BEST PRACTICE GUIDANCE FOR PROFESSIONALS WORKING WITH CHILDREN IN CARE IN SUFFOLK

Version	Policy Owner	Dates
V.1.00	Designated Safeguarding Children & Children in Care Team Ipswich & East Suffolk and West Suffolk CCG	August 2016

CONTENTS

1. INTRODUCTION

The health of Children In Care (CIC) is substantially worse than the health of their peers living with their birth families. This is not surprising since it reflects the impacts of poverty, poor parenting, physical / sexual abuse and neglect.
Common problems include the effects of poor preventative care, such as lower rates of immunisation and worse dental health, inadequate care of disability, undiagnosed health disorders and significant behavioural and mental health problems. The mobility of CIC makes continuity of care difficult. Slow and unreliable transfer of health records and health information is another factor that contributes to poorly co-ordinated health care. Longer term outcomes for those who have left care remain strikingly worse than their peers.

CIC may also have experienced poorer access to services including universal services such as dental services, immunisations, routine child health surveillance and health promotion because of language or cultural barriers. Due to moves of home base, GPs may have changed frequently.

Statutory guidance on Promoting the Health and Wellbeing of Children in Care (2015) emphasises on partnership working between Agencies to improve the health and wellbeing of CIC. Effective channels of communication between all Local Authority staff working with CIC in Care and Health Service Providers, as well as Carers – along with clear lines of accountability – are needed to ensure that the health needs of CIC are met without delay. CIC themselves (according to age and understanding) should also have the information they need to make informed decisions about their health needs.

Staff who are delivering health services should make sure their systems and processes track and focus on meeting each child's physical, emotional and mental health needs without making them feel different. They should in particular:

- Ensure CIC are able to access universal services as well as targeted and specialist services where necessary
- Receive supervision, training, guidance and support.

This Guidance has been developed using the following Statutory Frameworks:

- Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children. (DfE, DoH 2015)
- Looked after Children: Knowledge, skills, and competences of health care staff. Intercollegiate Role Framework. March 2015
- Special Educational Needs and Disability Code of Practice: 0-25years. Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities. DfE July 2014.
- 0-25 SEND Code of Practice: A guide for health professionals. Advice for Clinical Commissioning groups, health professionals and local authorities. DfE 2014.
- The children Act 1989 guidance and regulations volume 2: care planning, placement and case review. DfE March 2010.
- The children Act 1989 guidance and regulations volume 3: Planning transition to adulthood for care leavers, placement and case review. DfE October 2010/revised October 2014.
- Looked After Children & Youth Justice. Application of the care planning, Placement and Case Review (England) regulations 2010 to Looked After Children in contact with Youth Justice Services. DfE April 2014.
-

- Out of Authority Placement of Looked After Children. Supplement to The Children Act 1989 guidance and regulations volume 2: Care planning, placement and case review. DfE July 2014.
- Care of Unaccompanied and Trafficked Children. Statutory guidance for local authorities on the care of unaccompanied asylum seeking children and trafficked children. DfE July 2014.
- Statutory Guidance on Children who run away or Go Missing from Home or Care. DfE, January 2014.
- Children act 1989 Guidance and regulations volume 5: Childrens Homes. Statutory guidance for local authorities. DfE October 2013.
- Delegation of Authority: Amendments to the Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review. DfE, July 2013
- The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations. DfE, 2013
- Working Together to Safeguard Children, DfE, 2013
- Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework. NHS England, 2013

2.0 GUIDANCE STATEMENT

- This Guidance aims to support Social Workers requesting Health Assessments, CIC Administrators in the Hub and those in NHS Suffolk Community Health Trust (SCH) and Suffolk County Council Children in Care Health Team and all Doctors and Nurses undertaking health assessments for CIC who are placed either in or out of Suffolk. The following core principles of good health care apply in implementing this guidance:
- Health assessments and health care plans will promote the current and future health of the child or young person who is in care and not focus solely on the detection of ill-health. Health assessments will cover a range of issues beyond those of physical health which include developmental health and emotional well-being.
- Health professionals should conduct assessments in a way that enables and empowers children and young people to take appropriate responsibility for their own health; Assessments and services for children and young people who are in care should be sensitive to age, gender, disability, race, culture and language. They should be non-discriminatory and promote equality of access to services.
- Every CIC will have an Initial Health Assessment (IHA) by a doctor within 28 days (4 weeks) of coming into care and a Review Health Assessment (RHA) every 6 months (if Under 5yrs) and every 12 months (if over 5yrs) by a Nurse thereafter.
- A personal health care plan will be developed from this health assessment, which will set out short and long term health objectives together with the actions needed to achieve them. A copy will be sent to the young person, their carer, the General Practitioner (GP), relevant health visitor or school nurse including any other health professional who has currently providing health care for the child or young person. The Social Workers will receive a copy of the health assessment form and the health care plan.
- IHA's for CIC and young people in Suffolk and those CIC placed in Suffolk from other authorities will be seen by Paediatricians and GP's with specialist remit for CIC. Those refusing an appointment with a Doctor will be seen by a Specialist LAC Nurse in discussion with the team.
- Review health assessments (RHA's) for CIC and young people in Suffolk and those CIC placed in Suffolk from other authorities will be seen by Specialist LAC Nurses to ensure continuity of health care to these complex needs individuals as well as others requiring ongoing health services.

3.0 INITIAL HEALTH ASSESSMENTS – SOCIAL WORKERS

- Statutory guidance on "Promoting the Health and Wellbeing of Children in Care" states that the Local Authority that looks after the child must arrange for them to have a health assessment as required by The Care Planning, Placement and Case Review (England) Regulations 2010.

  Therefore the Social Workers acting on behalf of the Local Authority must ensure that they arrange for every child that they are allocated, to have a health assessment.

- It is expected that the Social Workers will support the Carers / Children and young people to ensure that appointments are not DNA'd.

- If the Social Workers is notified of a child or young person not attending an appointment, it is expected that the Social Workers will follow this up and record this.

NB: The allocated Social Workers should inform the CIC Administrator if the child or young person moves placement or returns home after referral has been made.

- On receiving the completed health assessment the Social Workers must record a health summary for the child or young person on Care First 6 and ensure that the health care plan is discussed at the Child in Care Review and that any health actions are monitored for progress. If there are any concerns in implementing any part of the health care plan, it is expected that the Social Workers will seek the support of the Children in Care Health Nurses.

- Social workers must refer to the "Completion of agreements to medical treatment, information sharing and access to family health information local guidance for details on requesting a health assessment. (Appendix 3)

4.0 HEALTH ASSESSMENTS – CIC ADMINISTRATORS IN THE HUB

The CIC Administrators in the HUB are responsible for:

Responsibilities for the Hub
• Proactively contact Social Workers where health assessment documentation will be due.
• Receive all health assessment requests from Social Workers.
• Ensure that teams undertaking Health Assessments have all the relevant documentation to enable them to undertake the Health Assessment.
• Send out Health Assessment paperwork to relevant Health Teams undertaking Health Assessments within 3 working days of receiving a referral from Social Workers via electronic email.
• Informing the Child/Young Person's Social Workers of the date, time and venue of the Health Assessment so that Social Workers can participate if they wish.
• When notified by health teams of DNA's to escalating any DNA's to Social Workers and Fostering Services Manager.
• Proactively contact health professionals where health assessment documentation is overdue.
• Arranging for initial and review health assessments completed to be returned back to the allocated s within 2 working days of receipt from the medical professional via electronic mail.
• Ensuring that the following information is entered on System One and Care First electronic Child Records: ➢ Date of Health Assessment

➢ Date of Dental appointment ➢ Dates for immunisations ➢ Dates for health surveillance checks ➢ Including any other data required from the health assessment.
• Ensure the health care plan is shared with the child's GP/Foster Carer/Child/Young Person when returned and processed no later than 2 working days after the assessment has been received from health practitioner.
• If the young person is placed in an in-patient Tier 4 specialist mental health service or residential care service the most recent health care summary and plan must be shared with the young person's key practitioner in the unit within 2 days of being informed by the Social Workers of admission to inform their in-patient Care plan. Any health plans arising from subsequent health assessments whilst an in-patient should also be shared.
• Arrange for a child who has been placed outside the geographical boundaries of Suffolk to have their Initial Health Assessment carried out by a Suffolk Registered Medical Practitioner if it is in the best interests of the child to do so.
• Identify the out of area CIC health team and forward appropriate paperwork requesting their completion within 10 working days of receiving electronic paperwork, to the standards set out in the NHS payment by results guidance 2013-2014 annex H.
• If the Out of County CIC Health team are unable to process request, Administrator to arrange with the child's GP to undertake the IHA requesting completion within 10 working days of receiving electronic paperwork, to the standards set out in the NHS payment by results guidance 2013-2014 annex H.
• Ensure notification to out of county health provider organisation of the placement of the child or young person within 3 working days of receiving a referral notification from Suffolk County Council.
• Arrange for a child who has been placed in Suffolk by another local authority to have their Health Assessment carried out by a Suffolk health practitioner if it is in the best interests of the child to do so.
• Ensure that there is liaison and follow up with other health services out of the CCG area i.e. Waveney and CIC teams across the country to ensure completion of health assessments, appropriate information sharing and access to information of a child or young person in a timely manner.

5.0 GUIDANCE FOR ALL HEALTH PROFESSIONALS UNDERTAKING HEALTH ASSESSMENTS (PAEDIATRICIANS, SPECILAIST GPs AND SPECIALIST LAC NURSES)

- Health assessments should not be an isolated event, but be part of the dynamic and continuous cycle of care planning, and build on information already known from health professionals, parent and previous carers and the child him/herself. It should be carried out with sensitivity to the child or young person's wishes, feelings and fears, so that he or she feels comfortable. A young person should be given clear expectations about any further consultations, support or treatment needed, including the reasons for this and expected outcomes.

- The health professional who undertakes the Health Assessment is responsible for:
  - Reviewing the child's health history, including immunisation history.
  - Identifying if any other information from a health professional who is involved or has been involved in the child's care prior to becoming Looked After should be sought if not already available.
  - Conducting a thorough assessment of the child or young person's health status using the local health assessment forms.
  - Identifying any health needs and formulating a healthcare plan within local timescales (*see Appendix 1*).

- Taking into account any additional needs, vulnerabilities or risks the child or young person may have due to their age, gender, disability, placement type, relationships or other legal status (i.e. a Youth Rehabilitation Order) that are not covered by the health assessment form.
- Utilising each contact as an opportunity to promote positive health and wellbeing for the child through the provision of health advice and education to either the carer or the child/young person. Health promotion activities for young people should encourage and promote their independence and developing self-responsibility by enabling them to access health services appropriate to their needs. (Make Every Contact Count DoH 2010; Six C's DoH 2012).
- Developing a SMART healthcare plan that clearly sets out objectives, actions, referrals, responsibilities and timescales arising from the health assessment. It must be formulated in partnership with the child or young person and reflect their views. The assessing health professional is responsible for initiating any actions arising from the assessment (i.e. making referrals as required in the health plan).
- In line with best practice to ensure that the health assessment paperwork is legible, the health assessment summary and health action plan should be typed.
- Sharing any concerns that arise from the assessment that indicate the child or young person may be at any risk with the Social Workers immediately in line with child protection procedures.
- To record the Initial Health Assessment as the Health Care Plan in the child's Health Passport or /Personal Child Health Record/Red Book.
- Make referrals to other health services required from the Action Plan which should follow the following principles. The referrer should:
    - Always identify the status of the child as a Child in Care on all referrals.
    - State the carers name and address where appointments, or correspondence relating to the appointment, must be sent to.
    - State that appointments, or correspondence relating to the appointment, must be copied to the child's Social Workers.
    - Appointments or related correspondence must not be sent directly to the child's parent unless the child is placed at home with his or her parent.
- Paediatric advice can be sought by specialist GPs undertaking health assessments or nurse if required, whenever this is appropriate.
- For those professionals who undertake health assessments for Unaccompanied asylum seeking children (UASC), you must be aware that while many people seeking asylum arrive in the United Kingdom in relatively good health, it is also recognised that others will have physical and mental health needs at greater prevalence than the general population in England.
- In line with best practice and clinical guidance professionals undertaking these assessments must follow the Kent and NHSE Clinical Guidance for Primary Care, Paediatrics and GP's on the Health Needs of UASC. You can download a copy here.
- When undertaking health assessments for UASC, health professionals must be aware of national recommendations that all children up to 18 years of age who are at risk of blood-borne infections should be tested. In the majority of cases UASCs are considered to be at high risk of blood borne infection. For guidance on testing of blood borne viruses please Follow the Kent and NHSE Guidance for BBV Testing. You can download a copy here.

6.0 Independent Reviewing Officers (IRO)

- The local authority's IRO is responsible for reviewing the care plan of each child or young person and should ensure that healthcare plans are reviewed at every statutory review. Escalation of concerns should be raised to the Specialist Nurse in in CIC Health Team if

health care plans are failing to meet the needs of the child or young person, or if health assessments are not completed within the statutory timescales.

7.0 General Practitioners (GP's)

- All Children in Care must have full registration with a GP near to their placement. The GP is the holder of the main health record for the child.
- The GP does also have a role in assessing and supporting the health of a Child in Care or young person including any care leavers who are registered at their surgery and must be aware of their health needs as part of the statutory processes.
- When the GP receives the completed health assessment from the lead health professional (usually this is the Specialist CiC Nurse), they must ensure that any health needs that require the attention of the GP are reviewed with the child/young person and their carer. The Practice Nurses are in a good place to support this role to ensure that children in care health assessments are reviewed and any actions for the GP are actioned.

8.0 CONFIDENTIALITY

- Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. Personal information about children and families held by health professionals is normally subject to a duty of confidence and would not normally be disclosed without the consent of the subject. However, the decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death. (Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, DoH 2015)
- Practitioners should only share appropriate and relevant information about the child/young person.
- Practitioners should agree the contents in the Health Action Plan with the child/young person.
- Practitioners should be mindful that the content of the health information on the Health Action Plan may be shared with a number of professionals and agencies.
- Personal or sensitive information should be written in a way that is acceptable to the young person.
- If there is any doubt about sharing of information in relation to the health and wellbeing of children and young people in care, it may be helpful to discuss your concerns with the Named Nurses for Safeguarding Children or the Designated Nurse for Children In Care.

9.0 CONSENT

- The Children Act 2004 emphasises the importance of working in partnership with parents on all matters concerning their child's upbringing. For children in care this can be complicated as parental responsibility can be shared with the local authority. If in doubt contact the child's Social Workers who will be able to advise on the legal status of the child.
- The Children Act 1989: Section 3 states:
    - When a child is cared for under an order imposed by the Courts, such as a Section 31 Full Care Order , the LA has full Parental Responsibility, but also gives them the right to decide whether parents can meet their continuing parental responsibility, In a Section 38 Interim Care Order, or a Section 44 Emergency Protection Order PR is shared between the parents and the LA
    - Birth parents retain full PR if child is cared for under a Section 20 Voluntary Agreement.

- However a young person may give their own consent if they are deemed to have capacity to consent (13years + Fraser Competent)

- Consent needs to have been obtained for the health assessment by the Social Workers. This should be recorded on the locally agreed consent form, and a copy of which should be scanned onto the child/young person's electronic health record, as it will have been obtained prior to the child's Initial Health Assessment when they entered care.

- If a local agreement is in place for consent to be obtained from parent at the Initial Health Assessment stage and will apply for subsequent health assessments as long as the child remains in care, then this agreement should be available on the childs' record. It is recommended that the consent document must be reviewed regularly to comply with consent and information governance guidance.

- The health professional is responsible for ensuring that the child/young person is aware of the purpose of the assessment, although it is expected that this will have been explained to them by the Social Workers and or foster carer in an age appropriate way.

- The health professional should explain to a young person what happens to the information once the assessment is completed and where the record will be stored as follows:
  - Relevant parts of the health assessment and Health Action Plan will be shared with the Social Workers; Carer; relevant health visitor or school nurse and will inform the overall care plan and be reviewed every 6 months at the LAC Review.
  - Full health assessment will be sent to the young person (if appropriate) and GP who is the Lead health professional, and holds the main health record.
  - Full health assessment will be entered onto the child's SystmOne and Care First 6 electronic record.
- It is best practice that a young person (13years + Fraser Competent) gives written consent to sharing their health information with a range of individuals, such as parents, carers, GP, and Social Workers and this is recorded on the Health Assessment form.
- Rarely, If a young person chooses not to share some of the content of their Health assessment and Health Action Plan, the assessor should advise Social Workers and others that the child's health has been assessed and actions have been implemented to meet the identified health need. It should be clearly stated that the Health Action Plan is with CIC Health Team. If however there are safeguarding concerns regarding a young person's health needs, information will need to be shared appropriately (See section 6 on confidentiality and information sharing).

10.0 EQUALITY AND DIVERSITY

- All professionals need to be aware of different communication needs among looked-after children and young people and should consider a variety of means of involvement and communication. Groups of children who may potentially have additional needs include:
  - very young children
  - children and young people with special educational needs
  - children and young people with learning or physical disabilities
  - children and young people with speech, language and communication difficulties
  - children and young people with a hearing or visual impairment.
  - unaccompanied asylum-seeking children and young people, and black and minority ethnic children and young people in care should have access to interpreters if their knowledge of English is limited, so they can explain their situation and make their needs known. This applies to all children and young people who do not have English as a first language, and to those with specific communication needs.

11.0 IDENTITY

- Developing a positive identity is associated with high self-esteem and emotional wellbeing. Health professionals can contribute to this by helping children and young people explore and make sense of their family history and life outside the care system.
- Young people may have needs and preferences relating to their sexual identity which can be explored within the health assessment by health professionals.

12.0 CSE

- It is very important to recognise that any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. Boys and young men as well as girls and young women are at risk of exploitation, but those identified as being particularly vulnerable include children and young people who:-
  - Have a history of running away or of going missing from home
  - Have special needs (including physical and learning disabilities and difficulties)
  - Are socially isolated
  - Who have low self-confidence and low self-esteem
  - Are in or are leaving residential and/or foster care
  - Are from migrant communities
  - Are unaccompanied asylum seekers
  - Have disengaged from education and/or have low educational attainment
  - Are abusing drugs and alcohol
  - Are involved in gangs
- The Local Safeguarding Children Board has produced a toolkit for indicators of possible sexual exploitation to enable practitioners to evaluate a concern at a point of referral or as a basis for a more complex assessment.
- Indicators for health may include:
  - Bruising suggestive of physical/sexual assault
  - Chronic fatigue
  - Recurring or multiple sexually transmitted infections
  - Pregnancy and/or seeking an abortion
  - Evidence of drug, alcohol or substance misuse
  - Sexually risky behaviour
- If you have any concerns during the health assessment regarding a child or young person, please complete the Child Sexual Exploitation Health Proforma (*See Appendix B*) or the LSCB CSE Toolkit (http://suffolkscb.org.uk/procedures/lscb-policies-guidance-and-protocols/child-sexual-exploitation-cse/) and if you have further concerns consider making a referral to Children's Social Care Services, following the safeguarding referral protocols and procedures and inform the Designated Nurse for CIC.

13.0 REFUSALS

- In the event of a Child in Care (CIC) refusing an IHA or RHA, try below methods to help the young person to engage:
  - Offering child/young person to be seen alone without carer. (refer to your organisations' Chaperone Guidance)
  - Joint visit with Social Workers instead.
  - An initial health assessment with the specialist nurse (which will be recorded as a nurse led health assessment).
- The Fostering Manager must be informed of all IHA refusals via email and refusal must be documented in the child's electronic health record.

14.0 QUALITY ASSURANCE

- All IHAs and RHA's completed in Suffolk and those completed outside of Suffolk will be audited using the national benchmarking tool (*Appendix C - Annex H, DoH*). If the health assessment does not meet Suffolk's quality standards, the Designated Nurse for CIC will support the Provider to address any unresolved concerns with the health provider out of county.

15.0 SERVICE USER EXPERIENCE FEEDBACK

- The views of Children/Young People; Carers and Social Workers will be routinely sought at the point of a child having a health assessment by the Provider. This will ensure that the voice of Children in care and their Carers informs the improvement of current services and future service planning and commissioning.

Key Contacts

Suffolk County Council LAC Health Team
01449776055 (Administrator Contact - Office Hours Only)
Suffolk Community Health LAC Team
01473 321239 (Administrator Contact - Office Hours Only)
East Coast Community Health LAC Team (Waveney)
01502 572380 (Administrator Contact - Office Hours Only)
West Suffolk & Ipswich and East Suffolk CCG Designated Safeguarding & Children in Care Team
01473 264357 / 01473 264906 (Administrator Contact - Office Hours Only)
Suffolk Multi Agency Safeguarding Hub (MASH) and Children's Social Care
Call Customer First on 0808 800 4005
Norfolk and Suffolk NHS Foundation Trust CAMHS Connect Service
01473 220354 or 01473 341100 www.smhp.nhs.uk/connect/AbouttheService.aspx
Advice and Support for Children and Young People in Care
Suffolk Children's Rights Team: 0800 917 1119 (number is free from a landline) www.suffolk.gov.uk/care-and-support/children-young-people-and-families/advice-and-support-for-children-in-care/

Full Web Links

Department of Education / Department of Health, Promoting the health and welfare of looked-after children: statutory guidance for local authorities, clinical commissioning groups and NHS England (2015). Accessed at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378482/Promoting_the_health_of_looked-after_children_statutory_guidance_consult....pdf

NICE Guidance: Looked After Children and Young People (2010). Accessed at:
http://www.nice.org.uk/guidance/PH28

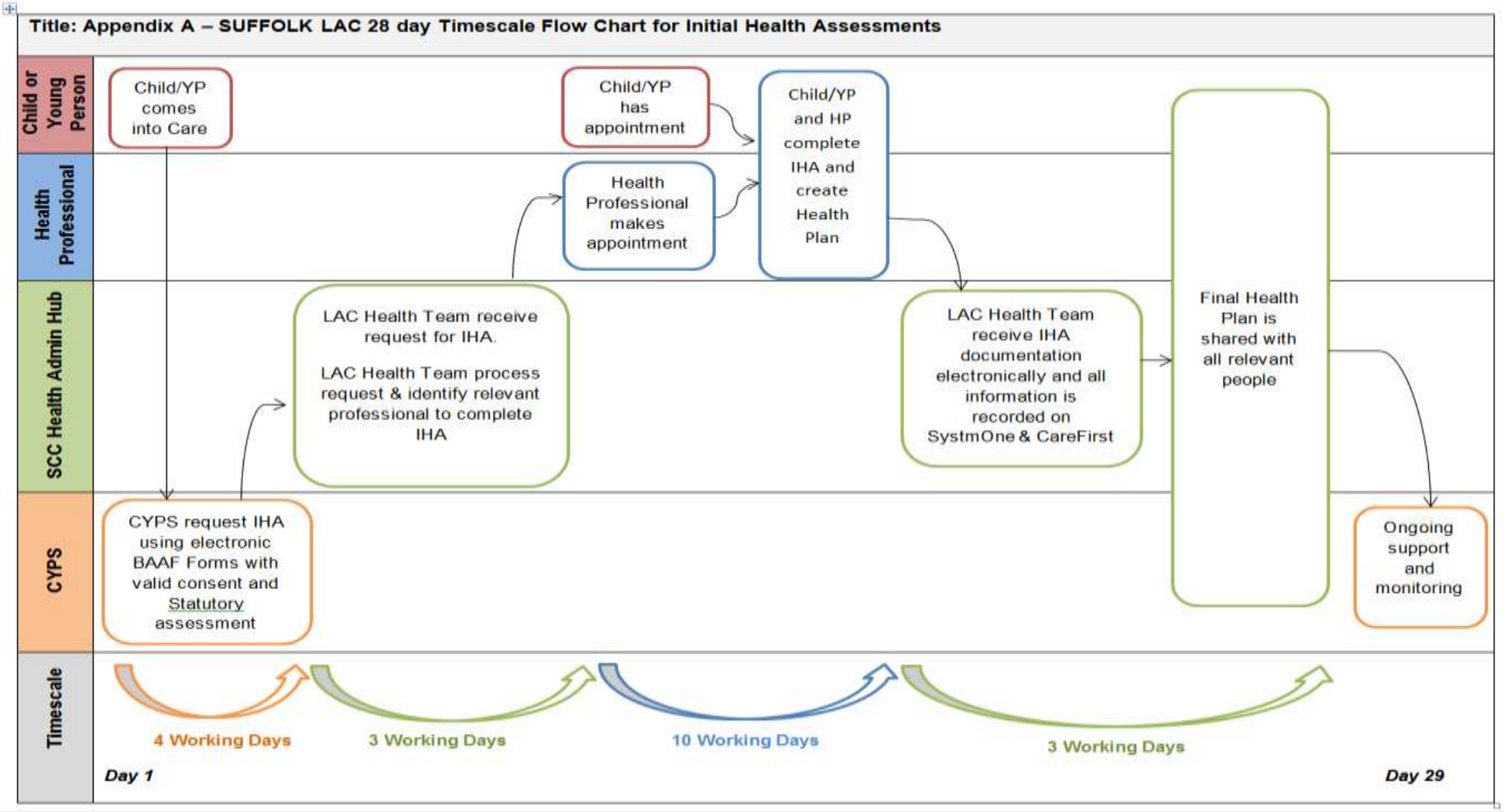
RCPCH / RCN Looked After Children: Knowledge, Skills and Competencies of Healthcare Staff Intercollegiate Guidance (2012). Accessed at:
http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_RCN_LAC_2012.pdf

Safeguarding Children and Young People from Sexual Exploitation
Guidance, Guidance and Risk Assessment (2014). Accessed at:
http://suffolksafeguardingchildrenboard.onesuffolk.net/assets/files/2014/Safeguarding-Children-and-Young-People-from-Sexual-Exploitation-Guidance-Guidance-and-Risk-Assessment.pdf

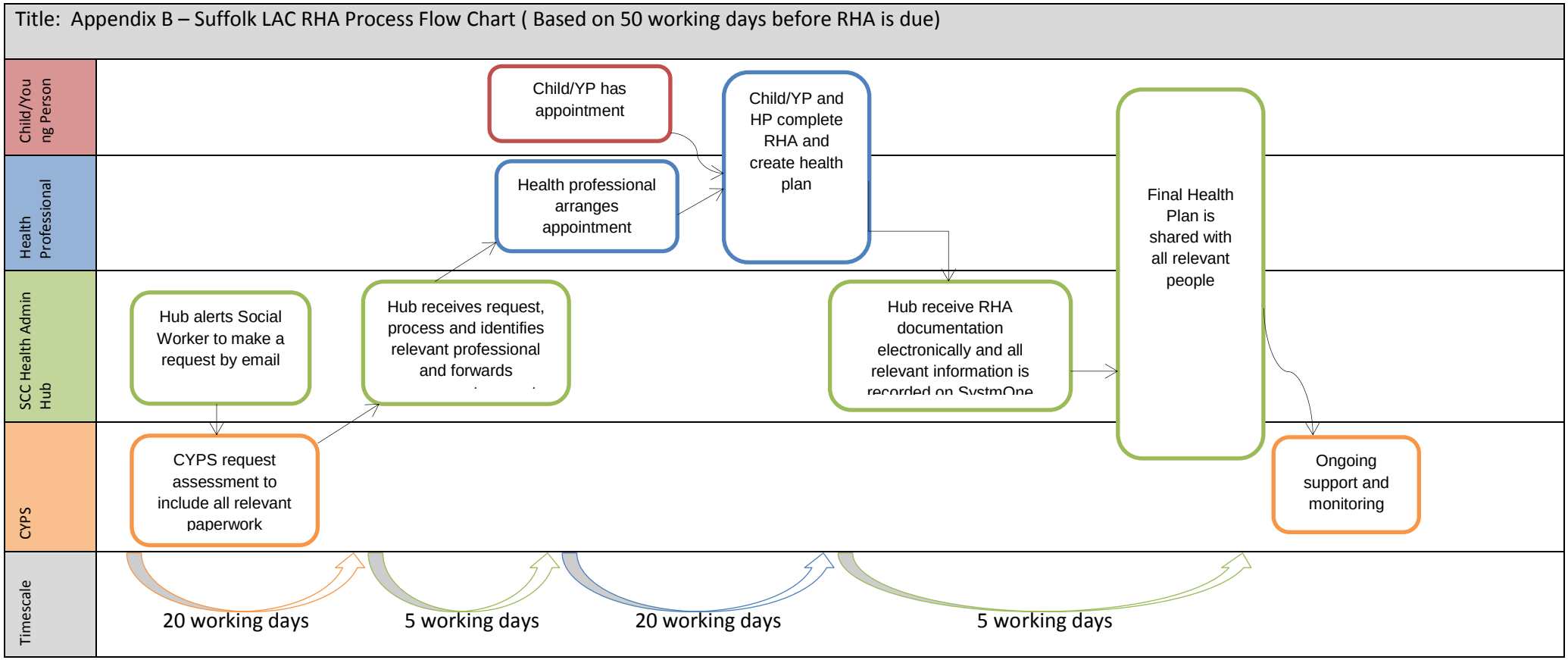
Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. Accessed at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

APPENDICES

Appendix A: Multi-Agency Timescale Flow Chart



Appendix B: Multi-Agency Timescale Flow Chart



Appendix C: CSE Health Proforma

Identifying Child Sexual Exploitation: A proforma to aid health care providers

This Child Sexual Exploitation proforma has been developed as a tool for health services to aid in the assessment of young people who are at risk of, or experiencing, sexual exploitation. Focus group work has shown that young people prefer to be asked sensitive questions in a professional but conversational manner which is effective for both you and them. You may need to rephrase questions to suit individuals, and avoid using language that may be unfamiliar to young people, such as medical jargon.

If a young person is considered to be at risk from replies they give when you are using the tool, you must add the relevant information to your services under age proforma, and follow your own children and young people safeguarding guidance by discussing / informing the safeguarding lead within your service.

If a young person does not want to answer any of the questions please make a note of this on the CSE proforma but do not push them.

When asking questions about whom the young person is having sex with, find out what term the young person feels comfortable using, as they may not perceive that person as a partner.

Please note that a young person may perceive their situation as consensual when in fact they are being groomed.

Confidentiality

Make sure the young person is aware of confidentiality before you start your consultation:
"*Confidentiality means that we won't tell anyone what you and I talk about unless we feel that we need to protect you or someone else from harm - and even then we'll try and discuss it with you first.*"

Definition of sexual activity

When in consultation with young people, please make it explicitly clear that sexual activity may include vaginal, oral and/or anal sex. Identifying Child Sexual Exploitation: A proforma to aid sexual health care providers

Confidentiality discussed and understood:			
Age:	Gender:	Ethnicity:	
Education			
Do you attend School / Education other than school / Pupil Referral Unit / College/ Training / Employment?	Do you attend regularly?	Do you enjoy it?	Is there anyone there who you can talk to?
Family Relationships			
Who do you live with?	How are things at home?	Do you feel like you can talk to someone at home about sex / relationships?	Young carer: Looked after child: Homeless: Runaway: Family bereavement: Learning or physical disability:

Are you involved with any other agencies or professionals e.g. Social Workerss, mental health services? If so, would you be happy for us to contact them if we feel we need to?			
Friendships			
Do you have friends your own age who you can talk to?		Do your friends like and know the person you have sex with (if you are involved with or having sex with anyone)?	
Relationships			
Are you having sexual contact with anyone? (If no) When was the last time you did?	Are you happy in your current circumstance, i.e. with the person you're going out with/with the person you have sex with?	How old is the person you are having sex with?	How many people have you had sexual contact with in the past 3 months? In the past 12 months?
Where do you spend time together?		Where did you meet the person you have sex with?	
Consent			
Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with with?	Have you ever been made to do something sexual that you did not want to do / been intimidated?	Do you feel you could say no to sex?	
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Where do you have sex?	Who else is / was there when you have sex (any other form of sexual contact)?	
Sexual Health			
What contraception do you use?		Do you feel like you can talk to the person you have sex with about using condoms / other forms of contraception?	
Have you ever had an STI test?		Have you ever had an STI? If yes, which, and how many times?	
Do you ever use drugs and/or alcohol?			
Do you often drink / take drugs before having sex?			
Do you suffer from feeling down / depression?	Have you ever tried to hurt yourself or self- harm?	Have you ever been involved in sending or receiving messages of a sexual nature, does anyone	

		have pictures of you of a sexual nature?

Professional analysis
Is there evidence of any of these within their relationship? Coercion: Overt aggression (physical or verbal): Suspicion of sexual exploitation / grooming: Sexual abuse: Power imbalance: Other vulnerabilities (please give details): If you have identified risks or concerns please discuss with CSE / Safeguarding Lead by ..... (date) and follow your own child protection guidance and procedure.
Any additional information:

Signed:	Printed:	Date:
Fraser Guidelines	Yes	No
The young person understands the health professional's advice. The young person is aware that the health professional cannot inform her/his parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his /her parents. The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive / sexual health treatment. Unless he/she receives contraceptive advice or treatment the young person's physical or mental health, or both, are likely to suffer. The young person's best interests require the health professional to give contraceptive advice, treatment, or both without parental consent.		