

Initial and Review health assessments for children in care

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Initial Health Assessments - IHAs

- Offered to all children entering care and have to be completed within 15 working days and report ready by 20 working days
- These assessments should include the following:
 - General health screen to include childhood vaccinations in line with National Healthy Child Programme, so height weight etc.
 - **REGISTRATION with a GP and DENTIST – a review of the IHA at 6 months (3 months ideally) should look at whether both registration and attendance has occurred**
 - Any unmet health needs are escalated appropriately and managed via onward referral and/or management by the CIC specialist teams

Review Health Assessments

- Offered at 6 months post IHA if child under 5 years and
- Annually if child 5 years and over
- These reviews look at all aspects of the previous assessment and action any outstanding health needs for e.g. still not registered with dentist, seen by optician (if required)
- These assessments should also inform any gaps in service provision which can support JSNAs, service provision etc

Health Passports

- Requirement since 2018 that a child in care aged 14+ and those leaving care have a health passport
- Came from a specific recommendation from [NICE SCIE PH 28 guidance for Looked after Children and Young People](#)
- Should be offered at final health assessment BUT if declined still needs to be made available to the care leaver (various routes available)

Middlesbrough landscape

- IHAs within **statutory** timescales since April 2020 have shown a steady decline with compliance as of Nov 2020 at 55.60%
- The exception report that accompanies the data shows the reasons for this % and also individual rationale for the non-compliance to the timescales
- Main reasons are:
 - Refusal by child in care
 - Failure to be brought to the appointment (was not brought)
 - Outstanding consent for assessment and medical from parent (via CSC)
- NB: relatively small numbers of CIC in per month and just one or two appointments not attended can impact on the compliance percentage

Local needs v National needs

- Lack of NHS dentist spaces BUT also lack of understanding by dentists in some cases of their duty to CIC
- This is being looked at locally and nationally by NHSE
- Removal of dedicated CAMHS pathways for CIC and in these cases evidence required that the children will still be seen and not discriminated against
- New RCPCH Intercollegiate guidance supports greater emphasis on specialist CIC

Mental health of CIC

- Is an issue from start of child being taken into care due to the general nature of the action needing to taken
- There is always low level anxiety which may be best managed locally and not require onward referral
- The SDQ is a tool to help assess the child's health and well being status
- If referral into CAMHS required then the CIC health team and allocated SW should make sure that this has occurred
- What else is out there to support the child?

The Strength and Difficulties Questionnaire (SDQ)

- Developed by Robert N. Goodman (2005)
- It assesses the emotional and behavioural problems that children and young people may be experiencing
- Different SDQ depending on age
- It is one of many tools that can be used to help inform, school, health and social care of the child's possible issues and can help to target appropriate interventions
- <http://www.sdqinfo.com> for further information

Relevant documents (not all used in the slides and not an exhaustive list)

- Promoting the health and well-being of looked after children (2015) also 2009 Statutory Guidance document
- A Guide to meeting the Statutory Health Needs of Looked after Children through the Standard Approach to Commissioning and Service Delivery (2017)
- The Children Act 1989 (2004)
- Who Pays? (2020)
- Working together to Safeguard Children (2018) – some minor additions in 2020
- Royal Colleges (RCPCH) Intercollegiate Guidance Looked after Children – roles and competencies of healthcare staff (2020)

