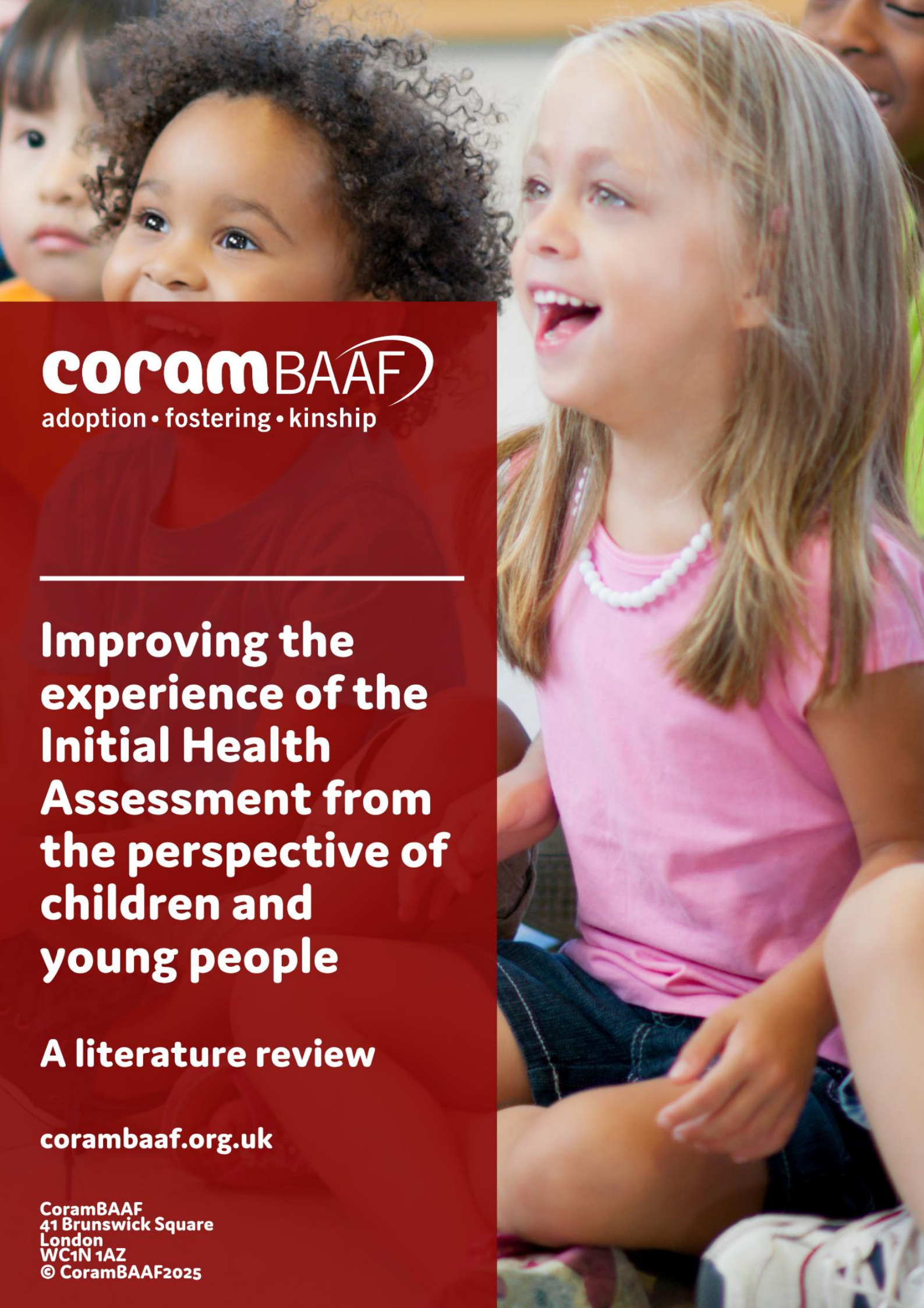

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Improving the experience of the Initial Health Assessment from the perspective of children and young people

A literature review

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Improving the experience of the Initial Health Assessment from the perspective of children and young people: A literature review

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Introduction

Background

Statutory guidance on promoting the health and wellbeing of looked after children (DfE 2015) states that children and young people should receive an Initial Health Assessment (IHA) on entry to care, and a Review Health Assessment (RHA) at six-monthly intervals for children aged under five and annually for those aged five to 18 years. The guidance also states that the IHA must be carried out by a registered medical practitioner within 20 working days from when the child has come into care, using relevant information drawn together beforehand.

The Royal College of Paediatrics and Child Health (RCPCH) has developed standards for IHA service delivery to improve children and young people's experiences of IHAs, their outcomes and their health and wellbeing. To inform these standards, CoramBAAF was commissioned to conduct a review of the available literature on children and young people's experiences and views of IHAs and other similar assessments.

Aims/research questions

The aim of the literature review was to identify any published research, reports or other material that could provide insight into children and young people's experience of attending an Initial Health Assessment (IHA) and to present the key messages from the available literature.

The following research questions were accordingly agreed as the focus of the literature review:

1. What are the barriers and facilitators to a positive experience of initial health assessments from the perspective of children and young people?
2. How can initial health assessments be improved to better meet the needs and expectations of children and young people?

Methods

Methodology

Due to the timescales involved, it was agreed that the review would be conducted using a rapid review methodology involving a quick scoping exercise and assessment of the evidence, to produce a summary of the messages from the identified relevant literature.

Sources

A range of sources including databases, library catalogues and organisational websites were used to search for literature relevant to the research questions. The sources used are listed below:

- Adoption & Fostering journal
- Become website
- Children's Commissioner for England website
- CoramBAAF library catalogue
- Coram Voice Bright Spots Resource Bank
- Fostering Network website

- Google
- Google Scholar
- Healthwatch National Reports Library
- NICE (National Institute for Health and Care Excellence) website
- NSPCC library catalogue
- Pubmed database
- Research in Practice website
- SAGE Journals database
- The King's Fund Library database
- VoyPIC website
- Wellcome Collection library catalogue

The extensive reference list from this PhD thesis on a closely related research question was also used to identify relevant resources for consideration:

> *Kelly, Á. (2022). 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 [Doctoral dissertation, University of Oxford].* Oxford University Research Archive*.*

Search strategy

The following search terms were used separately and in various combinations to interrogate the databases, catalogues and websites listed above:

- Initial health assessment
- IHA
- Initial assessment
- Health assessment
- Review health assessment
- Health
- Assessment
- Children in care
- Looked after children
- Care-experience
- Children
- Young people
- Children's social care
- Starting to be looked after
- Coming into care
- Entering care
- Foster care
- Views
- Feedback
- Experience
- Voice

Searches using more specific search terms such as “Initial Health Assessment” or “IHA children in care” produced very few relevant results, so more general searches such as “health assessment child” were used to increase the number of results. References and citations of relevant articles and reports were followed.

Due to the small number of articles and reports identified that explicitly focused on children and young people’s experiences of initial health assessments, all resources that included discussion about improving IHAs were selected for closer examination, as well as those reporting on looked after children and young people’s experiences of review or annual health assessments, and of access to health services more generally.

The focus of the searches was for material published from 2010 onwards, relating to children’s social care in England, however, any particularly relevant articles and reports from earlier years, or from other countries were also included in the list for closer examination due to the limited number of matches for the initial criteria.

Selection of relevant resources

Eighty articles and reports were identified as potential sources of information relating to the research questions using the search strategy described above. These sources were then checked using freely available abstracts, summaries and snippets to identify those that included either the views of care-experienced children and young people on the experience of attending an initial or review health assessment, or which discussed barriers, recommendations for change, or changes made, to these services, with the experience of children and young people in mind. Thirty-seven resources were added to a final selection that were each read to identify key messages and then coded to indicate whether they focused on IHAs, RHAs or health services more generally (or a combination of the three), whether they included the voice of the child/young person, and whether the findings were relevant to the research question informing the literature review. A total of twenty-five articles and reports were retained at this final stage of selection.

Findings

Before presenting the findings from the review of resources identified as being relevant to the research questions, it is important to note that this exercise suggests there is a need for more research that seeks to hear the voices of children and young people who have experienced an initial or review health assessment. Although the literature shows awareness of the additional health care needs of children and young people who come into the care system (Elertson, 2017; Nazi, 2024; Smales et al, 2020), and there is some exploration of ways of improving services to meet those needs, thereby increasing engagement and improving outcomes (Health Notes, 2015; Baidwan, 2023; Cope, 2015; Healthwatch East Sussex, 2023), there are few studies that directly seek the views of looked after children and young people about the changes that would benefit them.

In her study exploring the factors associated with the ability of the care system to meet the physical and mental health needs of children and young people in care, Kelly (2022) notes that “there is a dearth of research that focuses on the voices of children and young people in local authority care in relation to their health”. This is echoed by Herlitz et al (2024) in a study designed to address the “evidence gap in exploring care-experienced young people’s views and experiences of accessing general practice and dental services and attending health reviews in England” and by Bromley et al

(2020) in their examination of the challenges involved in obtaining feedback from looked after children on healthcare services.

In relation to research on health assessments, there is a particular lack of research focusing solely on initial health assessments, and on the experience of taking part in such assessments. This is highlighted in the outline of a proposed research study exploring the views of children on the experience of the IHA (Sali, 2019), which stated "There is no known research in the same topic in the last 10 years", and in an article by Haune et al (2024) which examined the experience of participating in a comprehensive multi-disciplinary health assessment for children entering out of home care in Norway.

Below, the findings from the available sources are presented by theme, highlighting messages relating to IHAs where this is possible, but also including messages about annual or review health assessments and accessing healthcare in general.

Understanding of purpose/value of health assessments

A lack of understanding about the purpose and need for health assessment was reported in a number of sources and identified as being a potential barrier to engagement and attendance.

Feedback gathered from a sample of young people who had declined to attend a health assessment (either initial or review) showed that the most frequently selected reason for non-attendance was: 'Did not see the point/or 'felt well'' (Cope, 2015).

In relation to review health assessments, Herlitz et al (2024) reported that young people perceived reviews "to be largely inconsequential", and "rather than comprehensively reviewing their physical, emotional and mental health, there was a perception across participants that the health reviews largely focused on checks of height, weight, and heart rate, and in some cases, general questions about how things were going". Similarly, Coram Voice's report (2015) on children's views on being in care, stated that "professionals did not always explain the details of medical assessments, and therefore young people did not always understand their purpose". Healthwatch East Sussex (2023) surveyed young people in care about their experiences and reported that "More could be done to inform young people in care of the reasoning behind the RHAs".

Stigma/Not wanting to stand out

Another reason behind children and young people declining to attend an initial or review health assessment was a desire to avoid experiencing stigma or standing out from their peers. Cope's (2015) research with young people who had declined a health assessment (either initial or review) found that feeling "'singled out' because their peers were not targeted" was the fourth most frequently stated reason for refusal. Kelly (2022) found that this stigma about care status was felt most strongly at the time of reaching adolescence and as a result "young people often began to disengage with specialist services as they were striving for normality and did not want to be treated differently to their peers in the general population".

Building relationships/trust with health care professionals

A theme that was present in several of the resources was the importance of good relationships and trust between the children and young people and the health care professionals involved in health assessments. A lack of trust was seen as a barrier to attending or fully engaging with health assessments, and meant that young people had concerns about how confidential information would be

handled and who it would be shared with (Kelly, 2022; Herlitz & Baldwin, 2024). One participant in Kelly's (2022) study shared that "anger and frustration about being taken into care meant that she felt resentful of the professionals in her life and she did not want to engage with them or attend any recommended appointments, such as her initial health assessment". Healthwatch Lambeth (2019) reported that consent for IHAs may be withheld by parents/carers as well as by children and young people, due to a lack of trust in the system or social worker or the processes prior to the child becoming looked after.

Factors identified as helping to create trust and develop a positive relationship between the child and the health professional conducting a health assessment included: providing a clear structure to create a sense of predictability and safety (Haune, 2024); using play, humour and fun (Haune, 2024); using a conversational style rather than pre-set questions and obvious form-filling (Health Notes, 2017); and clearly explaining why the child is being asked to do something and not placing pressure on them if they don't want to comply (Kelly, 2016). In relation to the issue of confidentiality, Kelly (2022) recommends exploring "what information they feel comfortable with being shared in future meetings and to inform them about what happens with any information they have collected".

Reflecting on a conversation with a group of care experienced young people Herlitz and Baldwin (2024) stated "the main point I took away from listening to the young people was that they needed professionals to create the right space for them to feel comfortable to enable them to talk about their health".

Meeting the needs of particular groups of young people

There was some discussion in the literature of the positive impact of adapting processes and services to meet the needs of particular groups of young people: decliners, young people aged over 16 and unaccompanied asylum seeking children. These and other practical adjustments are discussed below.

Decliners

An article by Cope (2015) describes a new approach to initial and review health assessments for children and young people who were refusing to have health assessments. After gathering feedback to learn about the reasons for declining assessments, a 'decliner pathway' was introduced, offering flexibility around venues and times of appointments, telephone contact rather than in-person meetings, and assessments completed by a designated nurse rather than a doctor. This "participatory rather than prescriptive approach" enabled young people to engage with their health assessments and health planning.

Similarly, Williams, Williams and Chisholm (2017) report that a new pathway was introduced to increase engagement from young people who did not attend their initial or review health assessments, which included "offers of telephone consultations and completion of health questionnaires" to increase engagement from difficult to reach adolescents.

16+

Another example of a new service being introduced to meet the needs of a particular group of people is described in Health Notes published in Adoption & Fostering journal (2015). A Community NHS Health Trust recognised that the needs of young people aged 16 and over were not well served in a paediatric setting and that instead a Specialist Nurse Practitioner (SNP) would accept referrals for IHAs and could

offer young people a choice of venue and flexibility of times. This new service had resulted in improved attendance and timescales, eliciting positive comments from young people including: “Z said she felt comfortable having the assessment at the placement address as she was really worried about attending a hospital but felt at ease throughout the whole health assessment process”.

Unaccompanied Asylum Seeking Children (UASC)

Baidwan (2023) argues that as “UASC are a particularly vulnerable group of children who often have significant physical and mental health needs”, it is vital that their IHAs are carried out by practitioners who can “recognize, understand, and manage these health needs”. Nezafat Maldonado, Armitage & Williams (2022) also recognise the increased health needs of unaccompanied asylum seeking children and found a wide variation across England in the current practice of IHAs for this group of children and young people. The authors recommend that the IHA “should take place in a ‘onestop shop’ model, whereby health needs are identified, and initial investigations are carried out” and that the service should be culturally and linguistically appropriate and designed in consultation with service users.

Two evidence reviews published by the National Institute for Health and Care Excellence (2021) also recommend “tailored initial health assessments which should address the additional risks posed to unaccompanied asylum seekers” and “difficulties in communication due to language barriers with provision of an in-person translator – particularly for the initial health assessment” (Evidence Review E). This should include having “a registered, culturally appropriate translator” present to facilitate communication during the initial health assessment (Evidence Review F).

Other adjustments/flexibility

Being able to make choices and control some of the practical aspects of the review health assessment, such as who is in the room or where it takes place (Healthwatch East Sussex, 2023) was welcomed by children and young people and had a positive impact on their engagement. An examination of the role of the designated nurse for looked after children (Health Notes, 2017) also highlighted that young people valued being able to select a place and time for health assessments.

An example of a positive outcome in adapting the delivery of an IHA comes from an article showing how services were delivered during the pandemic (Shelley, 2021). A dual model of clinic delivery, involving an initial virtual meeting followed by a short face-to-face appointment, was introduced and received positive feedback from children and young people, with positive comments such as ‘comfortable in own home – more relaxed’ and ‘treated same as if in clinic’”.

Being seen alone was expressed as a preference in discussions with care experienced young people about accessing health care and talking to doctors (Herlitz, 2024). One young person commented: “I actually don’t want to talk about my private things in front of anyone, like I just want to talk to the doctor but if my foster carer is with me I’m not comfortable even to tell them anything I want”.

Research by Tirupatikumara & Khan (2019) used feedback from children and young people who had completed health assessments to measure the quality of health assessments against the NICE Quality Standards whilst trying to work within statutory time frames. The feedback received was positive with all children rating their recent health assessment as being excellent, very good or good, and 90% of the children aged over five reporting that they were given the opportunity to be seen alone.

Training for health care professionals

There were several messages in the literature about training of health care professionals involved in health assessments (although none were specifically about initial health assessments), including the importance of training on providing trauma-informed care and the mental health and health needs of specific groups of young people.

Ensuring that professionals were provided with formal training on children's health needs and on using a trauma-informed approach was a feature of a project designed to improve the quality of health assessments in a local authority (Nazi, 2024). A subsequent audit found that there had been "a cultural shift within the health organisation due to greater awareness of professionals on the complexity and vulnerabilities associated with children and young people in social care".

The need for health care professionals to be trauma-informed was raised by children and young people involved in both the research carried out by Healthwatch East Sussex (2023) and Herlitz & Baldwin (2024). Reflecting on the comments made by young people in a discussion recorded for a podcast, Herlitz & Baldwin (2024) said "we could hear that mental health was something important to them and both the young people and the doctors agreed that health professionals could be more informed about the impact of trauma".

Two evidence reviews published by the National Institute for Health and Care Excellence (2021) included recommendations about trauma-informed care and the specific needs of unaccompanied asylum seeking children:

- "The committee agreed that healthcare professionals performing the initial health assessment in unaccompanied asylum seekers should be aware of the specific physical and emotional needs of such children and should consider risk factors associated with specific countries of origin/route of travel and the context of the child's expatriation. The committee agreed that increased awareness of these considerations among healthcare professionals can be facilitated by additional training, through invited feedback from children that were once cared for in these circumstances and/or by requesting testimonies from specialist organisations in the voluntary sector." (NICE Evidence Review E, 2021)
- "Trauma-informed care was therefore considered a health need for all in this subgroup and the committee recommended specialist, trauma-informed mental health and emotional wellbeing support for all unaccompanied asylum seekers. By way of explanation of what this specialist support would require, the committee also recommended that all carers and professionals receive trauma-informed training for delivering care in unaccompanied asylum seekers." (NICE Evidence Review F, 2021)

Importance of getting it right

Finally, the importance of initial and review health assessments was highlighted by Williams, Williams and Chisholm (2017) in their research on reasons for non-attendance: "Missed Looked After Children (LAC) Health Reviews can lead to missed opportunities to identify and resolve health needs with reduced access to available services and health promotion. This leads to poor health outcomes and educational attainment and can have large administrative and financial impacts on the LAC Team."

The importance of providing an initial health assessment that sensitively recognises the trauma experienced by children coming into the care system and can meet their needs is also demonstrated by these quotes:

- "My first memory of the healthcare system traumatised me for life." (Kelly, 2016)
- "Their first impressions of the health service for children in care will stay with them for life and may shape their views of health as a whole, so it is important to get it right first time." (Health Notes, 2015)

Summary and conclusions

Limitations of this review of the literature

Before returning to reflect on what the literature reveals in relation to the original research questions, it is important to note a number of limitations in the current literature search. As mentioned above, there is a limited amount of research on IHAs, and where this does exist, they are often considered alongside RHAs making it difficult to separate out any findings. The research also tends to involve small sample sizes and rarely seeks input from children and young people. Additionally, no attempt was made to select studies for review on the basis of quality of research methods, and non-peer reviewed sources such as research proposals and podcast transcripts have also been used. Further research specifically focusing on IHAs, and seeking the views of greater numbers of care-experienced people, would enable greater insight into the improvements needed to meet the needs and expectations of children and young people.

These quotes emphasise this point:

- "To date, the voices of YP in Out of Home Care are not well represented in research examining their health status and/or health needs" and "the inclusion of these voices in health research is a vital part of understanding and subsequently addressing possible barriers YP face to improving their health outcomes. YP can provide great insight into the challenges in delivering high quality health care provision for this population that would otherwise not arise from studies only examining the perspectives of case managers, carers, clinicians, and other stakeholders". (Smales, 2020)
- "Whilst our audit has concluded that despite pressures of tight time schedules, it is entirely possible to deliver high quality assessments for LAC children, however for this to be sustained and effective, it will be necessary to incorporate the Voice of the child to guide all service delivery models, starting from early stages as in planning for appointments to delivery of child-centric healthcare plans. (Tirupatikumara, 2019)

Summary of findings

A summary of the research findings under each of the original research questions is provided below.

1) What are the barriers and facilitators to a positive experience of initial health assessments from the perspective of children and young people?

The research identified through this literature search reveals some of the concerns children and young people have around initial and review health assessments which can create barriers to engagement. These include a lack of understanding about the importance of the initial review and ongoing review health assessments and how they relate to their care plan. A sense of stigma or feeling different to peers can result in young people declining invitations to attend health assessments, as can a lack of trust in the system. When attending a health assessment, issues around trust, or the absence of a good relationship, with professionals, or fears about what will happen to any information they disclose, can

mean that the young person does not feel comfortable about sharing concerns or engaging fully in the assessment.

Facilitators of a positive experience of IHAs are discussed under the second research question below.

2) How can initial health assessments be improved to better meet the needs and expectations of children and young people?

The findings of this review of the literature suggest the following improvements to initial health assessments would enable them to better meet the needs and expectations of children and young people.

A key finding would be the need for all professionals involved in IHAs to receive training in the particular health needs of children and young people who are entering the care system, with particular reference to unaccompanied asylum seeking children who are likely to have additional needs, and in using a trauma-informed and child-centric approach.

Allowing children and young people to have some choice about when and where the assessment takes place will help to remove barriers to attendance, as would ensuring that the child is informed about the importance of the assessment and how it relates to their future care. Concerns about confidentiality could be addressed by offering reassurances about what will happen to their information and agreeing what can be shared with whom, and by allowing some choice about who is present during the assessment.

Flexibility around arrangements to meet the needs of particular groups of young people such as unaccompanied asylum seekers or young people aged 16 and over has also been shown to increase engagement and improve referral to health services. This could include offering a mix of telephone and in person meetings, having specialist nurses take referrals, having culturally appropriate interpreters available, or introducing one-stop shop models where health needs are identified and initial investigations are carried out.

Finally, it is important that health care professionals and other practitioners are able to gain the trust of children and young people and develop positive relationships to ensure they feel able to engage with assessments and have their needs met.

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