

Meeting summary

Health Special Interest Group Practice Conversations – quality of health assessments for children in care

14 May 2024, 12.00-1.30pm, MS Teams

CoramBAAF presenter: Ellie Johnson, Health Consultant

Number of participants: 45

Ellie Johnson presented some opening thoughts on health assessments for children in care. She considered the key components of an assessment (the report, the experience for the child/young person and the impact) and what practitioners are trying to achieve (to collate accurate information about a child's health history, develop an understanding of the child's health needs and to promote a child's health, wellbeing and development now and into the future).

She outlined some of the common ways quality is evaluated (monitoring against a benchmark, audits, inspection, reporting and feedback from the child/young person). Less common are hearing a wide range of young people's views, feedback from carers/social workers/IROs and longitudinal studies on impact.

The quality of health assessments can often rest on information and cooperation from others (social care, birth parents, other health teams). There are also variable expectations on what 'good' looks like and differing priorities in the system.

There are increasing concerns around the completion and quality of health assessments for children living out of area.

Members broke into rooms to discuss 1) work undertaken locally to assess the quality of health assessments and 2) whether system changes are needed for the assessments of children living out of area.

Issues (raised in breakout discussions)

- Timeliness of the completion of reports is problematic – particularly for children placed out of area.
- Expectations on turnaround of reports can be driven by KPI figures and not on quality.
- Preparation for children/young people attending assessments is very limited. They often don't know why they are there.
- The Initial Health Assessment (IHA) is often a fact finding exercise with the young person having to retell their story.
- Improved information sharing ahead of an IHA is often difficult in terms of time constraints.
- There is often lack of information about social background significantly affecting the assessment of social, emotional and mental health needs.



- Dedicated Children in Care Nurses are often not in IHA clinics and there are challenges in finding a chaperone.
- Notifications for children who have moved into the area are poor.
- For children placed out of area, there are lack of records and health history. Practitioners are often unaware of the risks and this sometimes impacts on ensuring a quality assessment that can meet the young person's needs.
- The quality of assessments for children placed out of area is variable (one area quoted that 50 per cent are sent back due to poor quality).
- Areas are using their own forms which can have a more medical rather than holistic focus.

Example of good practice

- Improving pre-appointment leaflets/letters to the child as part of the preparation process. Prep. from social care/carers is also useful.
- Having dedicated admin. within health and the local authority to focus on information gathering/sharing and arranging IHA appointments, etc.
- Allocating IHA slots at 9.30am and 11.30am allowing the afternoon for writing reports so two patient assessments and reports can be completed in one day in a timely manner.
- Requesting the most recent social care summary when the IHA notification is received so the doctor/nurse can read this beforehand and not have to ask the child to tell their 'story' again.
- Local GP led private provider with dedicated admin. and a children's nurse pre-populating the IHA form and assisting/acting as chaperone in the IHA appointment.
- Asking for all health written information (immunisations, bloodspot etc) prior to booking the IHA appointment (although the timeliness of the appointment can then breach).
- The presence of a social worker in an IHA can make a huge difference to the appointment and impact the relationship with the young person (both positive and negative).
- Ensuring feedback is invited from young people following their health assessments.
- IHAs being quality assured by nursing colleagues.
- Improving the notification process of a young person being in your health area.

What's needed?

- A national audit tool for IHAs.
- Guidance on appointment durations for a quality assessment.
- National commissioning guidance for children placed out of area.

Future work

There are a number of work streams taking place over the coming months that may impact standards around the quality of health assessments: RCPCH/CoramBAAF Initial Health Assessment standards project; the revision of the 2015 statutory guidance 'Promoting the health and wellbeing of looked after children'; the update of the competencies framework; and the update of CoramBAAF's health forms (including IHA).

References

[Factors associated with the ability of the care system to meet the physical and mental health needs of young people looked after in England: a mixed-methods study](#), Aine Kelly, University of Oxford.

[Free Loaves on Fridays: The care system as told by people who actually get it](#) edited by Rebekah Pierre (2024)