

1.	Meeting:	Corporate Parenting
2.	Date:	27 September 2016
3.	Title:	Looked After Children Statutory Health Assessments
4.	Directorate:	The Rotherham NHS Foundation Trust

5. **Adolescent Engagement at Health Assessments**

A review at the end of July of review health assessments identified that 16 young people had declined their health assessment. Of the 16, 13 young people were over the age of 16 years, 10 had declined in previous years and 5 were living out of the Rotherham area.

At the time of writing this report, 3 of the assessments have now been completed; for 4 of the young people placed out of area, contact has been made to request completion of their health assessments. 3 of the young people are not engaging with health services therefore discussions are being held between the looked after nurse and social worker/personal advisor as to the most appropriate way to engage the young person.

The remaining 6 young people continue to decline their health assessment; however 5 of them have received their health passport. The young people were happy to engage and discuss their health needs in context of the health passport but continued to decline a full health assessment.

It is apparent from this short review that the young people who decline early in their looked after journey continue to decline throughout their time in care. Therefore consideration needs to be given to early help and support from a health perspective to educate young people and their carers in the importance of accessing the appropriate advice and support to meet their health needs. If a positive relationship can be established with a health professional, it is anticipated that the young person will be more likely to engage and participate in their healthcare. The designated and Named Nurse for Looked After Children has arranged to meet with the LAC council (14 September) and part of that discussion is to ask the LAC council for their view on what else we as health professionals can do to improve uptake.

The current model within Rotherham is that the first contact a young person will have with a health professional following their entry into care is likely to be with a paediatrician in the hospital setting for their initial health assessment. There are instances where the child/young person may already have had contact with a health visitor or school nurse prior to them becoming looked after and therefore may already have a positive relationship with that particular health professional. It is not necessarily as difficult to engage the younger children/young people in meeting in their health needs but as the young person reaches adolescence, this is where it appears to become more difficult to introduce or maintain engagement.

Different authority areas experience different ways of working to achieve engagement and discussions have been held with 2 local looked after health teams to review the models that they use to establish their effectiveness and feasibility to introduce within Rotherham. One of the areas has recently completed a pilot study of the new process which has evaluated positively and is to be implemented permanently whereas the other area has implemented the process as permanent practice. Both of the areas have implemented the same process however the pilot area focused on the over 11 years age group as it was identified that risk taking behaviours were more prevalent within this age range and required earlier intervention although it is anticipated that this will extend to all ages. The other area sees all age ranges.

The process commences with a 'meet and greet' style home visit within 1 week of receiving consent from social care following the child/young person becoming looked after, this is undertaken by the looked after nurse. The purpose of this visit is to see the child/young person in their natural surroundings (consideration is given to the fact that they will have recently been placed with the foster carers but is felt to be more natural than a hospital environment) where they will feel more comfortable although if the young person would like to be seen in a different setting this is accommodated. It is acknowledged that becoming looked after can be a disturbing and uncertain time for many children and young people, therefore the role of the looked after nurse at this contact will be to inform them of the services and support that they can expect to receive in relation to their health. The looked after nurse will also discuss with the young person their health needs and how these can be met as well as undertaking a holistic health assessment focusing on lifestyle issues, emotional health and wellbeing and potential risk taking behaviours. It was felt in both areas that these specific health needs were not readily identified at an early stage therefore not influencing the care planning process. The young person would then attend an appointment at a later date with a medical practitioner (GP or paediatrician depending on area) for the remainder of the initial health assessment to be completed. For the young people who were anxious to attend the medical appointment, the looked after nurse would meet them at the appointment to provide additional support during the assessment.

Both areas have evaluated the nurse led process positively with early identification of health related issues resulting in up to date health information being available for the first review. Attendance at initial health assessments was also improved for this age group. For the majority of children and young people, the looked after nurse was not necessarily the practitioner who would continue to see the child/young person as they would be allocated to a health visiting/school nursing caseload. Although the health visitor/school nurse were positive of the information received from the nurse led assessment for the looked after review, good practice would recommend that the child/young person maintains the same health professional for continuity. This is being addressed by one of the areas with the implementation of a looked after team who would be responsible for the looked after community.

Early intervention and continuity of the health professional is likely to improve engagement as the child/young person becomes older with the expectation that a positive relationship will have been developed to ensure that health needs are being identified and addressed.

The looked after health team in Rotherham plan to undertake a pilot of a similar process as has been described from the 1st October 2016 for six months. Due to the nurse capacity within the team, we will be implementing the 11 years and older criteria for the pilot period. A health questionnaire is being developed for use with young people who decline their health assessment as a way of identifying any health needs in order to provide relevant support and services.

6. Review Health Assessments

The completion of review health assessments within timescales has reported above 95% consistently over the last few months with some of the exceptions being the fore mentioned declined assessments. Completion of review health assessments for children/young people who reside out of the Rotherham borough reports lower at 90%. The majority of health assessments completed out of area are requested and received by post therefore this can cause delays in receiving them back in a timely manner. Strategies are in place to request the assessments earlier to reduce this issue and there has been an improvement in the completion rate in timescales.

7. Health Passports

The distribution of health passports to looked after children and young people over the age of 5 years has commenced and will be a rolling programme over the next 12 months where the health passports will be shared with the child/young person at their review health assessment.

Karen Holgate

Named Nurse – Looked After Children and Care Leavers