**YOUNG PEOPLE IN CARE WHO DECLINE STATUTORY HEALTH ASSESSMENTS**

Pathway for the Local Authorities

and

Health Providers in Nottinghamshire and Nottingham City

**This pathway will be initiated when the Child or Young Person (CYP) declines to engage with their Initial Health Assessment (IHA)**

SW seeks informed consent for IHA from YP \***X**

**If the CYP requests an IHA following either a refusal or after a notes review being completed, an IHA will be offered**

IHA consent given

CYP declines to consent to instigate IHA despite SW engagement \***a\*b**

SW must contact the CYP to explore the reasons for non-attendance/refusal. Alternative options to encourage engagement to be considered. Further appointments for IHA will be offered as appropriate **\*P**

CYP declines to engage with the IHA offered **\*a \*b**

IHA offered

Receiving CIC provider informs the SW

IHA cancelled

IHA attended: normal provider reporting pathway

**If <17y:** SW to determine date for recall for subsequent RHAs. If YP has declined notes review SW to explore with the YP whether they will consent again to and engage with an IHA instead of an RHA. If an IHA has been refused but RHA accepted, an RHA is to be completed.

For all CYP (including OLAC and those placed OOA), the receiving CIC Dr will:

1. Notify the GP via letter that the CYP has refused their IHA and has not consented to a record review. Ask the GP to upload communication to the electronic health record as appropriate
2. Request the GP considers discussion at their practice safeguarding meetings and reviews their records to see if there are any outstanding health needs and liaises with SW
3. Notify relevant 0 – 19 service via letter to inform them that the CYP has not been seen.
4. Notify CIC Nursing team of above (OLAC **see \*a)**
5. Inform the SW who within health has been informed of the declined IHA

**YP agrees to record review and written report and either**:

1. YP signs agreement in Letter 1 and/or
2. SW signs to confirm verbal agreement given or clearly documents in an email sent to relevant CIC health team

SW forwards agreement / consent plus completed IHA-YP referral to health provider **\*x**

CIC health team ensure entry in health records to reflect consent / agreement

**\*b**

**After > 1 refusal >>>>>>>>>>>>>>>>>>>🡪**

*NB including those booked appointments the CYP has not attended, BUT excluding cancellation or WNB, which are out of their control*

**The CIC Dr will:**

1) undertake a full review of the CYP health records (and review of parental health information).

If placed OOA or OLAC consideration must be given as to who is best placed to complete this work. **\*a**

2) Ensure IHA report is completed with recommendations and distributed to GP **\*p** , and social care as per normal pathway informing both that the CYP was not seen and who within health have been informed.

3) Inform the 0 – 19 service that the CYP has not been seen but there is a report shared with the GP. **\*d**

If known to the YJT service **\*c**

**If 17y+:** SW to signpost to care leaver offer on LA website if appropriate **\*d**

**SW to share with YP:** “**Letter 1”**– request to access records and distribute a report and health recommendations **\*y**

**SW to share with YP:** “**Letter 2”**

– signposting **\*z**

**YP declines** to agree to records access **\*b**

**\*b LAC Review Meetings**

Social workers and IROs must discuss the non-engagement at the following Looked after review meeting. Health representation is crucial at this meeting; especially in transition from care therefore every effort should be made to ensure appropriate health representation/ report is at the meeting. Social care must ensure that risks and vulnerabilities are reviewed and documented at the LAC reviews and that the young person receives support to enable them to address any health concerns.

Further offers of an IHA should be an on-going action from the LAR meeting as the CYP may change their mind at any point (even if subsequent RHAs have been completed).

**\*a Other Local Authority Child (OLAC)**

If OLAC, the originating referrer (responsible health team) must be informed by receiving health providers of non-engagement. A decision about how to proceed to be made following discussion with originating health team (availability of information and health records) e.g. follow local decliner pathway or return to originating health team.

If OLAC, the CYP will not currently be referred onto the nursing caseload therefore good liaison must take place between the CIC health provider and the GP / 0 – 19 service.

**Key to Initial Health Assessment Pathway**

**\*y Letter 1**

**\*c Youth Justice Service/ Specialist Nurse**

If open to the YJS, liaison undertaken with the YJ nurse to consider whether they could support with facilitation of the health assessment and update on any relevant health issues if in contact with the CYP.

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**\*p**

**Non face to face consultation**

Consider whether the YP would engage with a non-face to face assessment (acknowledging that the physical element will be outstanding but becomes a health recommendation e.g. GP follow up)

**OOA**

If the CYP is placed out of area, the appointments offered will be dependent on the external health provider.

**\*d Care Leaver**

If the CYP is over 17 years of age and living in area, the SW to provide CYP with copy of information to support access to local services (originating from CIC Medical Team). The SW will share the local offer (some elements of the offer are available for OLAC however they will have support from their originating local authority).

**Abbreviations:**

CYP Child or young person

CIC Children in Care

IHA Initial health assessment

RHA Review health assessment

YP Young person

SW Social worker

CIC Children in care

OLAC Other local authority child

LAC Looked after child

YJT Youth justice team

OOA Out of area

LA Local authority

**\*x Informed consent for IHA**

Social workers to use appropriate consent process/forms and request documentation from their agreed local procedure to instigate a statutory initial health assessment. This includes consent to:

1. Undertake an IHA consultation (IHA-YP / consent)
2. Access CYP health records and share a report
3. Demographic information (IHA-YP)

NB – specific consent is required from each birth parent to access and share their health information, ideally with a completed Parental Health Questionnaire attached for each parent. Information about parents cannot be included in an IHA report without this.

**\*y Letter 1**

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**\*z Letter 2**



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| **This pathway will be initiated when the Child or Young Person (CYP) declines to engage with their Review Health Assessment** |  |  |  |

If a care leaver, consent will be required to complete a leaving care health summary.

If obtained the summery can be shared with the CYP and/or SW

SW and/or CIC nurse must contact the CYP to explore the reasons for non-attendance/refusal. Alternative options should be explored; for example, venue of choice, time of choice and support from relevant trusted professionals identified by the CYP or non-face to face/telephone contact.

Further 2 appointments for an RHA will be offered as appropriate.

NB including those booked appointments the CYP has not attended, BUT excluding cancellation or WNB which are out of their control

CIC nurse to liaise and update SW following the review of health records of any outstanding health issues/recommendations and inform who within health have been informed. **\*b**

CIC nurse informs CYP by letter of any outstanding health recommendations from the previous 12 months and gives the opportunity to rearrange the RHA.

CIC nurse to send \***YP Letter 1**

The CIC admin (nursing) team will notify the GP that the CYP has refused their RHA **\*d**

The CIC nursing team will request the GP considers discussion at their practice safeguarding meetings and reviews their records to see if there are any outstanding health needs and liaises with SW as appropriate.

The CIC nursing team will liaise with the relevant 0 – 19 service to inform them that the CYP has not been seen.

A recall will be placed on SystmOne (electronic health record) for the next RHA dependent on age.

If the CYP engages, the CIC provider to progress with arranging the RHA

Following referral from the LA, appointment is arranged and the health records reviewed

If known to the YOT service **\*c**

If the CYP does not engage with the assessment offered the CIC provider is to inform the SW **\*a \*b**

YP refuses to engage with the RHA

**Key to Review Health Assessment Pathway**

**\*b LAC Review Meetings**

Social care must discuss at the following LAC review the non-engagement. Health representation is crucial; especially in transition from care therefore every effort should be made to ensure appropriate health representation is at the meeting. Social care must ensure that risks and vulnerabilities are reviewed and documented at the LAC reviews and that the young person receives support to enable them to address any health concerns.

**\*a OLAC**

If OLAC, the originating authority must be informed by health providers of non-engagement. If OLAC, the originating referrer (responsible health team) must be informed by receiving health providers of non-engagement. A decision about how to proceed to be made following discussion with originating health team (availability of information and health records) e.g. follow local decliner pathway or return to originating health team.

**\*d Care Leaver**

If the CYP is over 17 years of age “important health information” is to be offered by the CIC admin (nursing team) to the SW and GP as per distribution pathway and \***YP Letter 2** sent to the YP by CIC nurse. This includes those placed OOA.

Consent will be required to complete a leaving care health summary.

If living in area, information to support accessing local services to be sent by the CIC admin (Nurse) to the SW for sharing with the CYP. The SW will share the local offer once in place.

If OLAC, information to support accessing local services to be sent by the CIC admin (Nurse) to the SW for the CYP to distribute. The SW will share the local offer (some elements of the offer are available for OLAC however they will have support from their originating local authority).

**\*c Youth Justice Service**

If open to the YJS, liaison undertaken with the YJ nurse to consider whether they could support with facilitation of the health assessment and update on any relevant health issues if in contact with the CYP.

**Abbreviations:**

CIC Children in Care

CYP Child or young person

RHA Review health assessment

YP Young person

SW Social worker

CIC Children in care

OLAC Other local authority child

LAC Looked after child

YJT Youth justice team

OOA Out of area

LA Local authority

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|  | **\*YP Letter 1****\*YP Letter 2** |
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