and great care must be taken to respect confidentiality. Explicit consent for the release of personal and sensitive information to others in the health care team, to carers, to the school, etc, must be negotiated.
- For young people placed out of area, the entire completed form including Part B should be sent to the looked after children's health team in the responsible/placing area.

Part C: Summary Health Report

- Part C is the summary report and health recommendations for the child care plan. All of Part C will be needed by the social worker who has responsibility to formulate the health care plan, and the Independent Reviewing Officer (IRO)/reviewing officer who has responsibility to review the young person's care plan. Completion of Part C in its entirety will provide the information required to fulfil the statutory requirements for the health care plan.
- **Part C should include an analysis of the young person's personal and family health history and the implications these have for the young person's current and future health and care needs.** Part C will be shared with adoption and fostering agencies.
- Part C should usually be completed by the assessing health professional. Occasionally it may be necessary for the looked after children's health team from the responsible/placing authority to assist in completion of Part C to ensure a comprehensive report.
- Health recommendations for the care plan should be specific, time-bound and clearly identify the person responsible for each action. The plan should include upcoming appointments with dates and any outstanding issues such as immunisations. **It is the expectation of the LAC health team that they should be notified when actions are carried out.**
- Part C should include a list of all those who receive a copy of Part C; the list should include all those with responsibility for implementing recommendations for the child care plan.
- Part C can be used as the basis for discussion with current and future carers, provided informed consent has been obtained to disclose the information. **In Scotland**, regulations state that prospective adopters must be given full information about a young person at the time of placement, including the medical information on the young person and his/her family. **In England, Northern Ireland and Wales**, it is good practice to disclose all relevant health information to prospective adopters.
- Part C may be released in court proceedings and may be accessed by the young person at a later date, so it is important to be sensitive to confidentiality and the use of language.
- Statutory guidance for England states that the lead health record for a looked after child should be the GP-held record and that the entire initial health assessment and health plan, and subsequent review assessments and plans, should be part of that record.
- Consent issues when sharing third party information need to be carefully considered in light of what is relevant to the young person and in their best interests.

Name NHS/CHI number DoB

Part D: Data collection and audit

- This is an optional section which LAC health teams may customise for their local data collection.
- In England the National Tariff checklist, developed as a quality assurance tool for health assessments of children placed out of area, may be inserted here.

Use of electronic forms

- Please note that this form is now only available as an electronic template. The templates are provided by CoramBAAF to the fostering or adoption agency under a license agreement. Health agencies should get new and revised templates as necessary from the relevant fostering or adoption agency, including where any problems arise with the formatting of the document.
- If you are working with a printed copy and you do not have enough space to write, ask the agency that provided the form for an electronic template, as boxes in the template will expand as you type to allow sufficient space for full reporting/assessment.
- When it is appropriate to share Part C, a printed copy may be made by selecting the relevant page numbers of the completed Part C.

Additional resources

Further information on statute and guidance and specific health issues in fostering and adoption may be obtained at www.corambaaf.org.uk and from the following:

Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268

BAAF (2004) *Health Screening of Children Adopted from Abroad*, Practice Note 46, London: BAAF

BAAF (2006) *Genetic Testing and Adoption*, Practice Note 50, London: BAAF

BAAF (2007) *Reducing the Risk of Environmental Tobacco Smoke for Looked After Children and their Carers*, Practice Note 51, London: BAAF

BAAF (2008) *Guidelines for the Testing of Looked After Children who are at Risk of a Blood-Borne Infection*, Practice Note 53, London: BAAF

BAAF and BSHG (2008) *Statement on the use of DNA Testing to Determine Racial Background*, London: BAAF

CoramBAAF (2015) *The Provision of Information to Fostering for Adoption Carers*, Practice Note 59, London: CoramBAAF

Department for Education and Department of Health (2015) *Promoting the Health and Well-Being of Looked After Children*, London: DfE and DH

Graham-Ray L (2015) *The story So Far: Stories from our looked after children and care leavers*, London: Central London Community Healthcare NHS Trust

Lord J and Cullen D (2013) *Effective Panels: Guidance on regulations, process and good practice in adoption and permanence panels*, London: BAAF

Name NHS/CHI number DoB

Merredew F and Sampeys C (eds) (2015) *Promoting the Health of Children in Public Care: The essential guide for health and social work professionals and commissioners*, London: BAAF

Millar I with Fursland E (2006) *A Guide for Medical Advisers: Scotland*, London: BAAF

Monitor and NHS England (2016) *National Tariff Payment System 2016-17*, London: Monitor and NHS England

Monitor and NHS England (2016) *2016/17 National Tariff Payment System: Annex B: Technical guidance and information for services with national currencies*, London: Monitor and NHS England

RCPCH and RCN (2015) *Looked After Children: Knowledge, skills and competences of health care staff – Intercollegiate role framework*, London: RCPCH

Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland*, Edinburgh: Scottish Government, available at www.scotland.gov.uk/publications/2014/05/9977

Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice, paragraphs 80–95

The World Health Organisation gives data on international immunisation schedules and uptake rates past and present at www.who.int/immunization/monitoring_surveillance/data/en/

The World Health Organisation gives worldwide prevalence rates of hepatitis B at www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index1.html

The World Health Organisation gives worldwide prevalence rates of HIV / AIDS at www.who.int/gho/hiv/en/

Name NHS/CHI number DoB

This information is confidential and is not to be divulged without authorisation of the health adviser. A copy of this entire form will be sent to the young person's adoption agency, and in England to the GP as the lead record holder, as required by statutory guidance.

The young person should be accompanied by his/her carer, and if possible and appropriate, a birth parent, provided, where he/she has capacity to consent, he/she agrees to be accompanied. Valid consent to health assessment is needed from the young person who has capacity, and only if he/she does not have capacity, from an adult with parental responsibility/ies. For consent to access family health information, a signed CoramBAAF Consent Form (or photocopy) must be attached.

Part A To be completed by the agency – type/write clearly in black ink

Form to be returned to the agency health adviser:

Health adviser's name			
Address			
Postcode		Telephone	
Email		Fax	

Young person		Interpreter/signer required? Arranged?	Yes/No Yes/No
Given name(s)		Family name	
Likes to be known as		Also previously known as	
Date of birth		Gender	
Legal status e.g. In care/accommodated Compulsory supervision order (CSO) (Scotland)		NHS number	
		CHI number (Scotland)	
		Local identification number	
Person(s) with parental responsibility/ies:		Current legal proceedings	
Date first looked after at this episode		Reason for being looked after	
Number of placements in the past 12 months, including birth family			
Ethnicity/religion			
First language		Other languages	
School/higher education/other care			
Is there a red book/personal health record? NB – This should follow the young person	Yes/No	If yes, name of person currently holding	

Name NHS/CHI number DoB

Birth family

Mother: Name		Date of birth	
Address			
Postcode		Telephone	
Ethnicity/religion/first language			
Contact arrangements			

Father: Name		Date of birth	
Address			
Postcode		Telephone	
Ethnicity/religion/first language			
Contact arrangements			

Siblings contact arrangements Any previous birth family name/address?			
Name(s)			
Contact arrangements			
Date(s) of birth			

Name of GP			
Address			
Postcode		Telephone	

Current carers – Do not disclose this information			
Name		Date placement started	
Address			
Postcode		Telephone	
Languages spoken		Any relationship to the child?	

Agency details

Name of agency			
Address			

Name NHS/CHI number DoB

Postcode		Telephone of agency	
Name of social worker and team		Name of manager	
Telephone of social worker		Email of social worker	
Name of reviewing officer			
Telephone		Email	

Consent to the young person's health assessment by birth parent/other person with parental responsibility/ies/person authorised by LA to give consent/foster carer or prospective adoptive parent with delegated parental responsibility/ies, where the young person does not have capacity to consent. Social worker should provide a copy of record of delegated responsibility arrangement for the young person's health file.

Consent already given in Looked After Documents? If not, then complete below		Yes/No	
Copy of record of delegated responsibility arrangement on the young person's health file?		Yes/No	
I agree to	being assessed.		
Date		Signature	
Name		Relationship	

Part A completed by:			
Telephone		Date	

Name NHS/CHI number DoB

Part B To be completed by the assessing health professional and retained within the young person's health record. A copy of this entire form will be sent to the young person's adoption agency, and in England, to the GP as lead record holder, as required by statutory guidance. The young person should be told about the reasons for the assessment and that information will be shared, and their views obtained.

To aid with continuity of care, you will need the following information:

- A copy of the previous health assessment/s. This should be the entire IHA or RHA form.
- A copy of the previous health care plan
- The social worker should provide an update on health issues, including actions or outcomes from the last assessment
- Reports from other health professionals where relevant
- Current *Personal Child Health Record* or *Carer-Held Record Book*
- Access to the young person's community paediatrics record

Consent by the young person with capacity to consent is essential.

Does the young person have capacity to consent? Yes/No If not, then check for signed consent in Part A

Consent by the young person

I understand the reason for this health assessment and I agree for it to take place. I understand that following this assessment, a summary and recommendations for my health care plan will be drawn up. A copy of this will be given to me and my social worker. I consent to copies going to my carer, birth parent(s), GP and school nurse/doctor (delete or add as necessary).

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Signature

Date

List name and role of all those present at assessment

List name and role of all those present at assessment			
Young person seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	

1 Review of previous health recommendations in Part C (note – this is not the health care plan)

Have all recommendations from the last health assessment been carried out?	Yes/No
Have the actions from the last health care plan been carried out?	Yes/No
List those outstanding	

Name NHS/CHI number DoB

2 Health discussion

Date

What would the young person like to get from this health assessment? Do they have any **worries** about health? How is the young person **feeling** today? Does the carer or anyone else involved with the young person have any concerns?

Have there been any **changes** since the last health assessment e.g. accidents, immunisations, significant illnesses, current medication?

Please use this section to document the health discussion, e.g. wishes and feelings, eating, sleeping, interests, activities, friendships, aspirations. What do they do outside of school?

How long has the young person been in this placement and how is it going? (See also sections 5 and 6)

For refugee and trafficked young people, are there ongoing issues related to country of origin, reason for leaving, route taken, experiences en route, etc?

Does the young person have any current health problems, known conditions or diagnoses? Are they receiving any special support or allowances?

When did the young person last see the **GP**? What was this for?

Name NHS/CHI number DoB

Is the young person attending any **health, therapy or other appointments**? Are there any outstanding?

	Name	Address	Give details/date of last visit
School nurse			
Dentist/orthodontist			
Optician/ Ophthalmologist			
Paediatrician			
CAMHS/mental health services/voluntary sector			
Therapists, e.g. physio or occupational therapy, speech and language			
Youth offending team			
Substance misuse team			
Care leaving team			
Other			

Regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

3 Immunisation status

Is this young person fully immunised for their age?	Yes/No
---	--------

Name NHS/CHI number DoB

Immunisations required now:	
Next one due:	

4 Health history

Personal health history (**complete if no previous information available or update as necessary**)

--

Family history (**complete if no previous information available or update as necessary**)

--

5 Impact of contact with birth family

Discuss positives and negatives and the young person's wishes and feelings, e.g. enjoyment, changes to routine, missed activities, anxiety, behaviour, quality of contact arrangements, whether anything could be done to improve contact (please state whose view this is)

--

6 Emotional and behavioural health

including anxiety, depression, anger, self-harming, suicidal thoughts, interpersonal skills, domestic violence, friendships, relationship with current carer, including CoramBAAF Carers' Report, SDQ or other screening tool if available. For refugee and trafficked children consider the ingoing impact of displacement, separation and loss, and physical, emotional and sexual trauma.

Has any major social change occurred since the last assessment, e.g. change of school, sibling moved from placement? Are there any significant **behaviour problems** or difficulty relating to carers, other significant adults and peers, e.g. bullying? How is the young person coping with bereavement or loss of family, friends, pets, etc? Do they have a trusted adult to talk to?

--

Name NHS/CHI number DoB

7 Safety and health promotion

Does the young person smoke?	Yes/No	Use e-cigarettes?	Yes/No
Does the carer or anyone else in household smoke?	Yes/No	Use e-cigarettes?	Yes/No

Is the carer able to meet the safety needs of this young person? Are there any current risks to safety, e.g. safe storage of e-cigarettes and medicines, pets, domestic violence, substance misuse, road danger, stranger danger, female genital mutilation, cultural or gender risks, radicalisation, forced marriage, e-safety, self-harming behaviour?

Sexual exploitation risk assessment (consider use of CSE toolkit)

Document further discussion as required on keeping healthy, skin and hair care, diet, weight, exercise, puberty, relationships, domestic violence, sexual exploitation, smoking, alcohol, street drugs, etc. Does the carer need any information or support?

If using substances, use or exposure to smoking/alcohol/substances/solvents/other

Frequency, where and when used, desire to stop use, aware of accessing help from an appropriate agency, has a drug use/alcohol profile been completed, harm reduction discussed?

Sexual health (as appropriate)

Date of menarche	
Any worried about managing periods?	

Is the young person sexually active, can they say “no” when they want to, do they need contraception, current contraception, recent STI screening, do they know how to access contraception and sexual health clinics? Advice on personal checks as age appropriate (breasts, testicles)

8 Current functional assessment and education (Record age appropriate activities to document skills)

Name NHS/CHI number DoB

Date Age

Any concerns about development from the young person, carer or school?

Self-care and independence skills Does the young person have relevant skills for age, e.g. dressing, personal hygiene, telling time, managing money including credit, travelling alone, preparing simple food, accessing health services/information? This information may be particularly relevant from the age of 14–15 when leaving care/pathway plans are being considered.

Transition planning

Is the young person beginning to take responsibility for his/her own health needs? Yes/No

Document preparation for leaving care, paying particular attention to 14-15-year-olds and providing a leaving care health summary when appropriate.

Education

Is the young person currently in school?	Yes/No
Type of educational provision e.g. mainstream, special unit, home tutoring	Yes/No
Are there concerns about school attendance?	Yes/No
Does the young person receive any extra support with learning?	Yes/No
Has the young person been referred to the education department	Yes/No
Is a recent school report available?	Yes/No
Are there any difficulties in accessing extracurricular activities or additional needs, e.g. geographic, contact or funding arrangement	Yes/No
Has further education, training or employment been considered?	Yes/No
Please give details: e.g. attendance, enjoyment, favourite subjects, special educational needs, short and long-term aspirations and any challenges	

9 Physical assessment

Date	<input type="text"/>	Age	<input type="text"/>
Indicate if examination or discussion:		<input type="text"/>	

General appearance/presentation, including evidence of non-accidental injury.

Name NHS/CHI number DoB

Oral health including evidence of caries, fillings, dental and orthodontic treatment.

Growth

Weight		Height		BMI	
kg	centile	cm	centile	kg/m ²	centile

Any concerns about growth and development e.g. pubertal changes, weight gain or loss?

Vision (as indicated)

Hearing (as indicated)

Skin and hair care, e.g. acne, eczema, hygiene, athlete's foot, ingrown toenails, verrucae

Other (record full details of relevant examination)

10 Comments on any other issues not covered by previous sections

Name NHS/CHI number DoB

--

Assessing health professional

Name			
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	

It is essential that the assessing health professional discusses the issues raised in this report with the young person, and seeks appropriate consent for further dissemination of information. The assessing health professional or agency health adviser should discuss the issues and their implications for the young person with any future carers.

Please respect confidentiality and take care whether or not to share personal health information.

Name NHS/CHI number DoB

Part C should be retained in the young person's health record and a copy sent to the social worker. This summary should be an analysis of the young person's personal and family health history and the implications these have for the young person's current and future health and care needs.

All of Part C will be shared with adoption and fostering agencies, to ensure that the social worker has all the data needed to formulate the health care plan. It is good practice, with informed consent, to share this information with the young person's current and future carers. A copy of this entire form should be sent to the young person's adoption agency and, in England, to the GP as lead record holder. Throughout the UK it is good practice to disclose all relevant health information to prospective adopters; in Scotland this is mandatory.

Summary report from assessing health professional (complete every section)

Date completed

Based on information taken from:

Summary of current health status

Changes in health since last assessment

Present physical and dental health

Developmental and educational progress

Emotional and behavioural development

Name NHS/CHI number DoB

Sexual health, lifestyle issues and independence

Young person's wishes and feelings

Issues in current placement

Summary and implications for the future

Issues will be reviewed by your social worker at your statutory review with your permission. Personal or sensitive health topics should not be discussed in a group setting. If you need help with these, please ask for help from your carer, social worker, or health professional.

Name NHS/CHI number DoB

Allergies	Yes/No
Immunisations up to date?	Yes/No
Permanently registered with GP?	Yes/No
Name of GP	
Registered with dentist?	Yes/No
Name of dentist	
Date last seen	

All issues to be reviewed by social worker and IRO/reviewing officer at Looked After Young Person Reviews

Name of person completing Part C		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Panel	

Overview/comments by looked after health professional in responsible/placing authority (if required)

Name NHS/CHI number DoB

Name		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature			

Copy of Part C sent to (include all those with responsibility for recommendations for the child care plan):

Name NHS/CHI number DoB

Name NHS/CHI number DoB

Part D is an optional section that may be used for local data collection and audit. The LAC health team may wish to customise this space for their data collection. In England, the National Tariff checklist for children placed out of area may be inserted here.

Appendix C

Strengths and Difficulties Questionnaire

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

Child's Name

Male/Female

Date of Birth.....

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

Signature

Date

Parent/Teacher/Other (please specify:)

Thank you very much for your help

© Robert Goodman, 2005

Appendix D

Strengths and Difficulties Questionnaire

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

Your Name

Male/Female

Date of Birth.....

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

Your signature

Today's date

Thank you very much for your help

SCHEDULE OF CORPORATE PARENTING BOARD MEETINGS 2023/2024

If you have any queries regarding the Corporate Parenting Board, please contact Sam Gorton, Clerk to the Corporate Parenting Board either by telephone (01772) 532471 or e-mail sam.gorton@lancashire.gov.uk

Date of Corporate Parenting Board Meeting	Time and Venue
Thursday, 26 July 2023 - Young People's Meeting	1.30pm - Savoy Suite 2, The Exchange, County Hall
Tuesday, 19 September 2023	6.00 pm - Savoy Suite 2, The Exchange, County Hall
Wednesday, 22 November 2023	6.00 pm - Savoy Suite 2, The Exchange, County Hall
Thursday, 11 January 2024	6.00 pm - Savoy Suite 2, The Exchange, County Hall
Tuesday, 12 March 2024	6.00 pm - Savoy Suite 2, The Exchange, County Hall
Thursday, 9 May 2024	6.00 pm - Savoy Suite 2, The Exchange, County Hall

