

Initial health assessments for looked after children

Joint position statement from RCPCH and Royal College of Nursing (RCN)

Many services and organisations introduced temporary mechanisms during phase 1 of the Covid-19 Pandemic to ensure that children and young people received support, advice and access to services that they needed.

As services progress through recovery and re-set after initial management of the Covid-19 and look to the future, it is important to remember the Statutory and Regulation framework within which doctors and nurses are required to operate when delivering health services for looked after children.

The legislation and Statutory guidance for Looked After Children (Englandⁱ, Northern Irelandⁱⁱ) states that Initial Health Assessments must be undertaken by a qualified medical practitioner. Scotlandⁱⁱⁱ and Wales^{iv} have different Statutory guidance. Both nurses and doctors are also required to adhere to their regulatory bodies code i.e. Nursing and Midwifery Council^v and General Medical Council^{vi} respectively.

The Nursing and Midwifery Council Code states that nurses must adhere to the legislation and Statutory guidance within the country in which they are practicing. Even though nurses maybe experienced and skilled they are working outside of their defined competencies and code of practice if they undertake Initial Health Assessments in England and Northern Ireland, regardless of local agreements and risk assessments.

The Initial Health Assessment (IHA) is a holistic assessment of physical and mental health needs, analysing and assessing past medical health, missed health problems and missed screening opportunities. The IHA requires a thorough physical assessment by an experienced medical practitioner with diagnostic skills, resulting in appropriate referrals and discussions with key partners involved. The IHA is not solely an information gathering exercise or the opportunity for the use of validated screening tools. These vulnerable children and young people deserve the best possible support, advice and assessment when they enter care, delivered to the highest standard by those with the right knowledge, skills and competencies, otherwise they are at risk of missing out on opportunities with a detrimental impact on their health and wellbeing.

It should be noted that the professional undertaking the Initial Health Assessment holds personal liability for any subsequent consequences and problems following the assessment, with the potential for litigation from young people themselves where opportunities have been missed.

The Royal College of Nursing and Royal College of Paediatrics and Child Health are continuing to lobby for changes to Statutory guidance to enable advanced paediatric nurse practitioners with equivalent knowledge, skills and competencies to medical practitioners to undertake Initial Health Assessments for Looked After Children.

References

- ⁱ DfE/DHSC (2015) Promoting the Health and Wellbeing of Looked After Children
<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>
- ⁱⁱ Department of Health. Looked after children. <https://www.health-ni.gov.uk/articles/looked-after-children>
- ⁱⁱⁱ Scottish Government. Looked after children. <https://www.gov.scot/policies/looked-after-children/>
- ^{iv} Welsh Government. Looked after children. <https://law.gov.wales/publicservices/social-care/Local-authority-responsibilities/responsibilities-children/looked-after-children/?lang=en#/publicservices/social-care/Local-authority-responsibilities/responsibilities-children/looked-after-children/?tab=overview&lang=en>
- ^v Nursing and Midwifery Council Code (2018) <https://www.nmc.org.uk/standards/code/>
- ^{vi} General Medical Council (2017) <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>