Name _____ NHS/CHI number _____ DoB _____

Form RHA-C LOOKED AFTER CHILDREN

Review Health Assessment
Recommended for children from birth to 9 years

CoramBAAF children's health assessment forms

This form is part of an integrated system of forms, including:

- Consent Form (consent for obtaining and sharing health information)
- Form M (mother's health)
- Form B (baby's health)
- Form PH (parental health)
- Form IHA-C (initial health assessment for child from birth to 9 years)
- Form IHA-YP (initial health assessment for young person 10 years and older)
- Form RHA-C (review health assessment for child from birth to 9 years)
- Form RHA-YP (review health assessment for young person 10 years and older)
- Form CR-C (carers' report – profile of behavioural and emotional wellbeing of child from birth to 9 years)
- Form CR-YP (carers' report – profile of behavioural and emotional wellbeing of child or young person aged 10–16 years)

Guidelines for completing Form RHA-C

Who should complete the form?
Part A – to be completed by the agency/social worker
Part B – to be completed by the examining health professional, either a doctor or nurse
Part C – to be completed by the examining health professional
Part D – may be used for data collection if desired by the responsible LAC health team

Purpose of the form

- To help health practitioners fulfil the regulatory requirements throughout the UK for each looked after child to have a periodic health review and modification of their health care plan.
- To provide a holistic review of the health and development of looked after children, to determine if previous health care plans have been carried out, to identify new issues and to provide a written summary health report which will be used to formulate the health recommendations for the child care plan.
- To offer carers, and children to the extent that is age and developmentally appropriate, an opportunity to discuss any particular concerns about their health care with a health professional.
- To provide an ongoing opportunity to engage children in their own health care.
- To focus on health promotion appropriate to the age and development of the child.

The forms have been revised after wide consultation and feedback collected over 10 years. They are designed for use throughout the UK, although it is recognised that regulations across the four countries differ and that practice varies depending on local circumstances. To ensure the forms meet local needs and processes, they may be used flexibly – for example, if information has been recorded previously and is accessible within the health record, it is not necessary to duplicate it. Similarly, not every question or prompt will need to be followed for each child and clinical judgement can be exercised.

Part B should be completed by the assessing health professional who must have relevant experience and training to at least Level 3 of the RCPCH and RCN Intercollegiate Competencies. If the child is

followed in a specialist or disability clinic, it may be most appropriate for a practitioner from that team to complete the assessment.

Secure email **must** be used when sharing any of the information on these forms with other agencies. Practitioners should be familiar with the systems in use in their locality and protocols for sharing confidential information.

Part A and procedure for social worker prior to health assessment

- Part A contains important demographic, social and legal information that is required by the assessing health professional prior to the assessment and **must be completed in full by the social worker/local authority.**

- The social worker must state the name and contact details of the agency health adviser to whom the form should be returned. The child's legal status and holder/s of parental responsibility/ies must be indicated.

Consent for health assessment

- The social worker should make every effort to obtain informed consent for the health assessment in advance, by having the consent section at the end of Part A of this form signed. This consent, unless the child has capacity to give his/her own consent, should be obtained from:
  - a birth parent with parental responsibility/ies; or
  - another adult with parental responsibility/ies; or
  - an authorised representative of any agency holding parental responsibility/ies.

- The child with capacity to consent may do so by signing the consent section at the start of Part B of this form at the time of the health assessment.

- Although it is best practice to obtain consent at the time of each health assessment, this may not always be possible. When consent has been obtained at the time of placement, a copy should be available for the assessing health professional on request. It must be remembered that a child may have developed capacity to consent since earlier consent was given by a parent or other adult.

- When a child is in a concurrent, foster to adopt or long-term fostering placement, a prospective adoptive parent or foster carer may have delegated authority to consent to health assessments. The social worker should provide a copy of the record of the delegated responsibility arrangement for the child's health file, and document this in the section on consent.

- **In England or Wales**, when a child is on a placement order and placed with prospective adopter/s, the prospective adopter/s will have shared parental responsibility/ies and may give consent for health assessment, assuming that the child does not have capacity to consent.

- **In Northern Ireland**, prospective adopters do not have parental responsibility for a child placed with them, although on occasion they may have delegated authority to consent for health assessment, assuming that the young person does not have capacity to consent.

- **In Scotland**, when a child is subject to a permanence order, the carers may have parental responsibility to consent to medical treatment or delegated authority to do so, assuming that the child does not have capacity to consent.

- **Consent to access health information** In most instances, complete health information on the child and family will have been obtained at the initial health assessment. Occasionally there may be instances when a copy of the CoramBAAF Consent Form will need to accompany a request for additional health information or records, for example, when CoramBAAF Forms M (mother), B (baby) or PH (parental health) were not completed for the IHA.

- The child's social worker should provide the assessing health professional with details regarding any change to social, family or educational circumstances. It is the social worker's responsibility to prepare the child, parents and carer for the assessment.

- The child's social worker should provide the assessing health professional with a copy of the most recent health care plan and an updated report including any actions or outcomes from the last assessment. If the child's *Personal Child Health Record* (red book) is not already in the possession of the carer, the social worker should obtain it from the parents and ensure that it is brought to the health assessment.

- It is good practice for the social worker, and birth parent(s) where appropriate, to attend the assessment as well as the carer, thus ensuring that the health professional has up-to-date information on the child's background and family and personal history, and is able to receive directly any comments regarding the child's health. **The social worker should advise the health professional if there are any concerns about personal safety for all those attending.** The social worker should also alert the health professional to any addresses on the form which must not be shared with other family members.

- The social worker should ensure arrangements are made for an interpreter or signer to be present if necessary.

- **The agency/social worker should be aware that it is the expectation of the LAC health team that they should be notified when actions from the recommendations in Part C are carried out.**

Part B: The health assessment and procedure for the assessing health professional

- Part B should be completed by the assessing health professional who must have relevant experience and training to at least Level 3 of the RCPCH and RCN Intercollegiate Competencies.

- Services should have a mechanism for identifying which health professional is best placed to undertake the assessment. If the child is already known to the community child health team, a practitioner who knows the child may be better placed to provide a comprehensive report.

- It is important for any assessing health professional to seek advice and guidance when needed from a senior colleague with expertise. Although some specialist nurses have expertise in physical examination, medical oversight should be in place, and there should be an agreed pathway for the child whose RHA was completed by a nurse to see a doctor if needed.

- To provide continuity of care, the assessing health practitioner should always have a copy of the previous health assessment/s including the entire IHA and most recent RHA form, a copy of the most recent health care plan, an updated report from the social worker including any actions or outcomes from the last assessment, relevant reports from other health professionals and a copy of the *Personal Child Health Record* or *Carer-Held Health Record*.

- The purpose of the assessment should first be explained to the child, parent(s) and carer.

- As indicated in Part A, the child with capacity to consent to the health assessment should indicate his/her consent by signing the consent at the start of Part B.

- Those present at the assessment should be listed at the beginning of Part B.

- It may be appropriate to see the child and the carer on their own for part of the assessment.

- The form should record the child's wishes and feelings regarding their present and future health

and well-being.

- The forms are intended as guidance and should not replace clinical judgement. A box can be left blank if the question or issue is not relevant, and should be marked N/A for 'not applicable' to indicate that the practitioner has considered it.

- The extent of the physical examination will depend on the age of the child and its appropriateness within the clinical context. For example, examination of the genitalia would not be routine in an older child if there is no clinical indication. Practitioners should clearly document what physical examination has been carried out.

- With appropriate consent (for example, using CoramBAAF Consent Form), health professionals should use all available information, such as community health, GP and hospital records, to inform the assessment. Additional information that is thought to be relevant may be available from other sources within the child's care network. The source of all information should be documented.

- For refugee and trafficked children, consider any ongoing impact on their health of their country of origin and route taken, experiences en route, infectious diseases, the impact of displacement, separation and loss, physical, emotional and sexual trauma, and mental health. See 'Additional resources' for websites providing information on worldwide prevalence rates of HIV/AIDS and hepatitis as well as country-specific immunisation schedules and uptake.

- Since Part B may contain personal and sensitive information about other family members as well as the child, it should be retained in the child's health record, and treated with the utmost care with respect to confidentiality. For adoption only, a copy of the entire form will be sent to the child's adoption agency.

- Practitioners should be sensitive to the language used as this report may be shared across agencies, released in court proceedings and accessed by the child in the future.

- To the extent that is appropriate to their age and development, the issues raised in the report should be discussed with the child and they should be aware of what will happen next, including the sharing of information.

- For children placed out of area, the entire completed form including Part B should be sent to the looked after children's health team in the responsible/placing area.

Name | NHS/CHI number | DoB

Part C: Summary Health Report

- Part C is the summary report and health recommendations for the care plan. All of Part C will be needed by the social worker who has responsibility to formulate the health care plan, and the Independent Reviewing Officer/reviewing officer who has responsibility to review the child's care plan. Completion of Part C in its entirety will provide the information required to fulfil the statutory requirements for the health care plan.

- **Part C should include an analysis of the child's personal and family health history and the implications these have for the child's current and future health and care needs**. Part C will be shared with adoption and fostering agencies.

- Part C should usually be completed by the assessing health professional. Occasionally it may be necessary for the looked after children's health team from the responsible/placing authority to assist in completion of Part C to ensure a comprehensive report.

- Health recommendations for the care plan should be specific, time-bound and clearly identify the person responsible for each action. The plan should include upcoming appointments with dates and any outstanding issues such as immunisations. **It is the expectation of the LAC health team that they should be notified when actions are carried out.**

- Part C should include a list of all those who receive a copy of Part C; the list should include all those with responsibility for implementing recommendations for the child care plan.

- Part C can be used as the basis for discussion with current and future carers, provided informed consent has been obtained to disclose the information. **In Scotland**, regulations state that prospective adopters must be given full information about a child at the time of placement, including medical information on the child and his/her birth family. **In England, Northern Ireland and Wales**, it is good practice to disclose all relevant health information to prospective adopters.

- Part C may be released in court proceedings and may be accessed by the child at a later date, so it is important to be sensitive to confidentiality and the use of language.

- Statutory guidance for England states that the lead health record for a looked after child should be the GP-held record and that the entire initial health assessment and health plan, and subsequent review assessments and plans, should be part of that record.

- Consent issues when sharing third party information need to be carefully considered in light of what is relevant to the child and in their best interests.

Part D: Data collection and audit

- This is an optional section which LAC health teams may customise for their local data collection.

- In England the National Tariff checklist, developed as a quality assurance tool for health assessments of children placed out of area, may be inserted here.

Use of electronic forms

- Please note that this form is now only available as an electronic template. The templates are provided by CoramBAAF to the fostering or adoption agency under a license agreement. Health agencies should get new and revised templates as necessary from the relevant fostering or adoption agency, including where any problems arise with the formatting of the document.
- If you are working with a printed copy and you do not have enough space to write, ask the agency that provided the form for an electronic template, as boxes in the template will expand as you type to allow sufficient space for full reporting/assessment.

Name | NHS/CHI number | DoB

- When it is appropriate to share Part C, a printed copy may be made by selecting the relevant page numbers of the completed Part C.

Additional resources

Further information on statute and guidance and specific health issues in fostering and adoption may be obtained at www.corambaaf.org.uk and from the following:

Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268

BAAF (2004) *Health Screening of Children Adopted from Abroad*, Practice Note 46, London: BAAF

BAAF (2006) *Genetic Testing and Adoption*, Practice Note 50, London: BAAF

BAAF (2007) *Reducing the Risk of Environmental Tobacco Smoke for Looked After Children and their Carers*, Practice Note 51, London: BAAF

BAAF (2008) *Guidelines for the Testing of Looked After Children who are at Risk of a Blood-Borne Infection*, Practice Note 53, London: BAAF

BAAF and BSHG (2008) *Statement on the Use of DNA Testing to Determine Racial Background*, London: BAAF

CoramBAAF (2015) *The provision of Information to Fostering for Adoption Carers*, Practice Note 59, London: CoramBAAF

Department for Education and Department of Health (2015) *Promoting the Health and Well-Being of Looked After Children*, London: DfE and DH

Graham-Ray L (2015) *The Story So Far: Stories from our looked after children and care leavers*, London: Central London Community Healthcare NHS Trust

Lord J and Cullen D (2013) *Effective Panels: Guidance on regulations, process and good practice in adoption and permanence panels*, London: BAAF

Merredew F and Sampeys C (eds) (2015) *Promoting the Health of Children in Public Care: The essential guide for health and social work professionals and commissioners*, London: BAAF

Millar I with Fursland E (2006) *A Guide for Medical Advisers: Scotland*, London: BAAF

Monitor and NHS England (2016) *National Tariff Payment System 2016-17*, London: Monitor and NHS England

Monitor and NHS England (2016) *2016/17 National Tariff Payment System: Annex B: Technical guidance and information for services with national currencies*, London: Monitor and NHS England

RCPCH and RCN (2015) *Looked After Children: Knowledge, skills and competences of health care staff – Intercollegiate role framework,* London: RCPCH

Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland*, Edinburgh: Scottish Government, available at www.scotland.gov.uk/publications/2014/05/9977

Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice, paragraphs 80–95

Name | NHS/CHI number | DoB

The World Health Organisation gives data on international immunisation schedules and uptake rates past and present at www.who.int/immunization/monitoring_surveillance/data/en/

The World Health Organisation gives worldwide prevalence rates of hepatitis B at www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index1.html

The World Health Organisation gives worldwide prevalence rates of HIV/AIDS at www.who.int/gho/hiv/en/

Name _____ NHS/CHI number _____ DoB _____

This information is confidential and is not to be divulged without authorisation of the health adviser. A copy of this entire form will be sent to the child's adoption agency, and in England to the GP as the lead record holder, as required by statutory guidance.

The child should be accompanied by his/her carer, and if possible and appropriate, a birth parent. Informed consent to health assessment is needed from an adult with parental responsibility/ies, unless the child has capacity to consent for him/herself. For consent to access family health information, a signed CoramBAAF Consent Form (or photocopy) must be attached.

Part A To be completed by the agency – type/write clearly in black ink

Form to be returned to the agency health adviser:

Health adviser's name			
Address			
Postcode		Telephone	
Email		Fax	

Child		Interpreter/signer required? Arranged?	Yes/No Yes/No
Given name(s)		Family name	
Likes to be known as		Also previously known as	
Date of birth		Gender	
Legal status e.g. In care/accommodated Compulsory supervision order (CSO) (Scotland)		NHS number	
		CHI number (Scotland)	
		Local identification number	
Person(s) with parental responsibility/ies:		Current legal proceedings	
Date first looked after at this episode		Reason for being looked after	
Number of previous placements in the past 12 months, including birth family			
Ethnicity/religion			
First language		Other languages	
School/nursery/other day care			
Is there a red book/ personal health record? NB – This should follow the child	Yes/No	If yes, name of person currently holding	

Birth family

Name _____ NHS/CHI number _____ DoB _____

Mother: Name		Date of birth	
Address			
Postcode		Telephone	
Ethnicity/religion/first language			
Contact arrangements			

Father: Name		Date of birth	
Address			
Postcode		Telephone	
Ethnicity/religion/first language			
Contact arrangements			

Siblings contact arrangements Any previous birth family name/address?	
Name(s)	
Contact arrangements	
Date(s) of birth	

Name of GP			
Address			
Postcode		Telephone	

Current carers – Do not disclose this information			
Name		Date placement started	
Address			
Postcode		Telephone	
Languages spoken		Any relationship to the child?	

Agency details

Name | NHS/CHI number | DoB

Name of agency			
Address			
Postcode		Telephone of agency	
Name of social worker and team		Name of manager	
Telephone of social worker		Email of social worker	
Name of reviewing officer			
Telephone		Email	

Consent to the child's health assessment by birth parent/other person with parental responsibility/ies/ person authorised by LA to give consent/foster carer or prospective adoptive parent with delegated parental responsibility/ies, where the child does not have capacity to consent. Social worker should provide a copy of record of delegated responsibility arrangement for the child's health file.

Consent already given in Looked After Documents? If not, then complete below			**Yes/No**
Copy of record of delegated responsibility arrangement on the child's health file?			**Yes/No**
I agree to			being assessed.
Date		Signature	
Name		Relationship	

Part A completed by:			
Telephone		Date	

Name | NHS/CHI number | DoB

Part B To be completed by the assessing health professional and retained within the child's health record. A copy of this entire form will be sent to the child's adoption agency and, in England, to the GP as lead record holder, as required by statutory guidance. The child should be told about the reasons for the assessment and that information will be shared, and their views obtained.

To aid with continuity of care, you will need the following information:

- A copy of the previous health assessment/s. This should be entire IHA or RHA form.
- A copy of the previous health care plan
- The social worker should provide an update on health issues, including actions or outcomes from the last assessment
- Reports from other health professionals where relevant
- Current Personal Child Health Record or Carer-Held Record Book
- Access to the child's community paediatrics record

Consent by the child with capacity to consent is essential.

Does the child have capacity to consent? Yes/No If not, then check for signed consent in Part A

Consent by the child

I understand the reason for this health assessment and I agree for it to take place. I understand that following this assessment, recommendations for my health care plan will be drawn up. A copy of Part C will be given to me and my social worker. I consent to copies also being sent to my carer, birth parent/s, GP and school nurse/doctor (delete or add as necessary).

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Signature **Date**

List name and role of all those present at assessment			
Child seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	

1. Review of previous health recommendations in Part C (note – this is not the health care plan)

Have all recommendations from the last health assessment been carried out?	**Yes/No**
Have the actions from the last health care plan been carried out?	**Yes/No**
List those outstanding	

2 Health discussion Date

Name | NHS/CHI number | DoB

Does the child or carer have any concerns about the child's health or well-being, e.g. eating, sleeping, development, school, behaviour? Does anyone else involved with the child have any concerns?

Have there been any **changes** since the last health assessment, e.g. accidents, immunisations, significant illnesses, current medication?

How long has the child been in this placement and how is it going? (See also sections 4, 5 and 6)

For refugee and trafficked children, are there ongoing issues related to country of origin, reason for leaving, route taken, experiences en route, etc?

What are the child's wishes and feelings? Likes and dislikes?

Does the child have any current health problems, known conditions or diagnoses? Are they receiving any special support or allowances?

When did the child last see the **GP**? What was this for?

Is the child attending any **health or therapy appointments**? Are there any outstanding?

	Name	Address	**Give details/date of last visit**
Health visitor/school nurse			
Dentist/orthodontist			
Optometrist/orthoptist/ ophthalmologist			
Paediatrician			

Name | NHS/CHI number | DoB

CAMHS/mental health services/voluntary sector			
Therapists, e.g. physio or occupational therapy, speech and language			
Other			

Regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

3 Immunisation status

Is this child fully immunised for their age?	Yes/No
Immunisations required now:	
Next one due:	

4 Health history

Personal health history (complete if no previous information available or update as necessary)

Family history (complete if no previous information available or update as necessary)

5 Impact of contact with birth family

including positives and negatives and child's wishes and feelings, e.g. enjoyment, changes to routine, missed activities, anxiety, behaviour, quality of contact arrangements, whether anything could be done to improve contact (please state whose view this is)

Name | NHS/CHI number | DoB

6 Emotional and behavioural development including play, attachment, concentration, relationship with current carer, including CoramBAAF Carer's Report and SDQ/score when available. For refugee and trafficked children, consider the ongoing impact of displacement, separation and loss, and physical, emotional and sexual trauma.

Has any major social change occurred since the last assessment, e.g. change of school, sibling moved from placement? Are there any significant **behaviour problems** or difficulty relating to carers, other significant adults and peers, e.g. bullying? How is the child coping with bereavement or loss of family, friends, pets, etc? Does the child have a trusted adult to talk to?

7 Safety and health promotion

Does the child smoke?	Yes/No	Use e-cigarettes?	Yes/No
Does the carer or anyone else in household smoke?	Yes/No	Use e-cigarettes?	Yes/No

Is the carer able to meet the safety needs of this child? Are there any current risks to safety, e.g. safe storage of e-cigarettes and medicines, pets, domestic violence, substance misuse, road danger, stranger danger, sexual exploitation, female genital mutilation, cultural or gender risks, e-safety, self-harming behaviour?

Would it be appropriate for the child to have any further discussion or any information about keeping healthy, skin or hair care, diet, exercise, puberty, relationships, sexual exploitation, domestic violence, smoking, alcohol, street drugs, etc? Does the carer need any information or support?

8 Physical examination/assessment

Date **Age**

General appearance/presentation,including evidence of non-accidental injury.

Oral health including evidence of caries, fillings, dental and orthodontic treatment.

Name | NHS/CHI number | DoB

Growth

Weight (kilos)		Centile		Height (cm)		Centile	
BMI (kg/m²)		Centile		OFC (cm)		Centile	

Any concerns about **growth/weight**

Vision (as indicated)

Hearing (as indicated)

Skin and hair care e.g. eczema, hygiene, athlete's foot, ingrown toenails, verrucae

Other (record full details of relevant examination)

9 Developmental/functional assessment (Record age-appropriate activities to document skills)

Date **Age**

Any concerns about development from parent, carer or nursery/school?

Gross motor skills
Conclusion
Fine motor and eye-hand co-ordination
Conclusion
Communication skills
Conclusion
Cognitive skills and level of attention
Conclusion
Social and self-care skills including toileting
Conclusion

10 Additional learning needs

Name | NHS/CHI number | DoB

Does the child receive any extra support with learning?	Yes/No
Is the child likely to require extra support with learning?	Yes/No/Possibly
Has the child been referred to the education department for further assessment?	Yes/No
Are there any difficulties in accessing extracurricular activities or additional needs, e.g. geographic, contact or funding arrangements?	Yes/No

11 Comments on any other issues not covered by sections above

Assessing health professional

Name			
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		**Date**	

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

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

Name | NHS/CHI number | DoB

Part C should be retained in the child's health record and a copy sent to the social worker. This summary should be an analysis of the child's personal and family health history and the implications these have for the child's current and future health and care needs.

All of Part C will be shared with adoption and fostering agencies to ensure the social worker has all the data needed to formulate the health care plan. It is good practice, with informed consent, to share this information with the child's current and future carers. A copy of this entire form should be sent to the child's adoption agency, and in England to the GP as lead record holder. Throughout the UK it is good practice to disclose all relevant health information to prospective adopters; in Scotland this is mandatory.

Summary report from assessing health professional (complete every section)

Date completed

Based on information taken from:

Summary of current health status

Changes in health since last assessment

Present physical and dental health

Developmental and educational progress

Emotional and behavioural development

Name | NHS/CHI number | DoB

Child's wishes and feelings

Parenting issues in current placement

Summary and implications for the future

Name | NHS/CHI number | DoB

HEALTH RECOMMENDATIONS FOR CHILD CARE PLAN

Include all details needed to create and implement the health care plan and the dates of the last dental check-up and doctors'/hospital appointments. The expectation is that those completing the actions from the health care plan should notify the LAC health team.

Date of health assessment (date/s child seen)	
Date of next health assessment:	

Health issues	Action required	By when	Person responsible

Name | NHS/CHI number | DoB

List current medications

Allergies	Yes/No
Immunisations up to date?	Yes/No
Permanently registered with GP?	Yes/No
Name of GP	
Registered with dentist?	Yes/No
Name of dentist	
Date last seen	

All issues to be reviewed by social worker and IRO/reviewing officer at looked after child reviews

Name of person completing Part C		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature			

Name | NHS/CHI number | DoB

Overview/comments by looked after health professional in responsible/placing authority (if required)

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

Copy of Part C sent to (include all those with responsibility for recommendations for the child care plan):

Name | NHS/CHI number | DoB

Part D **is an optional section which may be used for local data collection and audit. The LAC health team may wish to customise this space for their data collection. In England, the National Tariff checklist for children placed out of area may be inserted here.**