British Association for Community Child Health

388 LONGITUDINAL HEALTH OUTCOMES OF LOOKED AFTER CHILDREN (LAC)

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Background Statutory LAC health services have now been well established since 2000. All LAC upon entering care have encountered adverse childhood experiences (ACEs) and have unmet health needs.

Objectives To explore whether the health needs of LAC improve during their time in care if they remain in care for 6 + years

Methods Auditing the health needs of 20 randomly selected LAC who came into care between 2005- 2014, remaining in care for 6+ years. The health needs were identified at the Initial Health Assessments (IHA) and subsequent Review Health Assessments (RHA) to ascertain whether health needs had improved over time in care.

Results

1) Reasons for LAC

Reason for LAC	Percentage
Abuse/neglect	70%
Parental substance misuse	15%
Domestic Abuse	10%
Parental illness/disability	5%

2) Age at entry into care

Age of LAC	Number
<1yr	0
1–4yr	12
5–9yr	7
10–15yr	1
16+yr	0

3) Gender

Male	12
Female	8

4) Ethnicity

White British	16
Black	2
Dual Asian/White	1
Other White European	1

5) Unmet Health needs at IHA

Immunisations	50%
Dental	80%
Optician	50%
BBI testing	30%
Speech/language	35%
Audiology	35%
Development delay	25%
Emotional health/wellbeing	20%
Behavioural	25%
Physical Health	5%

6) IHA & latest RHA unmet health needs

	At IHA	Latest RHA
Immunisations	50%	5%
Dental	80%	0%
Optician	50%	0%
BBI testing	30%	0%
Speech/language	35%	0%
Audiology	35%	0%
Development delay	25%	0%
Emotional health/wellbeing	20%	5%
Behavioural	25%	10%
Physical Health	5%	5%

Conclusions It is clear from this audit that LAC had multiple unmet health needs upon entering care; with highest incidence of dental issues, vision screening and incomplete immunisations. As they continued as long term LAC, these basic health needs improved significantly with intervention and support from professionals around them. The 5% outstanding immunisations after 6+years in care was due to teenager refusals. At the latest RHA, 10% of the cohort were identified as having behavioural issues which may be related to undiagnosed specific conditions or aligned to ACEs and 5% were recorded to have ongoing emotional wellbeing concerns. This persistence of emotional/behavioural concerns maybe ascribed to an inconsistent emotional wellbeing support service locally. The 5% unchanged physical health concern was due to one child with a distinct diagnosis. This study highlights the effectiveness of statutory LAC health provision, the importance of ongoing collaborative working with all partner agencies to ensure LAC receive the health care and intervention they need in a timely manner. There is still a need for consistent longterm emotional/mental wellbeing support service for LAC.