



### **Review Health Assessment's (RHA's) for Children and Young People in Care (CYPiC); Interim guidance for Wolverhampton NHS health provider in light of COVID 19.**

**Introduction:** This guidance has been developed by Designated Professionals for Children and Young People in Care (CYPiC) following Governmental and NHSE advice to support the changes in current practise. Consultation has taken place with Wolverhampton provider services and the local authority. This guidance will be regularly reviewed and updated in line with local and national directive.

**Changes in local health provision:** the 0-19 service will only be completing existing requests for RHA's. This will enable them to prioritise safeguarding contacts with vulnerable families. Future requests will therefore be directed to the Named Nurses for CYPiC. The Designated Nurse CYPiC will cover all assessments for those who are placed 50 miles plus if local area cannot complete.

#### **Guidance:**

1. RHAs should continue to be offered as per national requirements (DfE, 2015) and local contractual arrangements. There is a clear expectation that the local authorities will continue send a request for the RHA and accompanying consent.
2. In cases where the child has had a recent developmental assessment, or if the child has recently been seen by the practitioner these consultations could be used to inform the RHA.
3. Following the collation of information, **RHA's should be undertaken remotely in the first instance.** The need to see the child is paramount therefore a video consultation should take place for all cases where possible.
4. Based on this initial remote consultation, a clinical decision will be made regarding whether the CYP requires a more detailed examination. Consideration of age, vulnerability and pre-existing health conditions should all be acknowledged as part of the assessment. If during the assessment the health practitioner has any safeguarding concerns, or concerns regarding the child's health, a referral should be done to appropriate services. This will be in line with the Trusts emergency arrangements to prevent the spread of Covid19.
5. Professional judgement will need to be used to determine if the assessment is conducted via the carer or directly with the CYP or both. However, the voice of the child remains



paramount and will need to be reflected in the health care plan, unless the child is physically unable to do so.

6. Regardless of the method used for the assessment, it is important that the standard RHA format is used and remains a high quality assessment which informs the child's health plan.
7. Information from the child's Social Worker and GP, along with any other professional involved with the child or young person will continue to be collected in line with local process. The Social Worker will need to be informed about the method in which the RHA will be taking place.
8. It is recommended that it is clearly documented within the child's notes what form the RHA has taken and the rationale for adopting this approach. (e.g. 'This RHA was undertaken via a Skype call with the child and foster carer. The reason for this approach is in response to central government and local guidance during the Covid19 pandemic'.) This will ensure a clear audit trail within the records of decision making.
9. It is suggested that a list of all RHAs undertaken via non face-to-face methods are recorded by provider organisations and stored in accordance with organisational record-keeping processes.
- 10. Impact of these changes (timeliness, quality) will be discussed within weekly meetings between CYPiC Named and Designated professionals and LA Head of Service CYPiC to ensure identification and mitigation of risk wherever possible**
11. This guidance will be regularly updated as national guidance becomes available.

**Thank you all for your continued support to our Children in Care and their Carers at this difficult time.**