One Minute Guide



Health Assessment for Children Looked After

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Local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where that child lives. Regulation 7 of the [Care Planning, Placement and Case Review (England) Regulations, 2010](http://www.legislation.gov.uk/uksi/2010/959/contents/made) requires the local authority that looks after them to arrange for a registered medical practitioner to carry out an initial assessment of the child’s state of health and provide a written report of the assessment

A report on their health should include information on:

* their mother's pregnancy and their birth and early development
* their birth family's medical history
* their own medical history, including any experiences of abuse and neglect, and a chronological list of any immunisations, injuries and illnesses they have had
* their current physical health, including vision, hearing and dental care
* their mental health and behaviour, including experiences of trauma and loss

It can sometimes be difficult to get all this information. For example, birth parents may not want to share information about their child if they're unhappy with the plans being made; it is the allocated social worker’s role to support the parent in focusing on the assessment as being in their child’s best interests. Sometimes they may be absent or the father may be unknown. Not having full health information can make it harder to understand a child's difficulties and predict what will happen in the future.

Under care planning requirements for looked-after children:

* health assessments should take place at least every 6 months for children aged 4 and under, and at least every 12 months for children aged 5 and over
* where possible, birth parents should be involved as they can help provide more detail about the child's medical and birth family medical history
* a health plan is developed, including any current arrangements for their healthcare and details of further healthcare that may be required, based on the report of the child's health needs assessment

This provides the allocated social worker with a better understanding of the child's needs, any gaps in their health information, and an opportunity to ask questions about the child's health. The medical adviser should then provide the allocated social with a written report, which documents what they have been told.

**What happens in the health assessment?**

A health care professional will conduct the health assessment. The initial health assessment will be with a paediatrician. Additional review health assessments may be with a paediatrician or the specialist nurse for looked after children.

The birth parent should be facilitated to attend the initial health assessment. The parent and and/or child’s carer will be asked if there are any health and wellbeing concerns

such as general health, hearing, vision, dental, behaviour and emotional health. Records are checked to ensure that immunisations are up to date. If the child is seen by a paediatrician, they will have a general medical examination – including height and weight, and a developmental assessment in pre-school children.

**Developmental delays in looked after children**

For a child who's been taken into care, the extent to which their development may be delayed can vary greatly. The delay can be physical or emotional, or both. They may act younger than their age, or be unable to do things most children their age can do. Or the delay can relate to a specific area, such as their speech.

* Developmental delays in looked-after (and adopted) children can be caused by a number of factors. The delays may have been caused by something that happened during the mother's pregnancy, such as her [alcohol or drug use](https://www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugs-pregnant/). This can lead to the child being diagnosed with [foetal alcohol syndrome (FAS)](https://www.nhs.uk/conditions/foetal-alcohol-syndrome/) or a foetal alcohol spectrum disorder (the name for all the various problems that can affect children if their mother drinks alcohol in pregnancy).
* Extreme and prolonged levels of stress or anxiety during pregnancy have also been shown to be damaging to the unborn child, affecting their brain development.
* The child's environment after they're born may affect their development, such as developmental trauma caused by abuse or neglect, or both.
* If child is inadequately cared for and stimulated, this affects the growth and development of certain areas of their brain, leading to a lack of emotional development. This is often referred to as [attachment difficulties](http://www.annafreud.org/training-research/research/understanding-mental-health-and-resilience/the-internal-representations-of-children-and-adolescents-in-care/) or attachment disorder.
* Some delays may be characteristic of [genetic conditions](https://www.nhs.uk/conditions/genetics/inheritance/), such as [Down's syndrome](https://www.nhs.uk/conditions/downs-syndrome/).

Different children have different levels of resilience to delays caused by trauma in the womb or abuse and neglect after birth. They also have different capabilities to overcome this trauma and "catch up" developmentally. It can be difficult to predict the long-term impact of these delays. This means the need for regular reviews to ensure that the child’s needs are being suitably met and the right services are being made available.

**Further Information:**

[Statutory Guidance: Promoting the health and well-being of looked after children](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

[MOSAIC Process for Arranging Health Assessments](http://teamspace.westsussex.gov.uk/teams/CSC/FWi/Shared%20Documents/Children's%20Mosaic%20Change%20Cycle%2013/Social%20Workers%20IHA_RHA%20Guide%2031.01.2019.pdf)

Therapeutic Access Point: One Minute Guide

SDQ: One Minute Guide

Practice Guidance for Health Assessments

**Impact of abuse and neglect on a child’s development and SDQs**

SDQs are a vital part of the child’s health assessment due to the long term psychological impact of developmental trauma. Both abuse and neglect can lead to psychological problems in children, including issues around trusting adults, which can take many years to overcome, due to being in a state of hypervigilance. “Children who have had bad experiences, particularly in care, are on high alert and don't believe anything anyone tells them because they don't trust them. They're shut off. They understand what they're being told, but won't bring it into their own world as a truth, and they can't modify their own belief that they're not loved or that they're 'bad'." (Professor Peter Fonagy - chief executive of the [Anna Freud Centre](http://www.annafreud.org/) in London, which conducts research into attachment disorders and child mental health)