

# **Promoting the Health and Wellbeing of Care Experienced Children and Young People:**

## **Guidance for Completing Holistic Health Reviews for**

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

*Improving your health and wellbeing*

Version 1

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## Contents

<i>Introduction .....</i>	<i>2</i>
<i>Principles .....</i>	<i>3</i>
<i>Confidentiality.....</i>	<i>3</i>
<i>Speaking with the child alone.....</i>	<i>3</i>
<i>Templates .....</i>	<i>4</i>
<i>Appendix 1: Public Health Nursing Initial Holistic Health Review (IHR) for Children and young People in Care.....</i>	<i>4</i>
<i>Appendix 2: Public Health Nursing: Review Holistic Health Review / Annual Holistic Health Review (RHR) .....</i>	<i>4</i>
<i>Appendix 3: Public Health Nursing: Health Plan for Sharing at Children in Care Planning and Review Meetings.....</i>	<i>4</i>
<i>Appendix 4: Public Health Nursing: Initial/Review Holistic Health Review of Unaccompanied Asylum-Seeking Child or Young Person. ....</i>	<i>5</i>
<i>The Holisitc Health Review – Content Guidance. ....</i>	<i>6</i>
<i>Appendix 1 .....</i>	<i>13</i>
<i>Public Health Nursing: Initial Holistic Health Review (IHR) for Care Experienced Children and Young People.....</i>	<i>13</i>
<i>Appendix 2 .....</i>	<i>17</i>
<i>Public Health Nursing: Review Holistic Health Review (RHR) / Annual Holistic Health Review. ....</i>	<i>17</i>
<i>Appendix 3.....</i>	<i>20</i>
<i>Public Health Nursing: Health Plan for Sharing at Children in Care Review Meetings.....</i>	<i>20</i>
<i>Appendix 4.....</i>	<i>22</i>
<i>Public Health Nursing: Initial/Review Holistic Health Review of Unaccompanied Asylum-Seeking Child or Young Person. ....</i>	<i>22</i>
<i>Health Plan.....</i>	<i>30</i>

## **Introduction**

When a child or young person is removed from their families to live with a foster family or within a children's home, they are required under the Children (NI) Order, 1995 to be offered an initial health assessment and subsequent review health assessments. This guidance has been developed to support Health Visitors, School Nurses, Family Nurses and Specialist Nurses for Care Experienced Children<sup>1</sup> in the completion of holistic health reviews, for children and young people in Care.

This document should be used in conjunction with:

- 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 (PHA, 2025).

A holistic health review for care experienced children or young people is a holistic assessment of their physical, emotional and behavioural needs. The review also includes aspects of health education and health promotion. It is not an isolated event, but part of a process of continuous care including monitoring and promoting the child's or young person's health and wellbeing.

Care experienced children and young people are internationally recognised as vulnerable individuals with the cumulative effects of exposure to childhood trauma and adversity known to detrimentally influence their outcomes across the life course. As a result of their experiences both before and during care, care experienced children are at a much greater risk of poor physical and mental health, and worse longer-term outcomes, than their peers. The holistic health review provides an opportunity to ensure that issues are identified and addressed, while promoting health and wellbeing moving forward. Overall, this contributes to the best possible health outcomes for care experienced children and young people.

The aim of the health review is to provide a comprehensive health profile of the child or young person, to identify those issues that have been overlooked in the past and that may need to be addressed in order to improve physical health, mental health and overall wellbeing, and to provide a basis for monitoring the child or young person's future health and development.

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<sup>1</sup> Referred to as practitioners unless individually named throughout the document

## **Principles**

The key principles for a care experienced children's holistic health review are:

- The individual child or young person should be at the centre of the process of health review planning, intervention and review;
- Each child or young person should be given the opportunity at all stages to express their views or concerns and they should be listened to;
- Practitioners should conduct health reviews in a way that enables and empowers each child and young person to take appropriate responsibility for their own health;
- Health reviews should be sensitive to age, gender identity, disability, race, culture and language;
- Children and young people whose first language is not English should have the opportunity to have a health review carried out in the language of their choice.

## **Confidentiality**

The issue of confidentiality must always be explained to the child or young person at the start of the health assessment and review. Careful consideration must be given at all times to the need for information sharing and health professionals must follow regional and Trust safeguarding policy with regards to confidentiality and information sharing.

## **Speaking with the child alone**

Part of the assessment should be undertaken with the child or young person only (unless not age appropriate or the child or young person does not agree to this). During this time, discussion regarding feelings or concerns regarding their health and placement may be discussed. It is a good opportunity to explore with the child or young person any emotional problems or need for additional support. It is also the time to sensitively discuss issues of smoking, alcohol, substance misuse problems, puberty and/or sexual health where relevant.

Children and young people in care value professionals who listen to them, take their views seriously and 'get things done'. Practitioners can address unmet health needs and empower children, young people and their carers to make positive decisions for their health. By listening, taking them seriously and being a reliable professional that turns words into actions, practitioners can set the precedent for future interactions with health services.

Due to trauma, displacement and adverse childhood experiences, professional resilience is required to build therapeutic relationships that will effect positive change for them.

## **Templates**

The Children in Care holistic health review templates to be used, will depend on the child and young person's individual circumstances.

### ***Appendix 1: Public Health Nursing: Initial Holistic Health Review (IHR) for Children and Young People in Care***

The initial holistic health review template facilitates a detailed initial health review for any child or young person. It should be used when a Health Visitor, School Nurse, Family Nurse or Specialist Nurse for Care Experienced Children becomes aware that a child or young person has come into care/is first placed in care.

For children under the age of 5 years the full IHR can be tabled at the Children in Care Planning and Review meeting. A front page must be added detailing the time, date, and location of the meeting.

### ***Appendix 2: Public Health Nursing: Review Holistic Health Review/Annual Holistic Health Review (RHR)***

Once an initial holistic health review (IHR) has been completed, the Children in Care Review Holistic Health Review (RHR) should be used for each subsequent review/annual holistic health review.

For children or young people, the RHR can be tabled at the Children in Care Planning and Review meeting. A front page must be added detailing the time, date, and location of the meeting.

When an annual holistic health review has been completed, a CHS 75 electronic form should also be completed (as per Trust arrangements) and forwarded electronically to the Child Health System as a means of data collection.

### ***Appendix 3: Public Health Nursing: Health Plan for Sharing at Children in Care Planning and Review Meetings***

For older children and young people, it may not always be appropriate to share the full details within the IHR or RHR. This may be due to the sensitivity of the information obtained or a lack of consent from the young person to share the information. It is however necessary to provide relevant information at the Children in Care Planning and Review meeting as part of the planning process regarding the child or young person's health and wellbeing. Therefore, the outcome of the health review, analysis and plan will be shared at the Children in Care Planning and Review meeting.

***Appendix 4: Public Health Nursing: Initial/Review Holistic Health Review of Unaccompanied Asylum-Seeking Child or Young Person.***

This template should be completed within 3 months for an unaccompanied asylum-seeking child or young person becoming known to the service.

### **The Holistic Health Review – Content Guidance.**

For all care experienced children, a holistic health review should be completed 6 monthly if the child is under 5 years old, and annually if the child is over 5 years old.

Following completion of the holistic health review a CHS 75 form, which is solely a data collection tool, is completed annually<sup>2</sup>.

Page 1	Essential demographic information
Antenatal history including birth details (0-10 years)	Complete Obstetric, Birth history and Neonatal history (If available).  Family health information: complete if information is available. If information is not available record 'not known'. Detail any known familial history including: <ul style="list-style-type: none"><li>• Genetic conditions in family</li><li>• Risk factors for blood borne viruses</li><li>• Antenatal alcohol/substance misuse</li><li>• Family lifestyle concerns (ACEs), Domestic Violence</li><li>• Current contact with family/siblings, etc.</li></ul>
(11+ years)	Only complete what information is available.
Physical Health	Child or young person (YP) health history: Known/pre-existing health issues/medical conditions. Does the child or YP have a current health diagnosis? Is this still current, is it stable or has this now resolved e.g. childhood asthma, previous resolved allergy?  If not completed with the YP, then state clearly where the information was obtained. Ascertain outstanding appointments and place on waiting lists.
Development (0-10 years)	Overview and example of speech and language development, gross and fine motor skills relevant to age and stage of development.  Communication and cognitive skills. Include social and self-care skills and toileting. Include examples to demonstrate current level of development.  Comment on play and pre-literacy skills as appropriate.

<sup>2</sup> Currently CHS 75 is only completed for young people in Post Primary Education. However, changes are imminent in a number of Trusts to implement completion of the CHS 75 for preschool children.

(0-10 years and 11+ years)	<p>Has the child or YP had any developmental checks since last health assessment? Are there any developmental concerns reported by carer/school? Are there any active referrals in place for developmental concerns?</p> <p>Is the child or YP undergoing any assessments regarding health and development? Does the child or YP have any current developmental health problems, known conditions or diagnoses? When were they diagnosed?</p> <p>Has the carer/parent/YP/child any concerns regarding health and development?</p>
General Health	<p>Overall synopsis of general health.</p>
(0-10 years and 11+ years)	<p>Allergies: Record any allergy information. Consider if formal testing completed or whether a referral is needed.</p> <p>Emergency department (ED) attendances, hospital attendances: Discuss with parent/carers young person re any attendances. Provide details and also comment on any future/planned appointments (if known/applicable).</p> <p>Medication: Is the child or YP on any regular medication? Specific details required; name/route/dose/frequency. State 'no medication at present' if this is the case.</p> <p>Do they require any equipment or modifications within the home?</p>
Growth, Diet and Exercise	<p>Document the two most recent growth recordings and comment accordingly regarding growth velocity etc. Does the YP, carer or others have concerns regarding growth?</p> <p>Professional judgement to apply regarding growth measurements for older children and YP – document clearly rationale for same.</p> <p>Comment on diet and exercise/activity. What does the child or YP like to eat? Do they have a good appetite (fussy eater or overeating), special dietary requirements, culturally appropriate foods, supplements, bottle feeding, breast feeding etc? Is the child or YP's diet nutritional and balanced?</p>
0-5 years	
0-10 and 11+ years	
Immunisation status	<p>Complete the immunisations list. Information can be obtained from the Child Health System. Record if there are any additional immunisations in last year (Covid vaccine/BCG etc). Record any that remain</p>



	<p>outstanding or will be due by next health assessment. Also record if there are any contra-indications to Immunisations.</p> <p>Please Note <i>Guidance for vaccination of individuals with uncertain or incomplete immunisation</i> <a href="#">Click Here</a> and Immunisation Consent Guidance <a href="#">Consent: the green book, chapter 2 - GOV.UK</a></p>
Dental Health	<p>Comment on dental hygiene. Has the child or YP, carer or others have concerns regarding dental health?</p> <p>Also consider if previous referral to orthodontist if change or new placement/new into care. If uncertainty of last attendance, request updated information via carer. If the child or YP is not registered with a dentist, arrangements are necessary to ensure that registration is completed asap.</p>
Hearing and Vision	<p>Does the child or YP, carer or others have any concerns with vision or hearing?</p> <p>New-born hearing screening result.</p> <p>Check school-entry test (if applicable) prior to assessment. Does the child or YP wear hearing aids? Is there any ongoing monitoring and, if appropriate, date of recent hearing test?</p> <p>Please note any recent optician attendances, and reports of concerns; discuss if any difficulties reading school whiteboard, close reading, headaches. Also consider if previous referral to ophthalmology/optician/orthoptics if change or new placement/new into care.</p>
Any known allergies?	<p>Record any known allergies and management of same.</p> <p>Allergic symptoms? Any prescribed emergency medication? Is the child or YP known to paediatric allergy services/Paediatrician? Is there an allergy care plan in place at school or nursery?</p> <p>Does the child or YP carry an anaphylaxis auto-injector?</p>
Sleep	<p>Record usual sleep pattern, also include daytime naps as age appropriate. Consider bedtime routines, comforters, sleep quality, bed wetting, night terrors or any other difficulties. Document any additional information/advice given as needed.</p>
Behavioural, mental and emotional health	<p>Consider whether there are any identified difficulties in emotional health and wellbeing. Is additional support being accessed or is a referral/signposting needed? Does the carer have any concerns?</p>

(0-10 years)	Attachment behaviours (include interaction with carers). Does the carer have any concerns regarding the child's behaviour, mental and emotional health? How does the carer manage the identified issues?
(11+ years)	<p>As above.</p> <p>Also review behaviours, anger outbursts, self-harm, input from CAMHS. Is the child or YP accessing any support via school e.g. school-based counselling services, therapeutic interventions? Has the child or YP a diagnosis of depression or behavioural disorders?</p> <p>Consider the child and YP's feeling regarding their identity/self-esteem. Are they displaying feelings of low mood or suicidal ideation? Have they any sensory issues or preferences? Are family and environmental factors contributing to behavioural or emotional issues?</p> <p>Does the YP enjoy school and have school friends?</p> <p>Are there any difficulties e.g. friendships/bullying? Do they have adult support at school to speak to? Does the child or YP attend any out of school activities, hobbies and interest; out-of-school friendships?</p> <p>Document additional detail as needed and any advice given. Also record any actions needed.</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>• Presentation and demeanour at time of assessment: (e.g. appearance, eye contact, speech, facial expression and body language);</li> <li>• How would the foster carer/parent/guardian describe the child or YP;</li> <li>• How does the child respond to routines/ boundaries;</li> <li>• Who does the YP identify as a trusted adult/or seek comfort from;</li> <li>• What triggers/escalates behaviours;</li> <li>• What works to calm/pacify child or YP;</li> <li>• Adaption to change (what changes have occurred);</li> <li>• Response to stress (include eating disorders/self-harm etc.);</li> <li>• Attachment behaviours (include interaction with carers). Does the carer have any concerns regarding the child's behaviour, mental and emotional health? How does the carer manage the identified issues;</li> </ul>

	<ul style="list-style-type: none"> <li>Ability to make relationships and relate to peers (friendship groups etc).</li> </ul> <p>Possible questions to consider:</p> <p><i>'If you feel down, what do you do that helps you feel better? (talk to friends, adult, carer, listen to music, draw, play, go out)'. 'Is there anything specific you are not happy with at the moment? (prompt home, family, school, friends, bullying, being in care)?'</i></p>
Self-Care and Independent Living Skills	<p>As age appropriate:</p> <p>Is there additional support in place? Is the YP developing independent living skills? Does the YP know how to access health services independently? Record any additional information, advice given, actions needed.</p> <p>Social presentation; appearance cleanliness (personal hygiene) and self-care skills.</p>
Puberty and Sexual Health	<p>Consider age of child or YP and what their needs are. Knowledge of puberty (don't assume knowledge).</p> <p>Puberty/sexual health — note if discussed and/or issues and concerns (details do not need to be explicit, if not appropriate; discuss with YP that if accessing information, services and support so it can be noted that 'needs are being addressed'). Be clear if this will need to be followed up by the practitioner/other person in action plan.</p> <p>Consider whether the carer will need additional support for subjects e.g. learning difficulties of YP; previous history.</p> <p>Record discussion and advice given appropriate.</p>
Family and sibling contact	<p>Comment on any effects for child and YP.</p>
Safety (0-10 years)	<p>Consider age and stage of development.</p> <p>Consider home safety e.g. safety in the home, appropriate toy safety, appropriate supervision, storage of chemicals, medications, stair gates, travel safety e.g. appropriate car seat.</p> <p>Also consider exposure to second hand smoke, vaping.</p> <p>Also consider age appropriate road safety, cycle safety/helmet, behaviour when out of the home environment e.g. stranger danger.</p>

(11+ years)	<p>Consider online safety, use of devices etc. Advice can be accessed via SBNI On Line Safety Hub <a href="#">Click Here</a></p>
	<p>Does the YP and carer have arrangements for keeping in touch when YP out with friends? Could their social media use be putting them at risk of harm?</p> <p>Consider sexual health, use of drugs and alcohol (type used and consumption frequency).</p> <p>Consider smoking and/or vaping and second-hand exposure</p> <p>Consider motivation to change, any supports accessed/brief interventions or referrals made.</p> <p>Consider risk taking behaviours/risk of CSE/risk of exploitation?</p> <p>It can be helpful to explain to the YP why these questions are being asked and to make it clear that these are not intended to judge.</p> <p><i>“Sex and relationships can have a big impact on your health and wellbeing so this is something we ask all young people about. We want to find out whether you feel happy and safe in your relationship and make sure that you know how to access contraception and prevent STIs.”</i></p> <p><i>“Using drugs and alcohol can affect your physical and mental health. We’re not here to lecture you, we just want to help make sure you have accurate information about any substances you’re using and that you know where to find out more or access expert help.”</i></p>
<p>Voice of the child or young person.</p> <p>Feelings and wishes.</p>	<p>The child’s ‘voice’ must be evident throughout the health assessment. This includes observations as well as comments and information obtained during the assessment.</p> <p>For younger children evidence this by considering interaction with carers, for older children reflect how they feel about their health.</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>• How is the child or YP currently feeling (mood)?</li> </ul>

	<ul style="list-style-type: none"> <li>• Have they any specific worries regarding their health?</li> <li>• Be clear to YP re the known issues shared by the carer (and carer has agreed can be discussed).</li> </ul>
Parent / Carers capacity to meet the child's needs	<p>Always talk to carers. Be clear to carers re what information discussed will be shared with YP.</p> <p>Comment on whether the parents/carers are able to meet the health needs of the child, are able to show emotional warmth, establish appropriate boundaries and offer guidance and stability. How receptive are the parent/carers to health or medical advice given by professionals and also comment on whether they are able to ensure that all appointments are kept up to date and recognise any difficulties or areas where they may require additional support?</p>
Health Promotion (0-10 years)	As per Healthy Child, Healthy Future programme.  Online safety, road safety, stranger danger, bike safety, healthy diet, exercise, keeping safe, vaping.
(11+ years)	Healthy relationships, smoking and vaping, alcohol, substance misuse, online safety, sexual health, puberty and contraception, exploitation, diet and exercise, gender identity/dysphoria.
Health and well-being goals	<p>Health and wellbeing goals should be SMART. Actions and timescales required to meet health needs should be clear. Do not use ASAP or ongoing.</p> <p>All health needs are clearly identified and recorded in the plan.</p>

## **Appendix 1**

### ***Public Health Nursing: Initial Holistic Health Review (IHR) for Care Experienced Children and Young People***

Child / Young Persons Details				
Name			GP Details	
Known as			Social Worker details	
HCN		DOB	Click or tap to enter a date.	Ethnicity
Encompass MRN Number				
School			First Language	
Gender Assigned at birth			Interpreter required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Gender Identity			Legal Status	
Person's with Parental responsibility				

**Verbal Consent obtained** Yes / No By whom:

Consent by the child / parent (with PR) or carer (depending on age of child)

1. I understand the reason for this health review
  2. I agree for it to take place.
  3. I understand that following this review, recommendations for (*insert name of child*) health care plan will be drawn up.
  4. I understand agreed information will be shared with other professional on a need-to-know basis.
- Date \_\_\_\_\_

Is the child / Young Person regularly attending any health professionals? Please detail below:		
Name	Profession	Last Seen

<b>1. Health History</b>							
<b>Antenatal history including birth details</b>							
<i>See Guidance document</i>							
<b>Physical Health and Developmental</b>							
<i>See Guidance document</i>							
<b>General Health Information</b>							
<b>ED, GP or hospital attendances</b> <i>See Guidance document</i>							
<b>Any known allergies?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></span>							
<i>Comment (as necessary)</i>							
<b>Regular medication / Equipment required?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>							
<i>Comment ( as necessary)</i>							
<b>Growth, Diet and Exercise</b>							
<i>See Guidance document</i>							
	Date	Height (cm)	Centile	Weight (kg)	Centile	Head Circumference	Centile
Previous growth							
Current growth							
<b>2. Routine Screening</b>							
<b>Immunisation status:</b>							
<b>Is the child or young person fully vaccinated for their age?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>							
<b>Outstanding Vaccinations:</b>							
<b>Comment / Action taken</b> (where necessary)							
<b>Age</b>	<b>Vaccinations</b>						<b>Date</b>
<i>Please list vaccinations given – Refer to Public Health Agency Childhood Vaccination Programme <a href="#">Click Here</a></i>							
<b>2 months</b>							
<b>3 months</b>							
<b>4 months</b>							

<b>Other</b>	<i>Flu vaccination</i>	
	<i>BCG</i>	
	<i>COVID</i>	
<b>Hearing, Vision and Dental Health</b>		
<i>Is the child registered with a Dentist?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Date of last attendance at the Dentist (if known)</i> Click or tap to enter a date.		
<b>Dental Health:</b> <i>See Guidance document</i>		
<b>Hearing and Vision:</b> <i>See Guidance document</i>		
<b>3. Emotional Health and Wellbeing and Behavioural development</b>		
<b>Sleep.</b> <i>See guidance document</i>		
<b>Behavioural / Mental and Emotional Health:</b> <i>See guidance document</i>		
<b>Self-Care and Independent living skills.</b> <i>See guidance document</i>		
<b>Puberty and Sexual Health (10+ only)</b> <i>See guidance document</i>		
<b>Family and Sibling Contact</b> <i>See guidance document</i>		
<b>4. Safety</b>		
<i>See Guidance document</i>		
<b>5. Young Persons wishes, feelings and view of their health and wellbeing.</b>		
<i>See Guidance document</i>		
<b>6. Parent / Carers capacity to meet the child's needs</b>		
<i>See Guidance document</i>		
<b>7. Health Promotion</b>		
<i>See Guidance document</i>		
<b>8. Summary of Health and Development</b>		
<b>9. Risk Analysis</b>		
<b>What's Working Well?</b>		



<b>What are we worried about? Risks to Health?</b>		
<b>What needs to Happen?</b>		
<b>Health and Wellbeing Plan</b>		
<i>Issue</i>	<i>Proposed Intervention</i>	<i>Review Date</i>
<b>NAME (of person completing the health assessment)</b>		
<b>NAME OF THE TRUST</b>	Choose an item.	
<b>ROLE WITHIN THE TRUST</b>		
<b>SIGNATURE</b>	<b>DATE</b>	
	Click here to enter a date.	

## **Appendix 2**

### **Public Health Nursing: Review Holistic Health Review (RHR) / Annual Holistic Health Review.**

Child / Young Persons Details					
Name				Known as	
HCN		DOB	Click or tap to enter a date.	Gender assigned at birth	
Encompass MRN Number				Gender Identity	
				Ethnicity	
GP				First Language	
Social worker				School	

Date Health assessment completed

Click or tap to enter a date.

By whom:

**Verbal Consent obtained** Yes / No      **By Whom:**

Consent by the child, parent (with PR) or carer (depending on age of 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 (*insert child or young person name*) health care plan will be drawn up.
4. I understand agreed information will be shared with other professional on a need-to-know basis.

Date \_\_\_\_\_

<b>Introduction</b>		
<b>Review of Previous Health Plan.</b>		
<b>Growth, Diet and Exercise</b>		
<i>Date measurements completed:</i> Click or tap to enter a date.		
<i>Height</i>	<i>Centile</i>	
<i>Weight</i>	<i>Centile</i>	
Comment: <i>Interpretation of centiles / growth velocity diet etc</i>		
<b>Health or Therapy Appointments</b>		
Is the child attending any <b>health or therapy appointments</b> ? Are there any outstanding?		
Comment:		
	<b>Date of last appointment / plan review</b>	<b>Give Details / Comment</b>
<b>Health visitor / school nurse</b>		
<b>Dentist / orthodontist</b>		
<b>Optometrist / orthoptist/ ophthalmologist</b>		
<b>Paediatrician</b>		
<b>CAMHS / mental health services / voluntary sector</b>		
<b>Therapists, e.g. physio or occupational therapy, speech and language</b>		
<b>Other</b>		
<b>Immunisation status</b>		
Is this child fully immunised for their age? Yes/No		
Immunisations required now:		
Next Vaccine due:		
<b>Emotional and behavioural development</b>		

<b>Self-care and Independent living skills</b>		
<b>Safety and health promotion</b>		
<b>Practitioner Interventions and Outcomes</b>		
<b>Young Persons Wishes and Feelings</b>		
<b>Carers Capacity to meet the needs of the child or young person</b>		
<b>What's working well?</b>		
<b>What are we worried about? Risks to Health?</b>		
<b>What needs to happen?</b>		
<b>Health and Well-Being Plan</b>		
<i>Issues</i>	<i>Proposed Intervention</i>	<i>Review date</i>
<b>NAME (of person completing health assessment)</b>		
<b>NAME OF THE TRUST</b>		
<b>ROLE WITHIN THE TRUST</b>		
<b>SIGNATURE</b>	<b>DATE</b>	

### **Appendix 3**

#### ***Public Health Nursing: Health Plan for Sharing at Children in Care Planning and Review Meetings***

<b>NAME</b> (of person completing the report)			
<b>NAME OF TRUST</b>			
<b>ROLE WITHIN TRUST</b>			
<b>CHILDREN IN CARE REVIEW MEETING DETAILS</b>			
<b>Date</b> (dd/mm/yyyy)	Click or tap to enter a date.		<b>Time</b> (24 hours)
<b>Venue</b>			
<b>CHILD OR YOUNG PERSONS DETAILS</b>			
<b>Name</b>		<b>GP Details</b>	
<b>Known as</b>		<b>Social Worker details</b>	
<b>HCN</b>		<b>DOB</b> Click or tap to enter a date.	<b>Ethnicity</b>
<b>Encompass MRN Number</b>			
<b>School</b>		<b>First Language</b>	
<b>Gender assigned at birth</b>		<b>Interpreter required?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Gender Identity</b>			
<b>Summary of Health and Development</b>			
<b>Risk Analysis</b>			
<b>What is working well?</b>			
<b>What needs to happen?</b>			
<b>Health and Wellbeing Plan</b>			
<b>NAME</b> (of person completing the Health Review)			
<b>NAME OF THE TRUST</b>		Choose an item.	

<b>ROLE WITHIN THE TRUST</b>	
<b>SIGNATURE</b>	<b>DATE</b>
	Click here to enter a date.

**Appendix 4*****Public Health Nursing: Initial/Review Holistic Health Review of Unaccompanied Asylum-Seeking Child or Young Person.***Initial ☐Review ☐

Child / Young Person's Details	
First Name(s)	Family Name
Known As	Previously Known As
Date of Birth (dd/mm/yyyy)	
Gender Assigned at Birth	Female Male
Gender Identity	
H&C Number	
Paris ID	
Encompass MRN number:	
Legal Status	Young Person's Address
Vol Accommodated <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Full Care Order <input type="checkbox"/>	
Country of Origin	Contact Number
Ethnicity	Religion
First Language	
Other languages	
Interpreter Required?	Interpreter language required
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reason for 'Looked After' status		Unaccompanied Asylum-Seeking Child	
Main Contact at Accommodation		Keyworker	
Name: Address:  Contact No:		Name: Address:  Contact No:	
Name of Social Worker & Team		Contact number(s) & Email	
Social Worker:  Team:  Manager:			
Person(s) with Parental Responsibility		Number of placements since arrival in UK	
Is a further move planned?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>GP</b>	<b>Dentist</b>	<b>Optician</b>	
Name: Practice: Address:  Contact:	Name: Practice: Address:  Contact:	Name: Practice: Address:  Contact:	
Type of Registration:	Type of Registration:	Type of Registration:	
Date of CLA Medical:	Date last seen:	Date last seen:	



**Consent for Health Review:**

*Unless younger than 16 years, the young person should normally give consent for health review and distribution of reports.*

I agree to having a health review and a health plan completed:

Verbal consent: Yes ☐ No ☐

Interpreter present: Yes ☐ No ☐

Face to face ☐ Telephone ☐ Video ☐

Date seen

Venue

Was young person given the opportunity to see the Nurse alone?

Yes ☐ No ☐

Comments:

**Consent for Information Sharing:**

Information sharing discussed with young person. Permission given for Full Report and/or Summary and/or Health Plan to be copied to

GP ☐

Social worker ☐

Other: ☐ \_\_\_\_\_

Date:

If permission withheld please document reason:

**Physical Health Overview:**

*Past Physical Health / Medical History / Family health history (if known):*

*When completing please consider - Skin, Musculoskeletal problems, Gastric / digestive problems, Headaches, Chest Pain, Palpitations, Continence.*

**Current Health Concerns:**

<b><u>Medications:</u></b>					
<b><u>Allergies:</u></b>					
<b><u>Tobacco / Vapes / Drugs / Alcohol:</u></b>					
<b><u>Growth Monitoring:</u></b>					
Appearance / Visual:					
<i>Weight</i>	<i>Weight Centile</i>	<i>Height</i>	<i>Height Centile</i>	<i>BMI</i>	<i>BMI Centile</i>
<b><u>Vision:</u></b>					
<b><u>Hearing:</u></b>					
<b><u>Daily Living Activities</u></b>					
<i>Consider ability to meet own needs (independent living skills / personal care skills)</i>					
<i>Consider how the young person spends their time / interests / hobbies</i>					
<i>Consider organisational skills / plans for the future</i>					
<b><u>Nutrition and Hydration</u></b>					
<i>Consider special diet / variety of foods / eating patterns</i>					
<i>Consider relationship with food</i>					
<b><u>Emotional Health and Well Being</u></b>					
<i>Consider previous experiences including trauma / bereavement / separation</i>					
<i>Consider any low mood / suicidal ideation</i>					
<i>Feelings about their current situation / placement?</i>					
<b><u>Spiritual / Cultural Considerations</u></b>					
<i>Have relevant cultural needs been identified and catered for? (E.g. prayer mat / beads / facilitated to attend Mosque)</i>					
<b><u>Sleep</u></b>					
<i>Consider sleep pattern / routine / sleep hygiene</i>					
<i>Night terrors/ frequent waking</i>					

**Communication and Social Skills**

*Any Speech and Language concerns / difficulties*

*Comment on non-verbal communication (eye contact / presentation / engagement)*

*Able to engage with peers / staff / professionals*

*Learning experiences? Any difficulty in understanding even with an interpreter?*

**Sexual health / Relationships**

*Consider if currently or previously sexually active / partners / contraception / sexual health screening / GUM clinic referral*

*Consider CSE risk*

*Menstruation – LMP/ cycle / flow / hygiene*

*Pregnancy – previous / future*

*Sexuality/ gender dysphoria/ LGBTQ+*

**Female Genital Mutilation / Female Circumcision**

Is FGM a possibility? Yes ☐ No ☐

If Yes complete FGM Risk Assessment - Consider any associated complications.

[FGM Report - \(High Res revised\).pdf \(safeguardingni.org\)](#)

***If disclosure of FGM is made: consider whether it is recent or historic and follow relevant Regional and Trust policies.***

Details: (if provided):

**Risk factors for Blood Borne infections**

Tattoos ☐

Surgery ☐

FGM ☐

Blood Transfusion ☐

Sexually Active ☐

Hepatitis B/C or HIV endemic country of origin or stay ☐

See PHE Migrant Health Guide 2014

<https://www.gov.uk/government/collections/migrant-health-guide-countries-a-to-z>

**Communicable Diseases**

Any known history of travel in last 21 days to M-Pox high risk countries?

Yes ☐ No ☐

[Version-1.3-Updated-guidance-for-Mpox-for-Healthcare-settings.docx.final .pdf](#)

Any known previous childhood vaccinations?

Yes ☐ No ☐

Details if known:

Referral to GP for follow-up vaccinations as per UKHSA algorithm:

[Vaccination of individuals with uncertain or incomplete immunisation status](#)

Yes ☐ No ☐

Date:

**TB Screening Risk Assessment:**

**To be completed for all children/young people at initial visit**

Does young person come from a TB endemic country, lived in a TB high-risk country for 3 months or more or had possible TB exposure on route to UK?

Yes ☐ No ☐

Has the young person previously received TB screening in another UK country / region / HSCT?

Yes ☐ No ☐

Are you experiencing any of the following symptoms?

Cough that has lasted for longer than 3 weeks  
(If so is it productive?)

Yes ☐ No ☐  
Yes ☐ No ☐

Fevers ☐  
Weight loss ☐  
Shortness of breath ☐  
Unexplained tiredness or lethargy ☐

Loss of appetite ☐  
Lymphadenopathy ☐  
Chest pain ☐  
Night sweats ☐

Have you had TB in the past?  
This is useful if there were signs of old TB on a CXR

Yes ☐ No ☐

Do you have any known contact with TB?  
(either recently or in the past e.g. family member having had TB)

Yes ☐ No ☐

BCG scar or any documentation of BCG vaccination?

Yes ☐ No ☐

*If positive signs or symptoms of TB, the child/young person will need referral to TB Specialist Nurse as a priority or as per local protocol*

Referrals		
Referred To:	Reason for Referral:	Referral Date:
Referred To:	Reason for Referral	Referral Date:
Referred To:	Reason for Referral	Referral Date:
Referred To:	Reason for Referral	Referral Date:
Referred To:	Reason for Referral	Referral Date:
Analysis of young person's health needs		
Name	DOB	HSC Number
What is working well? (Identified Strengths / Resilience / Protective Factors to promote and maintain health)		
What are we worried about? (Identified Risks to Health)		
Complicating Factors		
What needs to happen next?		

**Summary and Recommendations**

*(Please summarise findings from health review and analysis.  
If health needs have been identified, health plan needs to be completed).*

Health Review and Health Plan Completed by:

Name:

Title/Role:

Office email:

Office Telephone No

Signature:

Date

**Health Plan**

Date	Health Need	Intervention	Outcome	Planned Review Period

Date	Health Need	Intervention	Outcome	Planned Review Period

Date	Health Need	Intervention	Outcome	Planned Review Period

Date	Health Need	Intervention	Outcome	Planned Review Period