

19 July 2022		Item: 7
Corporate Parenting Committee		
Report on Initial Health Assessments for Looked After Children		
Wards and communities affected: All	Key Decision: Non-Key	
Report of: Dan Jones – Strategic Lead, Children Looked After		
Accountable Assistant Director: Janet Simon – Assistant Director Children’s Social Care and Early Help		
Accountable Director: Sheila Murphy – Corporate Director, Children’s Services		
This report is Public		

Executive Summary

This report is to update Members of the Corporate Parenting Committee on actions taken by Children’s Social Care and Health colleagues to address the timeliness of Initial Assessments for Children who are Looked After.

1. Recommendation(s)

- 1.1 That Members are aware of the work that has taken place, and areas for improvement in completing Initial Health Assessments, and note the work that is being undertaken to ensure improving performance.**
- 1.2 Note the impact of COVID 19 on this area of performance.**

2. Introduction and Background

- 2.1** When a child becomes looked after there is a duty under the Care Planning, Placement and Case Review (England) Regulations 2010 to undertake an assessment of their health needs within 28 days of accommodation. This is referred to as the Initial Health Assessment and must be carried out by a registered medical practitioner who is ideally a paediatrician. The Initial Health Assessment (IHA) identifies existing health problems and deficits in previous healthcare and provides a baseline for managing the child’s future health needs.
- 2.2** Joint work with partners in Health is required to complete these assessments and there are clear arrangements in place with local Health partners, Referrals for IHA’s should be completed within 5 working days of becoming

looked after and sent to Health. The IHA appointment will then be arranged, the child seen and assessed within 28 days (20 working days) of entering care and a subsequent report sent to the local authority.

- 2.3 The timely completion of IHA's is an improvement area for Thurrock Council that was identified in our last full Ofsted inspection in 2019. Since then, considerable work has been undertaken to ensure our processes are clear and there is a weekly joint scrutiny meeting between health and social care which considers and discusses all children who are due an IHA including any barriers and how to overcome these. This has continued consistently throughout the Covid-19 pandemic. Despite this high level of oversight, meeting the above timescales presents a number of issues for health and social care.

3. Issues, Options and Analysis of Options

- 3.1 The local authority, through its Corporate Parenting responsibilities, has a duty to promote the welfare of Looked after Children, including those who are eligible care leavers and those children placed in pre-adoptive placements. This includes promoting the child's physical, emotional, and mental health.
- 3.2 Every Looked After Child needs to have an up-to-date health assessment so that a health care plan can be developed to reflect the child's health needs and be included as part of the child's overall Care Plan.
- 3.3 Health assessments are a statutory requirement and should be carried out within 28 days of entering care and then at a minimum of:
- 6-monthly intervals for babies and children under 5 years of age; and
 - Annually for those aged 5 years and over.
- 3.4 Local Authorities and local Health partners should have arrangements in place to support the completion of statutory health assessments for Looked After Children within statutory timescales, irrespective of whether the placement of the child is an emergency, short term or in another area.
- 3.5 The Local Authority should always advise health colleagues when a child is initially accommodated and there should be effective communication and understanding between each other as part of being able to promote children's wellbeing.
- 3.6 During the year 2021/22 121 children became looked after by Thurrock Council. Of those children:
- **93** children received an Initial Health Assessment.
 - **13** Children were pending an IHA at the 31st March 2022

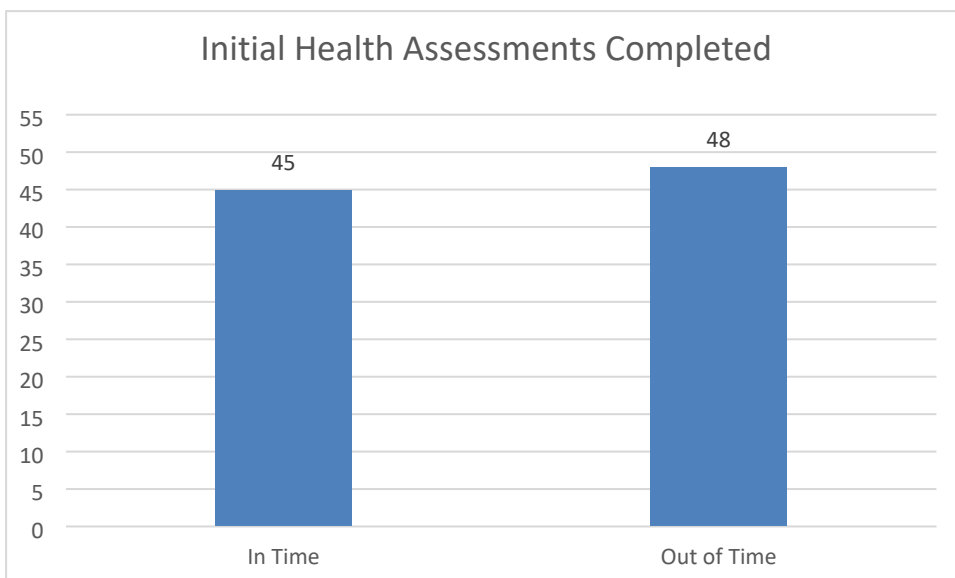
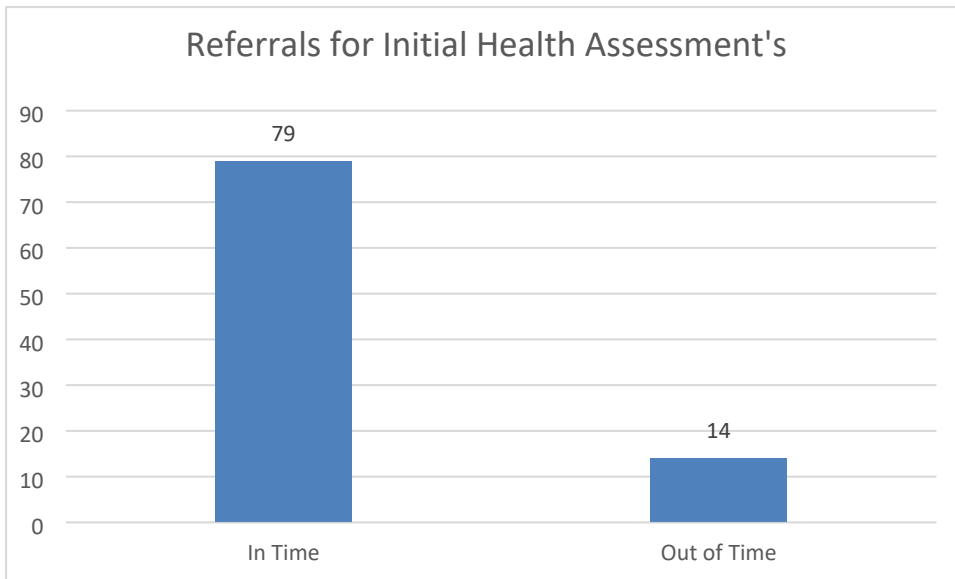
- **7** children were looked after for 5 days or less meaning the IHA referral could not be progressed
- **3** Children who were looked after for less than 28 days so the IHA could not be completed
- **2** Children refused to attend their IHA
- **3** children did not complete their IHA for other reason
- In addition, **10** children, all UASC, transferred to another authority before the IHA was due/completed – Where it is possible to complete an IHA where the plan is to transfer a child to another authority, this is prioritised. When the child transferred, the IHA becomes the responsibility of the authority who is looking after their care.

3.7 The majority of children entering care receive Initial Health Assessments and there are clear reasons when these are not completed. Most children are referred for their Initial Health assessment within the 5 working day referral window.

3.8 Timeliness of IHAs remain a key area of focus with weekly oversight from Senior Managers in Health and Children's Social Care. Two performance measures inform the data and success in children having an initial health assessment in time;

- Whether the referral for an initial health assessment is made by the local authority within 5 working days
- An initial health assessment takes place within 20 working days of a child entering into care.

3.9 Thurrock has prioritised referrals for IHAs with 85% completed within 5 working days of entry in to care in 2021/22 (see below). We continue to face some difficulties in ensuring IHAs are completed on time, with 49% completed within 20 working days. This is improved performance from a low point of 17.7% in 2018/19, 40% in 2019/20 but a reduction from 57% completed in time in 2020/21.



- 3.10 The timeliness for children placed outside of the local health area remains a challenge and where possible, children are brought back to our local health service for their IHA to avoid delay. Reasons for delays in children having an initial health assessment in time includes availability of paediatric appointment; parents refusing or delaying in providing written consent; procedural issues such as a child moving placement and the paperwork needing to be resubmitted; late submission of paperwork; capacity within health due to sickness or otherwise, and other reasons such as clashes in appointments for the young person or a child being ill.
- 3.11 Once the referral is completed and accepted by health, an appointment is arranged, a report written by the Paediatrician and, finally, sent to Children's Social Care. The date the IHA assessment is physically completed is the date recorded for this measure. However, in order for this to be formally recorded as complete the report needs to be received by the local authority.

3.12 Initial Health Assessments remain a priority focus area for improvement for both Children's Social Care and Health partners. Progress continues to be reviewed weekly. The following are routes to improve performance:

- Service Manager oversight and managing weekly review meetings to ensure referrals are completed on time identify any barriers or themes to ensure they are addressed.
- The local Health provider (NELFT) has increased the resources to create more appointments for IHA's to provide improved capacity for children placed in the local area
- Prioritising of IHA appointments with social workers leading on and ensuring children attend appointments and that carers understand that this is a priority to ensure children's health needs are met.
- Health Colleagues are reviewing the escalation pathway so there is quicker resolution where children are placed in other areas
- The Multi-Agency CLA Steering Group continues to track performance monthly to escalate strategic issues.

4. Reasons for Recommendation

4.1 Members of the Committee are aware of Statutory Duty to complete Initial Assessments for all children and young people who come into care and how we are meeting these duties.

4.2 Members of the Committee are aware of the issues and steps being taken to improve these.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Consultation with NELFT in preparing this report.

6. Impact on corporate policies, priorities, performance and community impact

6.1 None

7. Implications

7.1 Financial

Implications verified by: **David May**
Strategic Lead Finance

There are no financial implications to this report.

7.2 Legal

Implications verified by: **Judith Knight**

Interim Deputy Head of Legal Social Care and Education

The Council has general duty to safeguard and promote the welfare of any child that it looks after under Section 22(3) of the Children Act 1989 and it must have regard to the Corporate Parenting Principles in Section 1(1) of the Children and Social Work Act 2017.

The Care Planning, Placement and Case Review (England) Regulations 2010 set out the detailed legal requirements in caring for Looked after Children. The timescales for health are set in regulation 7 which provides for the Council to make arrangements by the child's first review for the health assessment to take place as soon as reasonably practicable.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

The Service is committed to practice, which promotes inclusion and diversity, and will carry out its duties in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy.

The service recognises that a range of communities and groups of people may have experienced obstruction or the impact of prejudice when accessing services including Social Care and Health services. Both Services are committed to support all children in the care of Thurrock Council to access Initial Health assessments, individual arrangements are made where required to meet needs and address individual concerns.

7.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- None

Report Author:

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Children's Services