Rapid Health Needs Assessment for Looked After Children in Haringey

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1. Introduction

In January 2011, Haringey’s Safeguarding and Looked after Children Services were subject to a joint Ofsted and Care Quality Commission (CQC) inspection. The findings from the CQC inspection contributed to the joint report published by Ofsted and enriched the information used to assess providers against the Essential Standards of Quality and Safety. The inspection reports highlighted three specific health recommendations:

a) From the Ofsted report (published 25 February 2011)
Within three months:
NHS Haringey should ensure there are robust systems in place to monitor the quality of healthcare provided to all looked after children and care leavers in all settings.

b) From the CQC report (published May 2011)
Within 3 months:
NHS Haringey to ensure the agreed care pathway for looked after children’s healthcare is implemented.

c) Within 6 months:
NHS Haringey to ensure that the views of young people are heard strategically in the planning and development of health care services.

As a result of these recommendations, it was agreed to undertake a rapid health needs assessment of looked after children in Haringey to assess if their health needs were being met and to assess if the health needs of looked after children in Haringey were similar or different to their peers as described in published literature.

A rapid health needs assessment concentrates on collating information that already exists and applying intelligence to it via a gap analysis. An effective rapid health needs assessment provides sufficient information and intelligence for decision makers to improve the existing service content and configuration to better meet local need.¹

A brief literature review was undertaken to assess what is already known about the health needs of looked after children and is summarised below.

2. Literature review - the health of looked after children

The need to be well – both physically and emotionally – is crucial in determining whether children develop socially and educationally. Health has an important influence on attainment throughout a child’s life and is vital in
enabling young people to fulfil their potential as they progress from childhood through the teenage years.

Good physical and emotional health and wellbeing contribute to broader outcomes enhancing children’s self-esteem and resilience, improving their long term prospects and preparing them for adulthood.

The health of children and young people in care is often poor at the time of their entry to the care system, since it may reflect the impact of poor early life experiences, family influences and environmental risk factors.

Recent research has shown that looked after children and young people share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Looked after children can show high rates of emotional, behavioural or mental health issues. This is largely due to adverse factors impacting on children prior to entry into care, in particular the effects of disrupted early attachments, grief and loss and resulting depression, especially for younger children. Poor emotional and psychological health and feelings of low self esteem can lead to ill health, depression and / or the use of escape coping mechanisms such as substance misuse and risk taking behaviours in older looked after children and conduct disorders in younger looked after children. ²

In a study by Meltzer at al (2003)³ two thirds of looked after children were reported to have at least one physical health complaint. Looked after children are more likely than their peers to experience problems including speech and language problems, bedwetting, coordination difficulties and sight problems. The health needs which occur most frequently are those relating to developmental/educational and emotional/behavioural issues; incomplete immunisations have also been highlighted as an area needing particular attention with unaccompanied minors. Many looked after children have identifiable health needs that require further support from other health services. Good health for looked after children is therefore achieved through communication and cooperation between all those responsible for the child’s health care and development.

2.1 Smoking, drugs and alcohol

Looked after children are a group who can be particularly vulnerable to developing substance misuse problems. About a quarter, 27%, of the young people aged 11-17 surveyed by Meltzer et al (2003) were current smokers. 69% of 11-17 year olds in residential care placements were current smokers. Although it is difficult to make an exact comparison due to the different age range, it is worth noting that according to a recent survey⁴ of 11-15 year olds in England, only 5% were regular smokers suggesting that looked after children may have higher rates of smoking.

The Meltzer study also found that young people aged 16-17 were much more likely to drink than the 11-15 year olds i.e. 34% of older children drank at least
once or twice a week compared with 7% of 11-15 year olds. This compares to 13% in the survey of 11-15 year olds, ranging from 1% of 11 year olds who said they had drunk alcohol in the last week to 30% of 15 year olds, again suggesting that looked after children may drink more than their peers who are not looked after.

The most common drug used by looked after children was cannabis: 20% of all 11-17 year olds had used it at some point in their lives. Of these children, half had used it in the last month. This compares to 2% of 11-15 year olds in the survey in England who said that they used cannabis at least once a month. The next most common drugs after cannabis were ecstasy and glue, gas and solvents.

2.2 Sexual health and teenage pregnancy
The sexual health and behaviour of young people is a key priority. Young women and young men in and leaving care are more likely than their peers to be teenage parents, with one study finding that almost half of young women leaving care became pregnant within 18 to 24 months5, and another reporting that a quarter were pregnant or young parents within a year of leaving care6. However, it should be noted that for some young people, this may be a positive choice.

2.3 Mental and emotional health
A national survey undertaken by Meltzer and colleagues for the Office for National Statistics (ONS)7 confirmed findings of earlier research about the high level of mental health need amongst looked after children, particularly those in residential care. 45% of looked after children were assessed as having a mental health disorder, rising to 72% of those in residential care. Among 5-10 year olds, 50% of boys and 33% of girls had an identifiable mental disorder. Among 11-15 year olds, the rates were 55% for boys and 43% for girls. This compares to around 10% of the general population aged 5 to 15.

Clinically significant conduct disorders were the most common among looked after children (37%), while 12% had emotional disorders (anxiety and depression) and 7% were hyperactive. Even when compared to children in a community sample from the most deprived socio-economic groups, looked after children still showed significantly higher rates of mental health disorders.

In addition, the Looking After Children longitudinal study of children and young people who remained in care for at least a year8 considered the needs of children at the point of first entry into care and identified emotional and behavioural problems from information recorded in case files by social workers and subsequently assessed by psychologists. Using these methods, it was found that 72% of looked after children aged 5 to 15 had a mental or behavioural problem compared to 45% in the ONS survey. Among children starting to be looked after under the age of five (this age group was not included in the ONS survey), nearly one in five showed signs of emotional or behavioural problems.
2.4 Young people leaving care

Young people leaving care are a particularly vulnerable group, and research has consistently found that their health and well-being is poorer than that of young people who have never been in care. Many aspects of young people’s health have been shown to worsen in the year after leaving care. Compared to measures taken within three months of leaving care, young people interviewed a year later were almost twice as likely to have problems with drugs or alcohol (increased from 18% to 32%) and to report mental health problems (12% to 24%). There was also increased reporting of ‘other health problems’ (28% to 44%), including asthma, weight loss, allergies, flu and illnesses related to drug or alcohol misuse and pregnancy.

2.5 The views of looked after children on their health

Evidence suggests that children generally view health as primarily to do with diet, exercise and dental hygiene. Many young people have a different view of the meaning of the terms ‘mental health’ and ‘mental illness’ compared to health professionals. Young people perceive accessing services as stigmatising.

A survey of looked after and accommodated young people in Glasgow showed that they identified exactly the same factors contributing to good health as the general youth population: physical fitness, healthy eating and physical attractiveness.

Young people within the survey wished to be listened to during consultations whether for a routine health check or for more specialist intervention, often reporting that they did not feel listened to and that professionals and the organisations were difficult to approach.

3. Policy context

In recent years there has been a raft of policy documents aimed at improving the health of children and young people. For the purposes of this report, only those that have a direct reference to looked after children and young people will be summarised.

3.1 White Paper Care Matters: time for change

The government published this white paper in June 2007. It aimed to improve the experience of young people in care and bridge the gap between them and their peers. It emphasised the place of the joint strategic needs assessment in identifying the health and well-being needs of looked after children. It also made recommendations on support for teenage parents in care; the provision of appropriate sex and relationships education; the assessment of emotional and behavioural difficulties and the provision of leisure activities.
3.2 Revised Statutory Guidance on Promoting the Health and Well-being of Looked After Children

The aim of this guidance published in 2009\(^\text{14}\) is: “…to make sure that all looked after children and young people are physically, mentally, emotionally and sexually healthy; that they will not take illegal drugs and that they will enjoy healthy lifestyles”.

The principles that underpin the guidance are that the system for promoting the health of looked after children should:

- Deliver services that are tailored to the individual and diverse needs of children and young people
- Put the voices of children, young people and their families at the heart of service design and delivery
- Address health inequalities and have an emphasis on prevention
- Make sure that health needs are accurately assessed and met
- Deliver excellent, world class standards of care.
- Make sure that all professionals working with looked after children have a clear understanding of the roles and responsibilities of all relevant agencies
- Be holistic, including consideration of physical health, sexual, emotional and mental health, well-being and health promotion
- Use integrated working and joint commissioning based around effective partnerships at both strategic and individual case level to improve service delivery, information sharing, confidentiality and consent.

The Guidance applies to local authorities, primary care trusts and strategic health authorities and their successor bodies from 2013.

3.3 NICE guidance on promoting the quality of life for looked-after children and young people\(^\text{15}\)

The guidance sets out how agencies and services can work together to improve the quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people. The focus is on putting the child or young person at the centre of every activity that affects their life.

3.4 Revised legal framework for looked after children\(^\text{16}\)

These revised regulations and guidance streamline processes to increase the emphasis on more effective care planning, with a focus on the child, and are designed to improve the quality and consistency of care planning, placement and case review for looked after children. They also aim to improve the care and support provided to care leavers.

The revised regulations and guidance aim to improve the clarity of the regulatory framework for looked after children and care leavers for
practitioners and offer them one coherent and easily accessible package relating to care planning and case review for looked after children.

The regulations and guidance below came in to force on April 1st 2011.

This framework covers all aspects of a child's journey through care, including health, education and ensuring the child's voice is heard in the care process. The framework also includes regulations and guidance relevant to children’s homes and fostering services providers. These regulations and guidance are designed to work together as a coherent whole, helping give local authorities the tools to ensure high quality care for all their looked after children.

4. Profile of looked after children in Haringey

The following section presents data from the London Borough of Haringey on the profile of looked after children in Haringey as of March 2011.

4.1 Numbers of children in care

At 31st March 2011 there were 613 children in care in Haringey, including Unaccompanied Asylum-seeking children.
As can be seen from Figure 1, there has been a steep increase in the number of children in care from 2008, with Table 1 below comparing Haringey with the national and statistical neighbour average.

### Table 1 Comparison of number of children in care

<table>
<thead>
<tr>
<th></th>
<th>Haringey March 2011</th>
<th>National Average 2009-10</th>
<th>Statistical Neighbour Average 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children in Care</td>
<td>613</td>
<td>418</td>
<td>467</td>
</tr>
</tbody>
</table>

4.2 Age, gender and ethnicity

58% of children in care at 31 March 2011 were male and 42% female. A majority of children in care fall into the 10-15 year age bracket (36%)
Source: SSDA903 Children looked After by Local Authorities in England

44% of children in care at 31 March 2011 were from Black ethnic backgrounds. This includes Black British, Black African and Black Caribbean backgrounds. 35% were from white backgrounds, including White UK and other white European groups.

4.3 Placements of children in care

Figure 4 shows that 62% of children in care to Haringey are placed with foster carers. A majority of them are placed outside the borough, but a high proportion of these are in neighbouring boroughs (e.g. Enfield, Waltham Forest).
4.4 Health of children in care

Despite the wide ranging health needs of looked after children, there is a statutory requirement for the local authority to collect data on only a small number of health outcomes: development checks, immunisations; dental checks and whether the child has had a health assessment.

Statistical returns in this area are based on children who have been in care for at least 12 months at 31 March 2011.

4.4.1 Developmental checks, immunisations, dental checks and health assessments

According to the London Borough of Haringey, 81 children aged 5 or under were due to have a review health assessment which includes a developmental check and 100% were up to date. 96% of children had up to date immunisations. 83% of children had an up to date dental check in the year and 92% had an up to date health assessment. All of these figures are an improvement on the previous year. The performance indicator is an average of health assessments and dental checks and the outturn for 2011 was 87.6%, compared to 85% in 2010. The London average for 2010 was 87% and the average of our statistical neighbours was 86%.
4.4.2 Substance Misuse

In Haringey, part of the health assessment includes substance use, including alcohol, drugs, smoking and other substances. Health education and promotion is included and is age and developmentally appropriate. Referral for treatment is to Insight (young people’s substance misuse service).

4.4.3 Sexual Health Services

During the health assessments the nurse’s health promotion includes sex education relevant to each individual child’s needs. Services provided include:
- Opportunistic chlamydia screening
- Condom demonstration and initial provision – as part of the C Card scheme
- Pregnancy choices
- Rapid direct referrals to sexual health services
- Advocacy and support for Social Workers and foster carers
- Young people can text the specialist nurse
- Referral to the Family Nurse Partnership.

5. Engaging with children, young people and professionals

5.1 Children and young people

On 10th June 2011, as part of the rapid health needs assessment, young people in care and leaving care were invited to a workshop facilitated by the Council’s Children and Young People’s Participation and Strategy officer to share their experiences of health and health services.
Ten young people aged 9 – 19 participated in the workshop and represented: young people in foster care, leaving care, asylum seeker backgrounds, young people accommodated by Southwark judgements, unaccompanied minors, those that had been in Children’s Homes, and young mothers. The young people were asked a series of questions which they explored as a group:

- What does being healthy mean to you?
- What do you think of the information and advice you have received on healthy eating; smoking, drugs, alcohol; sex and relationships; oral health and mental health?
- How do you feel about your health assessments? How involved do you feel? What could make them better?
- What are your experiences of using health services? Did you feel listened to?
- Who would you talk to if you had a problem?
- How prepared were you for leaving care?

The full report of the focus group is included at Appendix 1.

Overwhelmingly, the young people said that they had received little or no information on health issues. Many of the young people were critical of the health assessments, although it should be noted that all the young people had had their health assessments prior to the new system being put in place in January 2011, and therefore their comments do not relate to the current situation whereby all review health assessments are carried out by the Children in Care Health team based at Bounds Green Health Centre.

None of the young people in the focus group felt that they were prepared for leaving care and therefore further work needs to be undertaken to ensure that young people are equipped with the necessary skills and information before they leave the care system.

5.2 Professionals

A further workshop was held on the morning of 23rd June 2011. The aim of the workshop was to bring together local professionals who have a role in promoting the health and well-being of looked after children and young people and to consider the following questions:

- What are the key health issues for looked after children in Haringey?
- Are these the same as reported nationally?
- Are we meeting these needs and if not, what can we do in the present financial climate?

A list of attendees and the programme of the day is included in Appendix 2.

Participants were asked to identify the key health issues faced by Haringey’s looked after children and young people. These were then categorised by themes with the following emerging overwhelmingly as the key issues facing children and young people in Haringey:
Further detail is provided below for each key theme:

**Table 2: Themes**

| Sexual health                          | Sexual exploitation and trafficking;  
|                                       | fear re: diagnosis of STIs;  
|                                       | teenage pregnancy;  
|                                       | sexual risk taking;  
|                                       | poor sexual health;  
|                                       | late abortions  
| Drugs and alcohol                     | Smoking;  
|                                       | drugs;  
|                                       | alcohol;  
|                                       | gangs;  
|                                       | helping young people to give up drugs  
| Emotional and mental health           | Emotional stress;  
|                                       | bed wetting;  
|                                       | how do we measure emotional health?;  
|                                       | poor self-image;  
|                                       | self harm;  
|                                       | attachment issues;  
|                                       | attachment disorder;  
|                                       | changes of placement;  
|                                       | suicide attempts;  
|                                       | low self-esteem;  
|                                       | under stimulation;  
|                                       | lack of socialisation opportunities due to placement instability;  
|                                       | behavioural problems;  
|                                       | waiting times for CAMHS for children placed out of the borough  
| Immunisations                         | Missed immunisations;  
|                                       | lack of immunisation history;  
| Other                                  | Issue re: 0-2s – formative years in terms of baby brain development;  
|                                       | importance of attachment and the first relationship;  
|                                       | obtaining information on newborn bloodspot screening results and newborn hearing tests; moving placements – unable to obtain health records;  
|                                       | missed Healthy Child Programme reviews;  
|                                       | chronic health problems e.g. sickle cell; unknown diagnoses e.g. asthma;  
|                                       | Non compliance with registering with a GP and taking medication;  
|                                       | young people refusing to see doctor/nurse or have a health assessment; |
The participants were then asked to consider what services exist for looked after children and young people in Haringey with the following services identified:

Table 3: Existing services

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Universal services</th>
<th>Targeted services</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>Midwifery; Health Visiting; Parent Infant Psychology Service; Audiology; Children's Centres; Speech and Language therapy services; GPs; Dentists; Optometrists; Accident and Emergency Department</td>
<td>Children in Care health team; Tavistock-Haringey service; Family Nurse Partnership</td>
</tr>
<tr>
<td>6-11 years</td>
<td>School nursing service; Open Door; Tottenham Hotspur Foundation (diversionary activities for young people aged 7-16)</td>
<td>COSMIC; HAGA; Insight; Third sector organisations; Hearthstone (Domestic Violence); 4YP sexual health services; Barnardo’s sexual exploitation advocacy service; Adolescent Outreach Team</td>
</tr>
<tr>
<td>12-16 years</td>
<td>COSMIC; HAGA; Insight; Third sector organisations; Hearthstone (Domestic Violence); 4YP sexual health services; Barnardo’s sexual exploitation advocacy service; Adolescent Outreach Team</td>
<td>As per 12-16 plus: Young Parents Team at Whittington Hospital; Family Nurse Partnership Dentists; Optometrists (issues with paying for services post 16)</td>
</tr>
</tbody>
</table>

Other than universal services for all children and young people, the following services are specifically targeted at looked after children and young people:

5.2.1 Children in care health service

The objective of the children in care health service is to ensure that all Haringey children and young people in care are physically, mentally, emotionally and sexually healthy and that they are able to make health choices that enable them to enjoy healthy lifestyles.

This is discharged by providing the statutory initial health assessment within four weeks of entering care and review health assessments:

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1 Adapted from the Children in Care Health Team Annual Report 2010/2011
Six monthly for children under the age of 5 years and
yearly for children 5 to 18 years

All initial health assessments are carried out by the Designated Doctor for Children in Care. Since January 2011, all review health assessments are carried out by the specialist nurses for all Haringey children in care, no matter where they are placed. The initial invitation for a review health assessment is to attend an appointment in Bounds Green Clinic; if this is not possible the nurse will visit the child in their foster placement.

The British Association Adoption and Fostering (BAAF) forms are used for health assessments. The assessment includes:

**Initial health assessment:**
- Family history gathering and analysis
- Medical history gathering and analysis including immunisations
- Current health status
- A full medical physical examination
- Growth and development assessments
- Emotional assessments
- Health risk taking assessment
- Health education as required
- Referrals as required

**Review health assessments:**
- Continuation from the initial health assessment and in addition:
  - Current health status
  - Medical history gathering and analysis including immunisation status
  - Growth and development assessments
  - Emotional assessments
  - Health risk taking assessment
  - Health education as required
  - Chlamydia screening can be offered where relevant
  - Condom demonstration where relevant
  - Referrals as required
  - Follow up as required.

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5.2.2 Tavistock Haringey Service – Mental Health & Emotional Well-being for Haringey Looked after Children and Young People

The service is specifically commissioned by Haringey Council to provide a mental health service for Haringey’s Looked after Children and Young People.

The service aims to support children and young people in care by offering a flexible and tailored service which is able to respond speedily to the diverse needs of this complex group.

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Adapted from the paper presented to the Overview and Scrutiny Committee, January 2011
The service provides opportunities for social workers to discuss concerns and dilemmas regarding the emotional and psychological issues of the children and young people they work with through a variety of consultation surgeries within Social Services. Clinicians work closely with social work colleagues and other key adults to support the ‘team around the child’ and facilitate enhanced understanding of the child’s emotional and psychological needs. Direct therapeutic assessment is offered if appropriate, and treatment follows if indicated. Each child’s situation is unique and the team strives to provide carefully tailored interventions that will fit with the needs of the child in their current circumstances, enable them to become more emotionally healthy and more able to achieve the Every Child Matters outcomes.

The team works with children and young people who are in transition between placements, where placements are breaking down, or where there are Court proceedings, as well as with children and young people who are more settled in Care. Clinicians and social workers aim to promote placement stability if at all possible.

Tavistock-Haringey works in partnership with voluntary organisations, such as Open Door, to give children and young people access to appropriate counselling and support services.

6. Gaps in Provision

There is a delay in getting some services, particularly child and adolescent mental health services (CAMHS) for those children placed outside the borough. It was also felt that there should be a formal system in place to fast track looked after children to all relevant services.

There was consensus amongst the workshop participants that there is a lack of preparation for young people on leaving care. This is reinforced by the young people themselves who stated that they were unprepared for leaving care.

There was a lack of clarity on the transition to adult services where this is necessary and concerns about the high thresholds for vulnerable adult services, meaning that many 18 year olds may no longer have access to services.

Concerns were also raised about young people with long term conditions e.g. asthma, as often these conditions are not well managed by young people once they leave care.

Although children and young people are encouraged to access universal services, e.g. GPs etc, work needs to be undertaken with young people in particular to reduce anxiety about using health services and also with health professionals to ensure they understand the particular needs of looked after children and young people.
There is a lack of targeted health information for looked after children and young people and a resulting lack of awareness about services.

7. Recommendations

7.1 Planning and service developments
Organise another session with the looked after children and care leavers focus group to share the findings from the rapid health needs assessment and to assess if the changes made to improve initial and review health assessments have been successful. Commissioners and providers could consider working with the looked after children and care leavers focus group on an on-going basis to regularly review services for looked after children and care leavers.

To improve future planning and service development, it would be useful to share the views of looked after children and young people gathered during the workshop in June, with commissioners and providers.

Ensure that the mental health needs of looked after children and young people remain a high priority and that adequate provision is commissioned.

7.2 Data
Commissioners could consider the potential for developing additional health outcomes data for looked after children and young people, beyond the statutory requirements, to provide a more comprehensive understanding of their health status.

7.3 Information
Develop a resource (web based) providing looked after children and young people (and professionals) with a range of health information and local services available. In addition, develop an age appropriate welcome pack for children and young people on entering care. In partnership with young people, this could include the NHS Direct information card; information on looking after your health, including appearance e.g. skin, hair and nail care and include free samples. These could be given out by the nurses at review health assessments. A similar pack could also be offered to foster carers.

7.4 Training and education
Improve local practitioners awareness of services available to looked after children and care leavers and ensure better communication between partners and agencies i.e. regular forum for professionals working with looked after children and young people to share good practice, experiences and to problem solve.

Develop regular brief intervention training for professionals working with looked after children and young people focussing on substance misuse to respond to young people’s comments about a lack of awareness in this area.

Commissioners could consult with GP Consortia on the most effective way to improve access and provision for looked after children and young people.
Appendix 1

Looked After Children Health Consultation
(report prepared by Sandjea Green, Children and Young People's Participation Strategy Officer)

What does being healthy mean to you?

- Eating well
- Not eating biscuits
- Eating a balanced diet i.e. a bit of everything; mixture of carbohydrates, vegetables & protein
- Not eating too many chips, coke and burgers but pasta as well
- Not eating fried food
- Being able to eat without being sick
- Looking after yourself
- When your baby is growing well they are healthy
- If the nurse/doctor says they are healthy then they are healthy
- Being a good weight
- Participating in sports i.e. swimming
- Keeping fit
- Walking regularly
- Not being lazy
- Not staying in bed all day
- Not being too sad

What do you do to keep healthy?

- Swimming
- Walking
- P.E. at school
- Eating healthily
- Not over eating
- Not smoking
- Not drinking
- Not taking drugs
- Walk the dog
- Dancing / Clubbing
- Keeping doctor appointments
- Regular health check ups i.e. Dentists, Opticians (only those under 16)

What do you think of the information and advice you get on the following things? Have you ever had advice on the following things?

Eating healthy food

- There is not a lot of information
- They are told to eat a balanced diet when they are at school but no real information on what food types they should and should not eat
• One of the young mums in the group was told what food types she and her daughter should eat from her Health Visitor...she said she already knew what her daughter would and would not eat

**Alcohol**
- None of the group had received any information or advice on alcohol. They had been asked by their doctors and/or person doing health assessment if they drank alcohol but said no; which was the end of the discussion in this area. Most of the group knew people their age who drink alcohol and lie about it

**Smoking**
- None of the group had received any information or advice on smoking. They had been asked by their doctors and/or person doing health assessment if they smoked but said no; which was the end of the discussion in this area. Most of the group knew people their age who smoke and lie about it
- Several of the young people had been stopped on the streets by youth workers whose first question is 'how old are you?' They find this very rude and aggressive and do not like it. When the younger ones say their age the youth workers give them a leaflet on smoking. To the older ones they try to talk to them about smoking but they are not interested because they do not like being stopped in the street. The group felt that many of these workers need training on how to speak to young people.

**Drugs**
- None of the group had received any information or advice on drugs. They had been asked by their doctors and/or person doing health assessment if they took drugs but said no; which was the end of the discussion in this area. Only the over 16 year olds knew people their age who take drugs

**Sex and relationships**
- None of the young people in the group had been given information or advice from a health professional
- Some young people had spoken with friends or their support worker for more information on sex, contraception, relationship difficulties
- One young person had initiated the topic with her doctor to get information about the pill
- Young people were unaware of sexual health clinics and Haringey's 4YP services
- Some of the group had had lessons on sexual health at school

**Oral health – looking after your teeth**
- During their health assessments they said someone asked them about their teeth but they do not check their teeth (this was the young ones).
• Those over 16 in the group had not been told to go to the dentist or that they would need to pay for the dentist once over 18. The young mums in the group had not been to the dentist since 16 or taken their children.
• A few of the young people knew about braces/ had seen an orthodontist.
• Advice received included how to brush their teeth, issues of teeth overcrowding, getting braces etc. Some followed advice, some did not.

Mental health – feeling sad, worried, being bullied etc
• The majority of the group did not know what mental health was so time was taken to explore mental health, ill mental health, feeling sad/low/worried, depression, anxiety, more complex cases etc.
• They had not received any information or advice on if they were concerned about mental health.

Would you like more advice and information on these things? YES

Do you know where to go for advice on any of the above?
• GP
• Speak with a Learning Mentor at School
• Youth workers on the streets
• Older siblings
• Friends
• Foster Carers
• Health Visitor
• Information Leaflets (in shopping areas)
• Internet
• TV Adverts…get number to call
• Social Worker
• Some were not sure

What did you think of the advice you got/people who gave you the advice?
• Generally it is ok

The places?
• Generally they are ok

What would make it better?
• People who listen more; especially doctors doing health assessments
• Nicer waiting areas
• If we knew who to speak to about certain subjects i.e. bullying

How do you feel about your health assessments? How involved do you feel in your health assessments? What would make them better?
• The group all feel health assessments are too long
• Doctors should not be interrupted when doing health assessments and should not take phone calls
• Some felt that health assessments ruin their day
• The younger ones found them boring
• Some members understood that they were helpful
• Some felt the doctor did not speak to them; mainly to their carers
• They would be better if they were shorter
• If the doctor spoke to them directly because they know more about their health than their Carer
• Over 16’s should have health assessments too

Tell me about your experiences of using health services e.g. GP, nurse, dentist etc. What was good about it? What didn’t you like about it? What could make it better?

• Some felt that their experiences had been helpful
• Opticians were fun, it’s not a long process and it is worth the wait
• Doctors are boring and they hate being prodded
• Dentists are ok because the appointment is quick
• GP is not accessible; have to wait 2 weeks for an appointment
• Dentist was good; he spoke with the young person and told her what he was going to do
• GP experience has been positive for some; 2 day wait for appointment. GP says what he is going to do and explains
• Some found the dentist not comforting; this made them apprehensive
• One person’s experience of opticians was negative as they tried to charge them extra for their glasses (young person is 11 years old)
• One young person had good experience of GP when asking for information on health & sexual health
• One person does not like GP process of having to phone to get results…would much rather they sent it in the post as she is not comfortable speaking on the phone and does not understand things

Do you feel that health professionals listen to you? Why? Why not?

• Some do, some don’t
• You know when they do because they look at you
• The group feel health professionals listen to you when they explain things, respond to your questions and give you feedback
• The group feel health professionals do not listen to you when they face the direction of the carer and ask them questions or when they fob you off or give you the wrong medicine because they did not listen to your symptoms

Who do you talk to if you’ve got a problem/are worried about anything?

• Friends
• Older siblings
• Foster Carers
• GP
• Teacher at school
• Participation Worker
• Youth worker
• Someone at Church
• Speak with a Learning Mentor at School

How prepared for leaving care were you? What would have helped/could help to make it easier?

• None of them were prepared
• Could have been more prepared if they had a mentor to ask about things
• If they knew about NHS Direct
• If they knew basic first Aid
• If they had been registered at a dentist and an optician
• If they had a booklet which told them things they should know about health
Rapid Health Needs Assessment for Children in Care
Thursday 23rd June 2011
9.30 -13.30

Programme

9am    Arrival and refreshments

9.30   Introductions and outline of morning

9.45   Exercise: What are the key health needs of Children and Young People in Care in Haringey?

10.30  Presentation: The national perspective and views from Haringey Children and Young People

11.15  Coffee break

11.35  Exercise: Existing services in Haringey – are we meeting the health needs of children and young people?

12.15  Exercise: Action planning – what can we do (in current financial climate) to improve the health of children and young people in care in Haringey?

1pm    Summary of key issues, reflection and evaluation
Appendix 3

23rd June Workshop attendees

Wendy Lobatto  Tavistock-Haringey
Marion Parks  Children in Care Nurse, Whittington Health
Cleopatra Showers  Coppetts Road Children’s Home
Bryony Gill  Leaving Care Team
Vivien Hanney  Teenage Pregnancy Co-ordinator
Ekim Erdogan  Leaving Care Team
Sandra Russell  Haringey Park Children’s Home
Sue Lai  Children in Care Nurse, Whittington Health
Maria Abraham  Tottenham Hotspur Foundation
Dr Hashim Raza  Designated Doctor, Whittington Health
Sandjea Green  Youth, Participation and Community Officer
Celia Sabri  Family Nurse Partnership
Jane Grant  Professional Lead for Health Visiting, Whittington Health
Sheena Carr  Haringey Public Health department
Judy Mace  Designated Nurse, Children in Care, Whittington Health
References

2 Department for Children Schools and Families. Department of Health. Statutory guidance on promoting the health and well-being of looked children. 2009
4 Smoking, Drinking and drug use among young people in England 2010. NHS Information Centre July 2011
7 see 3
9 Department for Children Schools and Families, Department of Health. Statutory guidance on promoting the health and well-being of looked children. 2009
10 ibid.
12 See 11.
14 Department for Children Schools and Families, Department of Health. Statutory guidance on promoting the health and well-being of looked children. 2009
16 Department for Education. Revised legal framework for looked after children. April 2011