

1.9.1 Health Care Assessments and Plans

Regulations and standards

England

- [Regulation 10: The health and well-being standard](#)
- [Guide to the health and well-being standard](#)
- [Regulation 17: Placement plan for looked after child](#)
- [Regulation 23: Medicines](#)

Wales

- [Social Services and Well-being \(Wales\) Act 2014](#)
- [Regulation 15: Personal plan](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- [Regulation 18: Provider assessment](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/18/made>
- [Regulation 33: Access to health and other services](#)
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>

Related guidance

[Promoting the Health and well-being of looked-after children - Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England \(March 2015\)](#)

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1. Health Care Assessments

Every Looked After Child should have a Health Care Assessment soon after being placed and then at specified intervals; as set out below.

The purpose of Health Care Assessments is carry out an initial assessment of the state of the child's physical, emotional and mental health. The health care assessment will inform the child's health care plan, and ensure that the placement meets the child's holistic health needs. The carer and the young person will be required to complete a psychometric measure appropriate for that young person's needs; this may be a questionnaire such as the Strengths and Difficulties Questionnaire (SDQ) or the Children's Impact of Events Scale (8) CRIES-8 or another outcome measure as identified by BMC.

Health Care Assessments must be conducted by a suitably qualified medical practitioner; who should provide the social worker with a written report.

- In England the first assessment must be conducted before the child's first placement, or if not reasonably practicable, before the child's first **Looked After Review** - unless one has been conducted in the previous 3 months. In Wales, the first assessment must be conducted within 14 days of the placement;
- For children **aged between two and five years**, further assessments should occur at least every six months;
- For children **aged over five years**, further assessments should be at least annually;
- Health Care Assessments must be conducted more frequently where the child's health needs dictate;
- Health assessments should not be seen as an isolated event but, rather, be part of the continuous cycle of care planning (assessment, planning, intervention and review) and build on information already known from health professionals, parents and previous carers, and the child himself or herself.

The Social Worker is normally responsible for ensuring that Health Care Assessments are undertaken, but this responsibility may be undertaken by the home.

In order for the assessment to be conducted, the social worker should ensure that all the necessary consents and delegated authority permissions have been obtained so that decisions are not delayed. Young people (dependant on their age and understanding) can provide informed consent for the assessment.

Each child's Placement Plan, should identify the child's health care needs (if any) and set out how these will be met by the home.

Additionally, each Child must have a Health Care Plan.

The initial Health Care Plan should be produced before the first Looked After Review. The Health Care Plan should then be updated after each Health Care Assessment or as circumstances change.

The Health Plan should describe how the child's physical, emotional and mental health needs will be addressed to improve health outcomes.

The Health Care Plan (and the Placement Plan as necessary) should cover the following:

- a. Whether there are any specific health physical, emotional or mental healthcare needs - and how the home will meet them;
- b. Responsibilities of residential staff to make sure a child attends their health assessment and all other medical, dental and optical appointments, and facilitate any required treatment regimes;
- c. Agreement for the use of non-prescribed medicines, **Home Remedies** or use of first aid;
- d. Any specific medical or other health interventions which may be required, including whether it is necessary for any Invasive Procedures and how they will be undertaken;

Whether it is necessary for any immunisations to be carried out;
- e. Any specific treatment or Therapeutic Interventions, strategies or remedial programmes required;
- f. Any necessary preventative measures to be adopted;

- g. Clarify which health care decisions have been delegated to carers;
- h. If the child is a risk of self-harm, and the interventions/strategies to be adopted in reducing or preventing the behaviour;
- i. How the home will contribute to any health monitoring.

2. Designated Link Worker

One of the key responsibilities of the child's Keyworker will be promoting his/her health and educational achievement, liaising with key professionals, including the Named Nurse for Looked After Children, the child's GP and dental practitioner.

The Keyworker will also ensure that up to date records are kept on the child in relation to his/her health needs, development, illnesses, operations, immunisations, allergies, medications, administered, dates of appointments with GP's and specialists.

The Keyworker must also ensure the child is registered with a GP and other health care professionals as set out in **General Practitioners, Dentists and Opticians Procedures**

Also see **Link/Keyworker Responsibilities Procedure**.

Revision History

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End