



Public Health
Agency

Promoting the Health and Wellbeing of Care Experienced Children and Young People

**Guidance and Practice Standards
for
Health Visitors, School Nurses, Family
Nurses and Specialist Nurses for Care
Experienced Children and Young People.**

Improving your health and wellbeing

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Background

This guidance has been developed by the Regional Nursing Midwifery and Allied Health Professionals (NMAHP) Safeguarding Children forum in consultation with care experienced young people and other key stakeholders. It replaces the “*Promoting the health and wellbeing of Looked after Children and young people: Guidance for Health Visitors, School Nurses, Family Nurses (Family Nurse Partnership) and Specialist Nurses for Looked After Children*” (PHA, 2014).

The revised guidance reflects principles and recommendations set out within:

- The Children (NI) Order (1995)¹,
- Looked After Children and Young People guidance (NICE (2021)²,
- Healthy Child, Healthy Future (DOH, 2025)³,
- Healthy Futures (DHSSPS, 2010)⁴,
- Making Life Better (DOH, 2012-2023)⁵,
- A Life Deserved: “Caring” for Children and Young People in Northern Ireland (DOH, 2021)⁶.

The Children (NI) Order (1995) defines a ‘looked after child’ as a child who is accommodated by a Health and Social Care Trust (Trust) for a period of 24 hours or more. A looked after child may be placed in a ‘care’ setting with foster carers or in a children’s home, or placed with extended family or relatives i.e. kinship foster carers. A child can be placed in care as a voluntary agreement between the Trust and the child’s parents (or others who have parental responsibility) or as a consequence of a Care Order granted to the Trust by a Court. Children who are temporarily looked after for planned respite for 24 hours or more are also considered to be a looked after child.

¹ Children (NI) Order 1995 [The Children \(Northern Ireland\) Order 1995](#)

² NICE Looked-after children and young people. 2021 [Overview | Looked-after children and young people | Guidance | NICE](#)

³ Healthy Child, Healthy Futures https://www.health-ni.gov.uk/sites/default/files/2025-09/Healthy%20Child%20Healthy%20Future%202025%20-%20Tagged_3.pdf

⁴ Healthy Futures <https://www.northernireland.gov.uk/sites/default/files/publications/dhssps/healthy-futures-2010-15.pdf>

⁵ Making Life Better- Strategic Framework for Public Health. 2012-2023. [Making Life Better - Strategic Framework for Public Health | Department of Health](#)

⁶ A Life Deserved: “Caring” for Children and Young People in Northern Ireland [A Life Deserved - A Strategy for Looked After Children | Department of Health](#)

Whilst 'looked after child' is the legal terminology, an extensive piece of work was completed by the Voice of Young People in Care (VOYPIC)⁷. This work highlighted the need to change the language that professionals use when talking to and about care experienced children. For that reason, the phrasing 'care experienced children' will be used throughout this document.

There are a variety of reasons why young people come into care. Like all children, children in care are not a homogenous group. Some are living with disabilities; others are newly arrived in this country, perhaps separated from family and having to deal with that, alongside the challenge of a new culture and a different language. Coming into care can create a set of unique challenges for children and young people. It can be a time of uncertainty and loss. Many children and young people will have experienced trauma, poor mental health, and hardships in their young lives. The existing body of research on Adverse Childhood Experiences (ACE's) has shown that where ACE's have occurred during childhood or adolescence, these can have a significant impact on young people's physical and mental health throughout the life course. Therefore, it is important to note, from the outset that central to any aspect of care provided to young people is ensuring a trauma informed/responsive approach is adopted.

Children Order regulations require Trusts, in the case of each child in care, to include the arrangements for the child's health in his/her health plan. Foster carers and residential children's homes must also meet specific requirements. Care experienced children, dependent on their age and ability to consent or refuse consent, must have a medical examination at least once a year. The child and young person's health must be reviewed within a statutory review process at initial periods specified in the regulations and at least every six months for those less than five years and annually thereafter.

The Public Health Agency (PHA) led a transformational project in 2017 to introduce an annual holistic health review for post primary, school-aged, care experienced children. This project has proven to be successful in the earlier identification of health

⁷ VOYPIC Vocabulary of young people in care. 2023 [Home - VOYPIC](#)

needs for this vulnerable group in addition to more timely and appropriate interventions to address health needs and has since been rolled out across all five Health and Social Care Trusts (HSCT). This approach fully supports and reflects the proposal within the DoH “A Life Deserved Strategy” (2018) to review the current practice of statutory medicals towards a more holistic health assessment approach. Feedback from care experienced children and young people both within the strategy and during the project, highlights that care experienced children and young people would appreciate a more holistic, nurse-led approach to discussing their health needs. Whilst this proposed change is being considered, it is understood that this will require legislative changes and therefore any new model will have to work in parallel until the legal framework is amended.

With the current initial implementation (within children’s homes) of the Northern Ireland Framework for Integrated Therapeutic Care for Care Experienced Children and Young People⁸, the long-term vision for all care experienced children and young people is one of a single, shared ‘*team around the child*’ network planning and review process to deliver a ‘*one child, one plan*’ approach to ensure seamless interfacing between all involved agencies.

Health reviews will therefore play an important part in this shared multiagency approach to meeting the needs of care experienced children and young people.

Rationale

Implementation of the standards and guidance will:

- Improve health outcomes for care experienced children and young people;
- Improve the participation of care experienced children, young people, birth parents, if appropriate, carers and other professionals in health reviews, making health plans more meaningful for children, young people and their families;

⁸ <https://www.health-ni.gov.uk/articles/nifitc>

- Support Trusts with their responsibilities as ‘corporate parent’⁹ to ensure the health needs of each care experienced child and young person are proactively reviewed and identified health needs addressed; and;
- Support practitioners¹⁰ who have an important role in the provision of regular health reviews and health plans as part of multi-disciplinary and inter-agency care planning process.

Purpose

The purpose of this guidance and standards is to:

- Ensure that the role of the practitioners in care experienced children and young people’s health reviews and care planning is explicit;
- Ensure a thorough approach based on evidence and best practice;
- Facilitate the participation of care experienced children and young people and their carers (including birth parents were appropriate) in health reviews;
- Ensure a regionally consistent approach to collection of health-related data for care experienced children and young people; and;
- Ensure a regionally consistent approach to health reviews and attendance at care experienced children and young people reviews.

Scope

This guidance and standards are particularly relevant to Health Visitors, School Nurses, Family Nurses and Specialist Nurses for Care Experienced Children, employed within the five Trusts and should be referred to when carrying out holistic health reviews, developing health plans and responding to the health needs of care experienced children¹¹. It should be used in conjunction with regional guidance on

⁹ When a child or young person becomes ‘looked after’ by a HSC Trust, the Trust becomes the ‘Corporate Parent’ of that child or young person. As Corporate Parent, a Trust is responsible for safeguarding the child and promoting his or her wellbeing and welfare. This means that the Trust as a corporate entity must have the same goals for the child or young person as a parent and act for the child or young person as a parent would be reasonably expected to act. The Trust assumes moral as well as legal responsibility for enabling care experienced children and young people to experience happy and fulfilling lives.

¹⁰ Practitioners in this document includes Health Visitors, School Nurses, Family Nurses and Specialist Nurses for Care Experienced Children.

¹¹ Midwives and other nurses may be involved with some care experienced children but are not expected to be the lead practitioner given that their input is time- limited.

family health assessment, planning and documentation for Health Visitors and School Nurses¹².

This guidance and standards relate to care experienced children and young people who are subject to a Care Order, Interim Care Order or accommodated under a voluntary agreement with their parents, are living in a non-kinship foster placement, kinship foster placement, residential children's home or other placements agreed by social services. This guidance is not intended to relate to care experienced children in receipt of respite services whose care plans are led by specialist teams for children with disabilities.

Principles

The following principles should be applied when carrying out holistic health reviews and developing health plans for care experienced children and young people:

- The United Nations Convention on the Rights of Children¹³ (UNCRC) should underpin nursing practice;
- Consideration must be given to the child or young person's right to privacy (Article 16)¹⁴ when sharing information pertaining to their health and wellbeing. Consent should be sought and agreement should be made regarding what level of information should be shared with parents (who have parental responsibility);
- Practitioners should take a trauma informed/responsive approach when working with care experienced children and young people;
- Practitioners working with unaccompanied asylum-seeking children and young people are aware of additional care needs of this group, including health needs, safeguarding issues, language and culturally sensitive care needs. Practitioners should be aware of the potential previous traumatic experiences that these young people have experienced in their journey to Northern Ireland;

¹² Regional Guidance for Health Visitors and School Nurses on Family Health Assessment, Health Planning and Chronology of Significant Events (2015) Link unavailable

¹³ <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

¹⁴ No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

- Practice should be child-centred and age-appropriate and carried out with sensitivity to the child's wishes, feelings and fears, so that the child and young person feels comfortable in the presence of the practitioner;
- Those caring for care experienced children and young people must have high aspirations for them;
- Those caring for care experienced children and young people must be aware of resistance, deflection, non-compliance and the time and effort it may take to engage and support a child or young person to attend appointments and meaningfully engage with services to ensure their optimum health outcomes;
- The views of the children or young people need to be considered when making decisions in matters that affect them;
- Engagement and participation need to be encouraged through a range of age-appropriate approaches and resources;
- Care experienced children and young people should be custodians of their own health information as far as possible;
- Care experienced children and young people need to be encouraged to develop knowledge and skills in making healthy choices;
- Professional relationships based on trust, predictability and sustainability should be encouraged;
- Care experienced children and young people need support regarding their health in a manner that reflects developmental stages, including transition to adulthood;
- Meeting the health needs of care experienced children and young people should be a theme of a holistic and inter-agency process;
- Carers should have access to a named health professional to support them with their caring role and responsibilities in relation to health;
- Health reviews and planning is not an isolated event but a continuous activity which is part of the multi-agency care planning process;
- Personal information must be handled in a sensitive and professional manner and shared on a need-to-know basis, in keeping with General Data Protection Regulation (GDPR), Department of Health (DoH) and Trust policy;

- Practitioners should advocate on behalf of care experienced children and young people and ensure that health reviews are sensitive to age, gender identity, disability, race, culture and language and;
- Relevant health information should be available to those involved in the care experienced children review process.

Promoting Participation

Care experienced children and young people should be encouraged and facilitated to participate in their holistic health reviews, health plans and agree information to be shared by practitioners at the Children in Care Planning and Review meetings using age appropriate engagement methods.

The name and contact details of the Health Visitor, School Nurse, Family Nurse or Specialist Nurse for Care Experienced Children involved in the holistic health review process, should be given to:

- The child or young person (age appropriate);
- Birth parents with parental responsibility (if appropriate);
- Foster parents and carers.

Children and young people's views regarding their own health and any identified health needs, should be reflected in their health review and health plan. The agreed plan to address these needs, along with other relevant information should be discussed with them and documented. Relevant information should be shared within the holistic health review document tabled at a Children in Care Planning and Review meeting. A justifiable reason should be recorded if this does not happen.

Following discussion with the child or young person and Social Worker, consent has been obtained, and it is deemed appropriate and in the best interest of the child or young person, parents (with parental responsibility) should be:

- Informed that a holistic health review is to be carried out;
- Encouraged to participate in the holistic health review;
- Provided with information about the outcome of holistic health reviews and advised regarding referrals to meet identified health needs.

This is applicable even if a Care Order remains and parental responsibility is shared with the Trust. Arrangements to achieve this should be agreed with the child's Social Worker or at the Children in Care Planning and Review meeting.

Foster parents/carers should be provided with relevant health information to enable them to meet the child or young person's health and wellbeing needs. The practitioner responsible for carrying out a holistic health review should work in partnership with other health and social care colleagues, including the child or young person's General Practitioner (GP), to ensure that the child has access to appropriate health services, information and support regarding health issues.

Young person refuses a holistic health review

If a young person refuses to consent to a holistic health review the practitioner should:

- Respect the young person's right to decline;
- Complete a CHS75 reflecting the young person's choice to refuse (as refusal on outcome box);
- Undertake a record review and share any health issues identified with relevant professionals;
- Inform the child or young person's Social Worker and GP that young person declined health review;
- Advise the child or young person's Social Worker and GP that should any health needs arise they can contact Health Visitor, School Nurse, Family Nurse, Specialist Nurse for Care Experienced Children via appropriate channels;
- Offer a further health review the following year.

Care Experienced Children and Young People Holistic Health Reviews

Practitioners should use the templates in:

- Promoting the Health and Wellbeing of Care Experienced Children and Young People. Guidance for Completing Holistic Health Reviews for Health Visitors, Schools Nurses, Family Nurses and Specialist Nurses for Care Experienced Children and Young People (PHA, 2025).

The child and young person's right to privacy and their views must be taken into consideration when deciding the level of health-related information to be shared at a Children in Care Planning and Review meeting. Usually, the outcome of the most recent holistic health review, analysis and plan will be shared at the Children in Care Planning and Review meeting. However, a redacted version of the holistic health review may be appropriate, for example when a young person has not given consent for some information to be shared at the Children in Care Planning and Review meeting. Advice should be sought from a Safeguarding Children Nurse Specialist (SCNS) if a nurse is uncertain regarding the level of information to be shared.

Information provided to Local Authorities outside of Northern Ireland

There are occasions when children are placed within Northern Ireland but the responsibilities for Children in Care Planning and Review meetings remain with Local Authorities outside of Northern Ireland. Information provided for the purpose of these Children in Care Planning and Review meetings should be documented using the current Northern Ireland holistic health review documentation.

Transfer from one Trust to another

When a care experienced child or young person is moving out of a Trust area, the practitioner responsible for the child's health plan must follow the guidance in Safeguarding Children Transfer Within and Between Jurisdictions (PHA, 2023).¹⁵ The practitioner responsible for the child or young person's health plan will contact the practitioner taking over responsibility and provide them with a verbal hand over. The safeguarding children summary transfer form will be uploaded into the child's or young person's records/ electronic record (Encompass). The Child Health System (CHS) will be informed using the electronic CHS8 (notification of change form).

¹⁵ Safeguarding Children Transfer Within and Between Jurisdictions: Regional Process for Specialist Community Public Health Nurses and Family Nurses. (2023) Public Health Agency.

<https://www.publichealth.hscni.net/sites/default/files/2023-06/Final%20Cross%20Jurisdiction%20Guidance%20for%20SCPHN%20and%20Family%20Nurses.pdf>

There may be occasions when a child/young person is moved to a temporary placement outside a Trust boundary. Advice should be sought from the Safeguarding Children Nurse Specialist, Named Nurse for Safeguarding Children or Family Nurse Supervisor to ensure continuity of care. In some circumstances it may be appropriate for the current caseload holder to retain caseload responsibility. If this is agreed, the caseload holder must inform the SCNS and/or Line Manager/Family Nurse Partnership supervisor in the Trust that the child is residing in, of their address and details, indicating that they will retain caseload responsibility.

Attendance at Children in Care Planning and Review Meetings

Joint working arrangements must be agreed when there is more than one practitioner involved with a care experienced child or young person, including who is best placed to take the lead. A Health Visitor, School Nurse, Family Nurse or Specialist Nurse for Care Experienced Children should attend:

- Initial Children in Care Planning and Review meeting;
- First subsequent Children in Care Planning and Review meeting; and;
- First subsequent Children in Care Planning and Review meeting after taking over responsibility for a health plan transferred from a colleague;
- All Children in Care Planning and Review meetings for preschool children.

Professional judgement regarding attendance at additional Children in Care Planning and Review meetings will be based on:

- Age of child or young person;
- Complexity of the child's situation;
- Child protection risk factors;
- Complexity of health care needs and;
- Level of involvement with the child / young person and carers.

Practitioners may attend for part of the meeting if this is deemed appropriate following consultation with the young person, social worker, carers and multi-disciplinary colleagues. Decisions not to attend a Children in Care Planning and Review meeting should be discussed with the SCNS at supervision. The rationale for not attending the meeting should be recorded in the child or young person's case note.

Training and Support

Practitioners carrying out health reviews with care experienced children and young people must be competent to do so and have access to relevant training, learning opportunities and updates¹⁶. Safeguarding children supervision regarding the health needs of care experienced children should be provided in keeping with DoH policy. ¹⁷

Standards for Practice

Standard 1: All Care Experienced Children will have an individual holistic health review and the development of an individual health plan based on identified needs.

Care experienced children will have the core health contacts by practitioners as outlined in Healthy Child, Healthy Future (DOH, 2025)¹⁸, and targeted interventions that reflect identified health needs and the involvement of other services.

All children who come into care for the first time will have an individual holistic health review completed by a practitioner.

This will be reviewed and updated:

- 6 monthly for a child under 5 years;
- and on an annual basis for those over 5 years or more frequently if required.

Children and young people will have a holistic health review completed annually thereafter for the period of time that they remain in care.

Care experienced children and young people residing with their parents will remain the responsibility of the current Health visitor, School Nurse, Family Nurse or Specialist Nurse for Care Experienced Children.

¹⁶ [Competencies - Intercollegiate document \(2025\) Safeguarding children and young people & children and young people in care: Competencies for health care staff](#)

¹⁷ Reflective Supervision Regional Safeguarding Supervision Policy and Standards for Nurses and Midwives. (DOH, 2022). [doh-reflective-supervision-safeguarding-children-report.pdf](#)

¹⁸ [Healthy Child, Healthy Future | Department of Health](#)

Preschool children:

- Care experienced children of pre-school age will be the responsibility of the Health Visiting Service or Family Nurse;
- The Family Nurse who is delivering the Family Nurse Partnership programme to the young mother whose child has been placed into foster care will continue to offer the Healthy Child, Healthy Future programme to the child up until the age of 2 years, if the mother continues to engage with the Family Nurse Partnership programme. Exceptions to this should be discussed with the Family Nurse Supervisor and care responsibility agreed depending on local Trust arrangements. If the mother disengages with the Family Nurse Partnership programme or the child is placed into a foster placement in another Trust, case responsibility will transfer to the Health Visitor;
- In families where there is both school aged and pre-school children the Health Visitor will maintain case responsibility.

School aged children and young people:

- Each primary school aged child should have a School Nurse or Health Visitor allocated to them depending on local arrangements within each Trust;
- Care experienced children and young people of post primary age will be allocated to the School Nursing Service depending on local arrangements within each Trust;
- Care experienced young people of post primary age will be allocated a place on Family Nurse Partnership programme should they become pregnant. Should the young person decide to engage with the Family Nurse Partnership the Family Nurse will hold case responsibility for the duration of the programme;
- If capacity issues arise within School Nursing/Health Visiting Service, the School Nurse Manager and Health Visiting Nurse Manager will liaise and agree case allocation depending on local arrangements;
- Young person under 18 years who has left education but remains in care should be offered an annual health review by the School Nurse.

Children and young people living in a children's home:

- Care experienced children and young people living in a children's home will be allocated to the Specialist Nurse for Care Experienced Children and Young People, where possible;
- Care experienced children and young people who have complex needs can be referred to the Specialist Nurse for Care Experienced Children and Young People for targeted interventions depending on local Trust arrangements.

Young people living in secure care:

- Practitioner allocation will depend on individual Trust policy and arrangements.

Criteria for Standard 1:

The relevant line manager will:

- Where they do not already have a named practitioner, allocate a Health Visitor or School Nurse within five working days of receiving the CLA1 notification form, or notification by another means, advising that a child is in care.

The relevant practitioner will:

- Request and review any previous health visiting/school nursing records via Child Health System and ensure Child Health System have received notification of change details (CHS 8);
- Contact the carer to arrange an introductory visit within five working days of allocation;
- Contact the Social Worker to discuss the child's situation and inform them of arrangements for the care experienced children and young people holistic health review to be completed, and a health plan generated if required;
- See the child or young person within ten working days¹⁹ from allocation of initial or change of placement;
- Arrange a suitable time to meet with the carer and / or care experienced child / young person for purpose of completing an individual holistic health review;

¹⁹ If a practitioner is working outside of these timeframe there must be clear documentation providing rationale for same.

- Ensure children/young people are actively involved in discussions about their health issues and concerns during the health review (age appropriate);
- Health Visitor/School Nurse will complete/update a foster family health assessment within three months of the child or young person moving into the placement;
- Commence or update chronology of significant events;
- Ensure that the wishes and feelings of care experienced children are taken into consideration in relation to devising the health plan, and provide them with contact details so that they are able to request a review of their health needs or health education as they require it;
- Ensure discussion takes place with carer and/or care experienced child or young people in relation to GP registration and advise them that temporary GP registration lapses after three months and will require the carer or care experienced child or young person to register on a permanent basis;
- Assist with GP registration were necessary;
- For pre-school children, provide carers with the child's Personal Child Health Record (PCHR) if available. If PCHR is not available ensure that a copy with relevant health information is given to carers as soon as possible;
- Complete individual health review within three months and forward CHS75 Initial Health Appraisal form to local CHS office, retaining a copy in records;
- Respond to identified health needs that cannot be met by the practitioner by making referrals to the most appropriate service;
- Following discussion with the child or young person and Social Worker, consent has been obtained, and it is deemed appropriate and in the best interest of the child or young person, inform the parents (with parental responsibility) that a holistic health review regarding their child is being completed. Encourage parents (with parental responsibility) to participate in the child or young person's holistic health review and health plan and provide information about the outcome (this may be achieved during attendance at the Children in Care Planning and Review meetings);
- Provide parents (with parental responsibility) with the contact details of the Health Visitor/School Nurse/Family Nurse/Specialist Nurse for Care Experienced Children; and

- Forward the holistic health review (when an active health plan is in place) to social worker at least 5 working days in advance of Children in Care Planning and Review meeting.

Annual Holistic Health Reviews

- Following the completion of the initial health review (IHR), an annual review health review (RHR) should be completed thereafter whilst the child or young person remains in care;
- If there are any identified health needs that requires input from the Health Visitor/ School Nurse / Family Nurse or Specialist Nurse for Care Experienced Children a health plan will be developed.

Standard 2: All children and young people who live in a children's home will have a holistic health review completed and a health plan developed to address identified health needs upon admission to residential care. All children and young people will have an annual holistic health review and their health plan updated thereafter.

Criteria for Standard 2:

The Specialist Nurse for Care Experienced Children will:

- Attend an initial Children in Care Planning meeting, if possible, once a child's or young person's care plan changes to that of residential care;
- Complete or update (if a recent health review has been completed within the past 6 months) a holistic health review with the child's or young person's involvement and will liaise with the child or young person's key worker and birth parents if applicable;
- Develop and agree a health plan with the child or young person ensuring that their wishes and feelings are taken into consideration and will liaise with the child or young person's Key Worker/Social Worker and birth parents if applicable;
- Ensure the inclusion of age-appropriate health education in the health plan including topics outlined in Healthy Child, Healthy Future;

- Respond to identified health needs that cannot be met by Specialist Nurse for Care Experienced Children by making referrals to the most appropriate service;
- Ensure discussion takes place with Key Worker and/or Social Worker in relation to GP registration and draw them to the fact that temporary GP registration lapses after 3 months and will require the Key Worker or Social Worker to register the child or young person on a permanent basis;
- Forward the completed health review and health plan to the child or young person's Key Worker/Social Worker. The holistic health review and health plan will be incorporated into the Health and Wellbeing Plan that is undertaken within the initial 3-month period of a child or young person living in a children's home. The holistic health review and health plan will also be available to view by all professionals involved with the child or young person via Encompass;
- Provide either a written or verbal update at the 3-month Children in Care Planning and Review meeting if the child or young person is a new admission into care;
- Attend consultation, formulation and care network meetings and Children in Care Planning and Review meetings if undertaking direct educative work with a child or young person;
- Inform the child or young person that the residential social work team will contact the Specialist Nurse for Care Experienced Children if they require health promotion advice;
- Review and update the child's or young person's holistic health review annually and the health plan as or when required;
- Ensure that when a child or young person leaves residential care that a handover is undertaken with the new allocated Health Visitor, School Nurse or Family Nurse and that any outstanding health issues are recorded in the records;
- Inform the young person and birth parents, if applicable, of the new Health Visitor or School Nurse's name and contact details;
- Inform the child's or young person's Social Worker of the new allocated Health Visitor or School Nurse;

- Cease involvement when the young person becomes 18 years old. At this point the practitioner will contact the Social Worker to inform them that they have ceased involvement;
- Provide the young person with anticipatory health information such as immunisations and contact details regarding relevant services such as sexual health and counselling services to enable them to make informed decisions on health and how to access care. Advise the young person that if they have any presenting health issues in the future, they should make either a GP appointment or, to attend the local hospital Emergency Department if urgent treatment is required.

Standard 3: All Unaccompanied Asylum-Seeking Children (UASC) admitted into the care of the respective Trusts will have a holistic health review. A health plan will be developed to address any identified health needs.

Criteria for the Standard 3:

Upon notification of UASC arrival the practitioner will:

- Contact the named Social Worker to confirm that they are exploring GP registration and requested statutory Child Looked After (CLA) medical, follow-up unknown immunisation status, explore dental registration and optician review;
- Attend Multiagency Risk Strategy meeting, where possible, which is convened within 48 hours of arrival to obtain as much information as possible about the young person;
- Request Health and Care Number as per Trust protocol;
- Ensure Child Health System has been updated as per Trust protocol;
- Plan and arrange to see the child/young person within 5 days of receiving notification of admission to care. Timeframes may vary depending on individual Trust operational guidance;
- Undertake any review with the support of a culturally appropriate, registered interpreter considering ethnic and gender sensitivities for children and young people with English as a second language;

- Explain the role of the Health Visitor/School Nurse/Family Nurse/Specialist Nurse for Care Experienced Children to the child/young person via the interpreter;
- Seek consent for a holistic health appraisal, onward referrals and information sharing with Social Worker, GP and appropriate health professionals, where a child or young person has sufficient age and understanding;
- Make all attempts to provide reassurance that the process is in the best interests of their health and well-being, where the young person refuses to consent to holistic health review. Inform the young person's GP and allocated Social Worker if consent is refused;
- Undertake the individual health review using the UASC specific template;
- Actively involve children and young people in all discussions, with the assistance of an interpreter, about their physical and emotional health and about any required referrals during the review;
- Given the possible risk of exposure to TB and blood borne viruses, make a referral to Northern Ireland New Entrant Service (NINES) or via agreed referral pathways in other respective Trusts. Inform the Social Worker and GP if consent for referral is refused;
- Explore childhood immunisation status with young person if known. Consult UKHSA Vaccination of Individuals with Uncertain or Incomplete Immunisation status algorithm²⁰ and request via GP or as per Trust protocol;
- Consider the child/young person's exposure to trafficking, modern slavery, Female Genital Mutilation (FGM), inconsistent access to food and care as well as culturally specific aspects which may impact on their health and wellbeing;
- Follow Trust specific, GP/local protocol/operational guidance and regional SBNI guidance if child/young person discloses Female Genital Mutilation (FGM). Inform Social Worker and consider offering GP referral for gynaecology assessment;
- Follow Trust specific operational guidance in respect of offering Contraceptive and Sexual Health clinic referral if young person is considering, has been or is currently sexually active;

²⁰ [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK](https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation)

- Consider potential unaccompanied children and young people's complex emotional and/or mental health needs. Prioritise mental health and emotional wellbeing needs and referrals, as appropriate, to relevant services. Provide therapeutic listening visits or refer to Lifeline/Samaritans/counselling via GP practices/ED (for urgent care) where access to specialist services is pending;
- Include the provision of age appropriate health education within the child/young person's health plan as per topics outlined in Healthy Child, Healthy Future. If using written health promotion material endeavour, as much as possible, to source this in the young person's first language to aid understanding;
- Discuss and agree any required health plan with the child or young person. Submit the completed health review and health plan to the allocated Social Worker at least 5 working days in advance of the Child in Care review;
- Attend and contribute to Initial and Review Child in Care meetings while a health plan remains in place;
- Revise the holistic health review annually until the young person's 18th birthday. At this point, inform the Social Worker and GP in writing that the young person is now closed to the Health Visitor/School Nurse or Specialist Nurse for Care Experienced Children and Young People service as they have turned 18 years old. Provide the young person with anticipatory health information such as immunisations and contact details regarding relevant services such as sexual health and counselling services to enable them to make informed decisions on health and how to access care. Advise the young person that if they have any presenting health issues in the future, they should make either a GP appointment or, to attend the local hospital Emergency Department if urgent treatment is required.

Standard 4: Effective inter-agency collaboration will inform the Children in Care Planning and Review meetings.

Criteria for Standard 4:

The practitioner will:

- Communicate with care experienced children and young people, parents (with parental responsibility), carers and professional colleagues for example the GP,

Paediatrician, Child and Adolescent Mental Health Services (CAMHS) to ensure that health needs are prioritised;

- Attend²¹ the initial Children in Care Planning meeting and any further review meetings if the child / young person is subject to a targeted health plan to:
 - Share relevant current health information and previous holistic health review outcomes;
 - Ensure that decisions take account of health needs and the developmental stage of the child or young person as well as their age;
 - Consider the health needs of the child and young person and agree how these can be best addressed and by whom.
- Share all relevant health reviews and health plans with the child (as age appropriate), young person, parents (with parental responsibility if appropriate) and carers prior to Child in Care Planning and Review meetings;
- Consider the issue of consent and the child or young person's right to privacy when sharing information;
- Provide holistic health review documentation at the Children in Care Planning and Review meeting. There may be occasions where it is not be appropriate to share the full details within the holistic health review. This may be due to the sensitivity of the information obtained or a lack of consent from the young person to share the information. Therefore, pertinent information/ the outcome of the holistic health review, analysis and plan will be verbally shared at the Children in Care Planning and Review meeting;
- Be aware of VOYPIC 'My Meeting: young people's standards for participation in review meetings'²², when attending a Children in Care Planning and Review meeting;
- Where there are no identified health needs or areas of work to be completed, record in the case notes the reason for closure of health plans and advise the Social Worker in writing via email. Continue to offer an annual holistic health

²¹ Children in Care Planning and Review meetings for all pre-school children will be attended by the Health Visitor / Family Nurse. Children in Care Planning and Review meetings for school aged children will be attended if the Health Visitor, School Nurse, Family Nurse or Specialist Nurse for Care Experienced Children are continuing to provide a targeted service.

²² [VOYPIC MY MEETING STANDARDS.pdf \(safeguardingni.org\)](http://safeguardingni.org)

review preferably by same practitioner, where possible, to promote continuity and build rapport with the child or young person.

Standard 5: Carers will be supported to meet the health care needs of the child or young person in their care.

Carers will have access to Health Visiting/Family Nurse/School Nursing/Specialist Nurse for Care Experienced Children and young people support to assist them in developing a good understanding of the health needs of children in their care and address any identified health issues.

Where possible, the number of Health Visitors/School Nurses visiting a carer will be kept to a minimum in order to promote effective relationships with the child or young person and the carers.

Criteria for Standard 5:

Line managers will:

- Make reasonable efforts to allocate a familiar practitioner to a foster family;
- Where possible, ensure that there is not more than one Health Visitor or School Nurse visiting a foster family home at any one time.

The practitioner will:

- Initiate a foster family health assessment and update the chronology. If appropriate, develop a health plan relating to any identified needs;
- Provide the carer with health promotion and health education that is relevant to their family needs and the care experienced children and young people in their care;
- Provide the carer with contact details and encourage them to make contact as health issues arise.

Standard 6: There will be effective transfer of Health Visiting and School Nursing Responsibility Following Change of Foster Placement.

There will be effective communication between Health Visitors / Family Nurse and School Nurses to ensure that the health needs of care experienced children are effectively addressed.

Criteria for Standard 6:

- A practitioner will be allocated to care experienced children and young people living within their locality;
- Formal hand over of case responsibility between the new and previous practitioner will be arranged by the existing practitioner. This can either be by telephone or, where possible, should be face to face to:
 - Discuss the child/young person's history, health and development;
 - Agree the amended health plan including support available to the carers regarding health issues.
- In some circumstances, with the agreement of Line Managers / SCNS / Named Nurse for Safeguarding Children or Family Nurse Supervisor, the existing practitioner will retain responsibility, for example, when the placement is likely to be a few weeks duration. Such arrangements will be time limited and kept under review;
- Transfer of records must be carried out in accordance with the Trust policy and CHS notified of any changes (via a CHS 8);
- Electronic health records may be available to share and review.

Standard 7: Records Relating to School Aged Care Experienced Children and Young People will be stored safely.

Original public health nursing records will be available to both the Health Visiting and School Nursing services regarding care experienced children and young people.

Criteria for Standard 7:

- School Nurses who are allocated to care experienced children and young people and providing ongoing health interventions will store family and child health records as per Trust policy;
- Health Visitors who are allocated to care experienced children and young people who are of school age will agree with the School Nurse how best to store the records depending on expected levels of contact;
- Family records that are divided and stored in two locations must be cross referenced in both locations for ease of reference and liaison purposes;
- Electronic records may be available on relevant systems including Encompass.

Standard 8: Advice, support and supervision will be available for practitioners.

Practitioners who are contributing to care experienced children and young people holistic health review and health plans will avail of advice, support and / or safeguarding supervision from the Specialist Nurse for Care Experienced Children and Young People and / or SCNS, and / or Family Nurse Supervisor and Line Managers as appropriate.

Criteria for Standard 8:

- Supervision is delivered and availed of at the level outlined in Reflective Supervision. Regional Safeguarding Supervision Policy and Standards for Nurses and Midwives (DOH, 2022);²³
- The role of practitioners will be reviewed during managerial, safeguarding supervision and family nurse supervision;
- Practitioners will keep their manager informed of issues arising and progress in relation to the care experienced children in their caseload;
- Practitioners will request advice and support from their line manager or SCNS regarding:
 - Their role and responsibilities if uncertain;

²³ [Safeguarding children supervision for nurses and midwives | Department of Health](#)

- Conflicting views relating to holistic health reviews, health plans or other issues relating to the best interests of care experienced children and young people;
- Risk of significant harm to the child/young person, pending a Children in Care Planning and Review meeting. An example of this is where there is a recommendation that a care experienced child will return to the care of parents where previous risk related to parenting capacity, or child/young person is at risk of child sexual exploitation.

Monitoring of Guidance

Trusts are responsible for auditing adherence to these standards as part of their existing governance arrangements.

Review of Guidance

This guidance will be reviewed by the Public Health Agency every three years. Issues arising that relate to the implementation of this guidance should be brought to the attention of Line Managers and the Trust's Named Nurse for Safeguarding Children as they arise.

Named Nurses for Safeguarding Children should bring comments or suggestions that will improve this guidance to the attention of the Public Health Agency's Designated Nurse for Safeguarding Children.