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Looked After Children- Review Health Assessment  
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**Part 2-** To be completed by the assessing health professional and retained within the child's health record.

A copy of this entire form will be sent to the child's adoption agency and, in England, to the GP as lead record holder, as required by statutory guidance.

The child 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 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 child's community paediatrics record

Consent by the child with capacity to consent is essential.

**Does the child have capacity to consent? Yes/No**

**If not, then check for signed consent in Part 1**

**Consent by the child**

1. I understand the reason for this health assessment
2. I agree for it to take place.
3. I understand that following this assessment, recommendations for my health care plan will be drawn up.
4. A copy of Part 3 will be given to;

	Please detail names
Me	
my Social Worker	
my carer, birth parent/s	
GP	
School Nurse/Doctor	

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.

**Child name** \_\_\_\_\_

**Signature of child** \_\_\_\_\_

**Date** \_\_\_\_\_

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<b>Professionals checklist (please tick if viewed to support health assessment)</b>			
<b>Consent (Part 1)</b> in the event a child does not have the capacity to consent	<input type="checkbox"/>	Education, Health Care Plan (EHCP)	<input type="checkbox"/>
GP information	<input type="checkbox"/>	Strengths and Difficulties Questionnaire (SDQ)	<input type="checkbox"/>
Previous health assessment/plan	<input type="checkbox"/>	Immunisations	<input type="checkbox"/>
		Social worker summary	<input type="checkbox"/>
		Family history	<input type="checkbox"/>
		LAC review minutes/plan	<input type="checkbox"/>

<b>Present at the health assessment</b>			
Name	Role	How long have they known the child	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Child seen alone	Yes/No	If no, give reason	<input type="text"/>
Carer seen alone	Yes/No	If no, give reason	<input type="text"/>
Venue health assessment completed	<input type="checkbox"/>		

<b>When was your last LAC review?</b>	<input type="text"/>
<b>When is the next LAC review?</b>	<input type="text"/>

<b>Social Worker Name</b>	<input type="text"/>	<b>Responsible LA</b>	<input type="text"/>
<b>Contact number</b>	<input type="text"/>	<b>Date last seen</b>	<input type="text"/>

**Review of previous health recommendations**

Has the child/young person received a health assessment in the last 12 months (6 months <5 years)	<input type="checkbox"/>	<b>Yes/No</b>
Have the recommendations been completed since the last health assessment		
<b>Child's views</b>	<b>Carers views</b>	
<input type="text"/>	<input type="text"/>	
<b>You told us you'd like this to happen for you?</b>		
<input type="text"/>		
<b>Has this happened for you? If no, why not?</b>		
<input type="text"/>		

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**Section 2-** Health discussion (please use the 24 clock to aid discussion) *\*Please consider for children 14-18 years how independence is promoted and how this can be supported for transitioning leaving care.*

<b>Breakfast/Lunch/dinner/snacks</b>	<b>00:00</b>	<b>Sleep</b>	
	<b>01:00</b>		
	<b>02:00</b>		
	<b>03:00</b>		
	<b>04:00</b>		
	<b>05:00</b>		
<b>Oral hygiene- include last dental appointment</b>	<b>06:00</b>	<b>Activities</b>	
	<b>07:00</b>		
	<b>08:00</b>		
	<b>09:00</b>		
<b>Dentist name and address:</b>  <b>Last dental visit:</b>	<b>10:00</b>	<b>Time spent with carer/key worker/ residential staff</b>	
	<b>11:00</b>		
	<b>12.00pm</b>		
<b>Personal Hygiene/please detail any toileting concerns, child self care regime/menstruation)</b>	<b>1.00pm</b>	<b>Education provision/employment</b>	
	<b>2.00pm</b>		
	<b>3.00pm</b>		
	<b>4.00pm</b>		
	<b>5.00pm</b>		
	<b>6.00pm</b>		
<b>Physical activity</b>	<b>8.00pm</b>	<b>Aspirations</b>	
	<b>9.00pm</b>		
	<b>10.00pm</b>		
	<b>11.00pm</b>		
	<b>6.00pm</b>		<b>Friendships</b>
	<b>8.00pm</b>		
<b>9.00pm</b>			
<b>10.00pm</b>			
<b>11.00pm</b>			
<b>Changes in routine weekend; (please consider contact arrangements with family?)</b>			

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**Section 3**

What's going well.....

What can we improve on for your next health assessment.....

Child's views

Carers views

Child's views

Carers views

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**Section 4-** Health overview

Have there been any changes since your last health assessment? Have you attended the GP/hospital for any reason?

Do you have any current conditions or diagnosis which affects your health or development?

Do you take any regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Do you have any allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

Please detail health professionals involved in your care.....

Role	Name/address	Give details/date of last visit
Health Visitor/School Nurse		
Optometrist/Orthoptist/ Ophthalmologist		
Paediatrician		
CAMHS/mental health services/voluntary sector		
Therapists, e.g. physio or occupational therapy, speech and language		
Other		

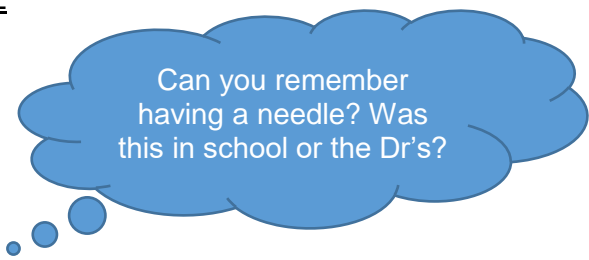
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**Immunisation status**

Are you fully immunised?	Yes/No
Next one due:	
Advice provided on next immunisation	Yes/No



**Child development**

Have you seen your school report been used to support assessment (please delete) **YES/NO**

Are you aware of your school target (please delete) **YES/NO**

Any concerns detailed in your school report? (please detail)

<b>Stop</b> What you are doing	<b>Look</b> <ul style="list-style-type: none"> <li>○ At the child</li> <li>○ The carer</li> <li>○ The environment</li> </ul>	<b>Listen</b> <ul style="list-style-type: none"> <li>○ To the child</li> <li>○ Listen to what the child is saying</li> <li>○ Listen to professionals</li> </ul>
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Developmental area	Observation	Action <i>*please consider for children 14-18 years and how independence can be developed and promoted to support leaving care.</i>
Child's presentation		
Communication		
Cognitive development		
Social and self care skills		
Behaviour		

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**Your Growth**

Weight today (KG)		Height today (cm)		BMI Today
Centile today		Centile today		
Previous weight (KG)		Previous height		Previous today
Previous centile		Previous centile		

**Please detail any concerns about child development**

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For refugee and trafficked children, consider the ongoing impact of displacement, separation and loss, and physical, emotional and sexual trauma.

Please consider relationships, play, development, attachment, SDQ's.

**Emotional and Behavioural development**

Has any major social change occurred since the last assessment, e.g. change of school, sibling moved from placement?

Has any major social change occurred since the last assessment, e.g. change of school, sibling moved from placement?

Has a Strengths and Difficulties Questionnaire (SDQ) been completed (please delete) YES/NO




Date of SDQ:

SDQ score;

Actions following SDQ:

**Please provide examples for each emotion and how the child manages these?**

Please consider self harm/substance misuse/smoking/vaping or suicidal ideation when exploring emotional health

		What are you feeling today?
	Happy	
	Angry	
	Sad	



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	Excited	
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Three wishes

- 1.
- 2.
- 3.

**Section 6-** Safety and health promotion

(Please shade in the appropriate areas relevant for the child)

Gang violence	
Smoking/vaping	
Substance misuse	
Bullying	
Child sexual exploitation	
Episodes of missing	
Female genital mutilation	
Other	



**Where the client is aged 13-15,** the experience of relationship abuse is a safeguarding issue and the safeguarding authorities should be made aware of the case. No guarantee of confidentiality can be made to the young person.

**Where the client is aged 16-18,** again the experience of relationship abuse is a safeguarding issue and appropriate referral routes must be followed. However, the MARAC should form part of those routes and should be aligned to the safeguarding process.

Sexual health	
<p><b>Sexually active?</b></p> <ul style="list-style-type: none"> <li>- Are you in a relationship currently?</li> <li>- Is your partner supportive?</li> <li>- Consent</li> </ul>	

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<p>Can you say no when you want to?</p> <ul style="list-style-type: none"> <li>- Do you ever feel frightened of your partner or other people at home?</li> <li>- Have you ever been in a relationship where you have been hit or hurt in some way?</li> <li>- Are you currently in a relationship where this is happening to you now?</li> </ul>	
<p>Do you need contraception?</p>	
<p>Do you know where local clinics are for:</p>	
<p>Contraception ? Please detail (please consider fraser guidelines)</p>	
<p>G.U.M. clinic ? Please detail</p>	
<p>Advice on personal checks as age appropriate</p>	

<p>Detail any risk/vulnerability or health promotion provided to mitigate any risk to the child</p>
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Detail and referrals or liaison with multi agency professionals to manage risk

Name/agency referral	Intended support required	Date referred

Additional comments/observations

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Assessing health professional

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

It is good practice for the assessing health professional to discuss the issues raised in this report with the child, where it is appropriate, and to seek appropriate consent for further dissemination of information. The assessing health professional or agency health adviser should discuss the issues and their implications for the child with any future carers.

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