

Involve North East

We are an independent organisation who specialises in involvement and engagement. We work with integrity, ensuring people's voices influence the design of services they receive.

We have vast experience and expertise in gathering the views and opinions of patients, carers and the general public in relation to health services. For example:

- service evaluations
- changes to care pathways
- locating new services

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- Questionnaires – paper-based and online
- Participatory appraisals
- Drop-in events
- Face-to-face and telephone interviews
- Focus groups
- Informal group discussions

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Executive Summary

1.0 Introduction

NHS Newcastle Gateshead Clinical Commissioning Group (NGCCG), partially through their Looked After Children's Health Teams, are responsible for meeting the statutory health duties to looked after children ensuring services and support is available as required. There is strong partnership working with Newcastle City Council and Gateshead Council who have care and responsibility of children who are looked either by a voluntary agreement or a care order granted by the courts. In order to ensure these services continue to meet the needs of looked after children, their carers and the staff who support them, NGCCG, with the support of both local authorities, have undertaken a review of how current services are delivered and received with a view to identifying positive areas of practice as well as where gaps exist and improvements can be made. This report details the results of engagement undertaken with young people, their carers and professionals who support them.

One hundred and twenty-five people shared their views via online and face-to-face questionnaires:

- 24 children and young people
- 85 foster carers, residential workers, project support workers and family members
- 16 social workers and independent reviewing officers

It must be acknowledged that engagement with children and young people is low despite best efforts to engage with this group. Those close to the young people felt that questionnaire fatigue was one of the reasons for this and also suggested health assessments was not a priority topic for the young people and this could have been a barrier to participation. It is therefore acknowledged that the views of this group are underrepresented in this report.

Both Newcastle and Gateshead Looked After Children Health Teams offer a similar service but there should be an acknowledgment that the data is skewed towards Gateshead in terms of responses from social workers and reviewing officers in particular but also foster carers, residential workers and family members.

2.0 Findings

From the findings it is clear to see that the majority of all groups are happy with the services and support provided by the Looked After Children Health Team and the annual health assessment process. However from the group of children and young people we spoke to, it is clear that the Health Team and health assessment play a very minor part in their lives with most only having contact during the assessment.

2.1 The Looked After Children Health Team

2.1.1 Visibility of the Team

When introducing this topic to the children and young people, most did not recognise the Team by name or were aware of what support they provided aside from the annual assessment. Just over half (45, 52.9%) of foster carers, support workers and family members had information about the service as did over two-

thirds (11, 68.8%) of social workers and reviewing officers; two people directly commented that visibility was an issue. Over three-quarters (66, 77.6% and 14, 87.5%, respectively) of these groups knew how to get in touch with the Team whereas just under half (11, 47.8%) of children and young people knew how to contact them.

3.3.1.2 Contact with the Team

No children or young people who knew how to contact the Team had actually done so themselves because they had never needed to or if they did have a health concern they would not consider calling the Team and go to their carer, own GP or social worker instead. Over half (49, 53.8%) of the foster carers, support workers and family members and social workers and reviewing officers had contacted the Team with the vast majority (46, 95.8%) reporting the process to be very or quite easy. All but one found the contact to be helpful, offering a quick and efficient service that was supportive and answered their questions.

Despite not contacting the Team themselves some children had experience of the Team outside of the health assessment. When rating the overall support the Team provided, over four-fifths (92, 82.9%) of all groups felt that it was good or very good. They were praised for treating young people with respect and listening to them, being helpful and supportive and being on hand when needed, in particular. Children and young people (9, 81.8%) also felt that the Team provides adequate support around their emotional health.

3.3.1.3 Training opportunities

Just over half (45, 52.9%) of people are aware of the training offered to foster carers, workers and family members by the Team and those who had attended all felt it was helpful, providing them with information, giving them insight into conditions and helping them to understand the health and social care system. They suggested several further topics they would like the training to cover. There was also interest in future training opportunities from three-quarters (34, 75.6%) of those who were unaware of this provision.

3.3.1.4 Support for social workers and independent reviewing officers

Over four-fifths (88.1%) of this group rated the health reports they receive from the Team as very good or good in terms of their timeliness, usefulness and quality. Four people made some suggestions for improvements to the service whilst just over one third (6, 37.5%) of the group knew how to make a complaint about the Team

3.3.2 Health assessments

Again in preliminary discussions with the young people the majority could not recall much about the assessment process without being prompted. Most are however happy with the health assessment process; four-fifths (19, 79.2%) reported that they understood why they had it and what to expect on the day despite less than one third (7, 29.2%) recalling receiving information or a leaflet in advance of the appointment. Only one fifth (5, 20.8%) felt that they had been given a choice of venue for the assessment but the vast majority (91.7%) were happy with where

their assessment took place and two-thirds (16, 66.7%) requested that assessments took place during the working week rather than an evening or weekend.

At least four-fifths (19, 79.2%) of children and young people felt that they understood the discussions that took place during the assessment and were able to take part in them (21, 87.5%) although the remainder felt that things could be explained more clearly to them using simple language. When asked, nine-in-ten (76, 89.4%) foster carers, support workers and family members also reported feeling able to take part in the discussions (for those that did not, in all but one case the young person was encouraged to attend alone). Over four-fifths (20, 83.3% and 72, 84.7%) of both groups felt listened to during the assessment; three foster carers did not.

In terms of the Health Care Plan the majority (19, 79.2%) of children and young people have access to it and understood the information within it; three who did not, felt that the document was too wordy. The vast majority (70, 94.6%) of foster carers, support workers and family members felt that the document was helpful, providing lots of information, outlining changes to be made and highlighting issues to be aware of in particular. Just over half (45, 52.9%) of this group had been offered support to help implement actions identified in the Plan but for most (38, 95.0%) support was not required.

When considering the positive aspects of the annual health assessment children and young people felt that getting to know their weight (10, 43.5%) and being able to talk about how they feel (8, 34.8%) was most useful; one fifth (5, 21.7%) however could not think of any positive aspects of the assessment. Nine people (40.9%) identified issues with the assessment with one fifth (22.7%) of the group saying that it took too long. Others felt uncomfortable during the session and said that they were asked awkward questions. Two young people felt that they should be able to choose whether they have an annual assessment once they are 16 and another asked that health professionals carrying out the assessments be more aware of people with learning difficulties who may need more support during the appointment to fully take part.

Foster carers, support workers and family members appreciated the opportunity to monitor any changes in the child/children's health over time (28, 38.4%) and basically ensuring their health needs are being met (18, 24.7%). The main concern this group had about the assessment was that it highlights a difference between Looked After Children and others, particularly when the assessments are carried out at school (21, 46.7%). One sixth (7, 15.6%) pointed out that children and young people do not like to attend the sessions, seeing it as an intrusion (5, 11.1%) and finding it difficult to communicate with health professionals they do not see regularly (5, 11.1%). One sixth (7, 15.6%) also questioned whether the assessment was necessary at all, especially for children with no additional needs who could be monitored by their carers and seen by their GP if there was a need.

3.0 Recommendations

From the findings it is clear to see that satisfaction with the services provided by Looked After Children Health Team is high. However in response to the findings, some recommendations can be made. It is suggested that NGCCG takes time to analyse the

findings of this report and consider the proposed recommendations to help inform decisions around any future service delivery model.

3.1 Key recommendation – Improve visibility of the service

- Develop a plan to promote the service amongst all groups with messages specific to each group
- For children and young people this should include what the service can offer which is different from going to their GP and if the aim is for children and young people to contact the Team directly, the benefits of doing so rather than going through their carer or social worker
- Consideration should also be given to the communication channels the young people could use to contact the Team
- Consider how the Team could have more presence within the social worker teams. Could there be one named nurse? Could nurses have a regular drop-in session within the office?

3.2 Training opportunities

- Greater promotion of training opportunities for foster carers, support workers and family members, particularly amongst residential and project support officers
- Consider providing training sessions to cover:
 - Foetal alcohol spectrum disorder
 - Mental health training which is not so diagnosis focussed
 - Psychological services
 - Child and Adolescent Mental Health Services
 - Nutrition/food difficulties
 - Autism
 - Accessible training around medicals
 - Monitoring the child's health as they get older
 - Common ailments e.g. sleeplessness, bedwetting/incontinence

3.3 Complaints procedure

- Any promotion of the service should explicitly state the process for social workers and reviewing officers to make a complaint

3.4 Health assessment

3.4.1 Information

- If resources allow, the process of informing children and young people of the assessment should be reviewed to ensure that both the Team and carers are providing and passing on the information
- Consider promotion of the health assessment to ensure that foster carers and support workers understand why annual assessments are necessary for all children and young people, even those settled children with no additional health needs

3.4.2 Understanding of the assessment

- Ensure that staff carrying out the assessments are aware of any learning difficulties the child may have and ensure they are supported to take part in the process
- When a child first becomes Looked After it is suggested that there could be an assessment of their reading age so that any information they are given is tailored accordingly. At the end of the assessment their understanding could also be tested with few simple standardised questions.

3.4.3 Communication

- Consider whether there are any other opportunities for the Team to interact with Looked After Children throughout the year to help build rapport.

3.4.4 Location and timing

- It is recommended that consideration is given to removing assessments from schools to ensure that the process does not stigmatise Looked After Children
- In terms of appointment times, most children and young people prefer to have them during week days and during the day. Ensure that the option to have appointments during the day Monday to Friday continues

3.4.5 Duration

- Ensure that children and young people are aware of the length of time the appointment takes and why and try not to overrun wherever possible
- Also consider whether a two-tier assessment system could be implemented where after the initial assessment children and young people with no health issues could go on to have a shorter, simplified assessments in the future. If any concerns are identified at this assessment they could then go on to have a full assessment

Section 1: Introduction

1.0 Introduction

NHS Newcastle Gateshead Clinical Commissioning Group (NGCCG), partially through their Looked After Children's Health Teams, are responsible for meeting the statutory health duties to looked after children ensuring services and support is available as required. There is strong partnership working with Newcastle City Council and Gateshead Council who have care and responsibility of children who are looked either by a voluntary agreement or a care order granted by the courts.

In order to ensure these services continue to meet the health needs of looked after children, their carers and the staff who support them, NGCCG, with the support of both local authorities, have undertaken a review of how current services are delivered and received with a view to identifying positive areas of practice as well as where gaps exist and improvements can be made. This report details the results of engagement undertaken with young people, their carers and professionals who support them.

1.1 Context

1.1.1 Looked After Children

The definition of a Looked After Child or child in care is:

“A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours”.

Children Act, 1989

Once a child reaches the age of 18 they cease to be considered 'looked-after' by a local authority. They may however continue to be supported by the local authority as a Care Leaver up to the age of 25.

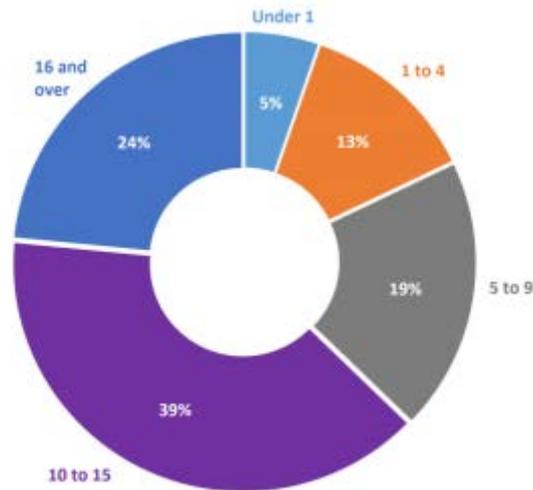
There are various reasons why a child may go into care, this can include:

- Not having a responsible adult to look after them for a period of time or permanently
- A family crisis
- The child's behaviour
- Being at risk of abuse or neglect

A Looked After Child may be living with:

- Foster parents
- At home with their parents under the supervision of social services
- In residential children's homes
- Other residential settings like schools or secure units

Most recent figures show that at 31st March 2017, there were 72,670 Looked After Children in England which equates to 62 children per 10,000 of the population. More males than females are looked after; 56% are male and 44% are female. The largest proportion of Looked After Children are aged between 10 and 15 years of age.



Three quarters of Looked After Children are White, 9% are of Mixed ethnicity, 7% are Black or Black British, 5% are Asian or Asian British and 3% are Other ethnic groups. This data is taken from the Department for Education's report 'Children Looked After in England (including adoption), year ending 31 March 2017'.

Examining data by local authority area shows that at 31st March 2017 535 children were looked after in Newcastle upon Tyne and 390 were looked after in Gateshead ('Children Looked After in England including adoption: 2016 to 2017', Department for Education, 2017).

1.1.2 Newcastle and Gateshead Looked After Children's Health Teams

In addition to support they get from their local authority, schools and charities for example, looked after children also receive health-related support. Guidance published in 2015 'Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England', (Department for Education and Department of Health) highlighted that around half of children in care have a diagnosable mental health disorder. The guidance also outlines the duty of local authorities to safeguard and promote the welfare of the children they look after. This includes:

- The promotion of the child's physical, emotional and mental health and acting on any early signs of health issues
- Arranging for the child to have a health assessment (the initial health assessment must be done by a registered medical practitioner, reviews can be carried out by a registered nurse or registered midwife)
- Ensuring that every child it looks after has an up-to-date individual health plan based on the health assessment. The health plan forms part of the child's overall care plan

Newcastle and Gateshead both have Looked After Children's Health Teams which consist of a designated doctor, named/specialist lead and specialist nurses and administration support. The aim of the Health Team is to promote the health and well-being of children and young people who are looked after. They do this by working closely with those involved in their care including parents, foster carers, social workers and teachers.

They work with children and young people to:

- Ensure they have an initial and review health assessments (review health assessments are six monthly for under-fives and annually for those five years and older)
- Provide them with their health history, when available
- Co-ordinate health services that they need
- Support carers in meeting the child/young person's health needs
- Assess and support their emotional well-being and mental health
- Provide psychological advice and support to them and to those involved in their care, signpost or refer to specialist emotional/mental health services

They also deliver training to those supporting and caring for the children and young people, contribute to care planning, provide advice to looked after children review meetings, adoption teams and foster panels via the health assessments.

In terms of health assessments, when a child or young person is first looked after there is a statutory requirement that a health assessment is completed within 20 working days. The aim of the assessment is to identify any gaps in routine health care, assess additional physical or emotional health needs and develop a health plan for the individual to address identified issues. These plans are then shared with the people involved in the care of the child or young person. If the young person is over 16 a copy of the health plan will be sent to them.

1.2 The project

As part of the review of how current health services for Looked After Children in Newcastle and Gateshead are delivered and received, Involve North East was asked to carry out some engagement work. The scope of this engagement was to understand the effectiveness of the support and services Looked After Children and Young People receive.

The key objectives were to:

- Gather children, young people and care leavers' views and experiences of the current service and identify any suggestions for improvements to the service
- Gather social workers and independent reviewing officers' views and experiences of the current service and identify any suggestions for improvements to the service
- Gather foster carers, residential workers and families' experiences of the current service and identify any suggestions for improvements to the service

Section 2 - Methodology

2.0 Methodology

The views of the following groups were sought:

- Children and young people who are looked after (aged 13 to 19 years)
- Young people who are no longer being looked after
- Social workers and independent reviewing officers who have responsibility for looked after children
- Foster carers, residential workers and family members who care for looked after children

Overall 125 people shared their views of the service. For a profile of all participants, see Appendix 1.

2.1 Online questionnaire

To capture the views of all groups it was felt that an online questionnaire was the most appropriate method. Professionals working with the children and young people recommended this approach due to the chaotic nature of their lives. Professionals and carers were also spread over a variety of locations and so an online questionnaire was an accessible option. Completion of an online questionnaire was also incentivized for the young people who had the opportunity to win high street shopping vouchers.

- 2 children and young people took part in this way
- 41 foster carers, residential workers and family members took part in this way
- 13 social workers and independent reviewing officers took part in this way

For a copy of the questionnaire see Appendix 2.

2.2 Interviewer-administered questionnaires

In addition to an online questionnaire and to boost the response rate, foster carers, residential workers and family members were also offered the opportunity to take part in an interviewer-administered questionnaire which followed the same questions as the online version.

Participants residing in Gateshead were directly invited by members of the Gateshead Looked After Children Team to meet with Involve North East staff and share their views of the service. Involve North East staff also attended the Gateshead Foster Care Awards and engaged attendees there.

- 44 foster carers, residential workers and family members took part in this way

- 3 social workers and independent reviewing officers also took part in this way

After monitoring the online questionnaire over several weeks it became apparent that the children and young people were not engaging. After discussions with professionals working with the young people it was agreed that they would be invited to take part in an interviewer-administered questionnaire in locations familiar to them. Seven young people took part in this way. However in order to engage with a greater number of children and young people it was recommended that Involve North East staff attend residential care settings to speak with the young people in their own environments. INE arranged and visited eight settings including supported accommodations across Newcastle and Gateshead. This approach yielded a further 15 responses.

2.3 Limitations

Engagement with children and young people is low despite best efforts to engage with this group. Those close to the young people felt that questionnaire fatigue was one of the reasons for this and also suggested health assessments was not a priority topic for the young people and this could have been a barrier to participation. It is therefore acknowledged that the views of this group are underrepresented in this report.

Both Newcastle and Gateshead Looked After Children Teams offer a similar service but there should be an acknowledgment that the data is skewed towards Gateshead in terms of responses from social workers and reviewing officers in particular but also foster carers, residential workers and family members.

Section 3 – Findings

3.0 Findings

This section provides a summary of the findings of engagement with the following:

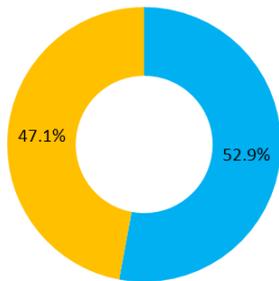
- 24 children and young people
- 85 foster carers, residential workers, project support workers and family members
- 16 social workers and independent reviewing officers

3.1 Looked After Children Health Team

All groups were asked questions to gauge the visibility of the Looked After Children Health Teams across Newcastle and Gateshead.

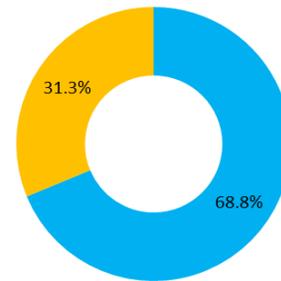
3.1.1 Information about the team

Do you have information or a service leaflet about the Looked After Children Health Team?



■ Yes ■ No

No. of foster carers, residential workers, project support workers and family members answering question: 85



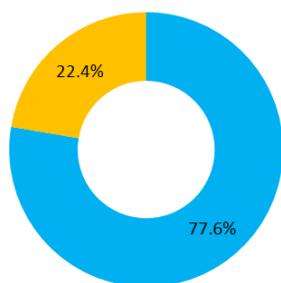
■ Yes ■ No

No. of social workers and independent reviewing officers answering question: 16

Over half of both groups reported having access to information or a service leaflet although a noticeable (40, 47.1%) of the foster carer group did not have any information about the service.

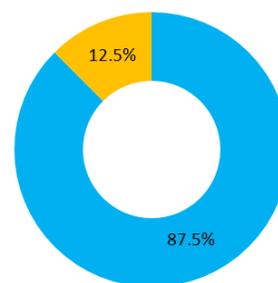
All groups were asked whether they knew how to get in touch with the Looked After Children Health Team

Do you know how to contact the Team?



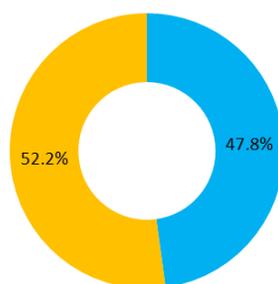
■ Yes ■ No

No. of foster carers, residential workers, project support workers and family members answering question: 85



■ Yes ■ No

No. of social workers and independent reviewing officers answering question: 16



■ Yes ■ No

No. of children and young people answering question: 23

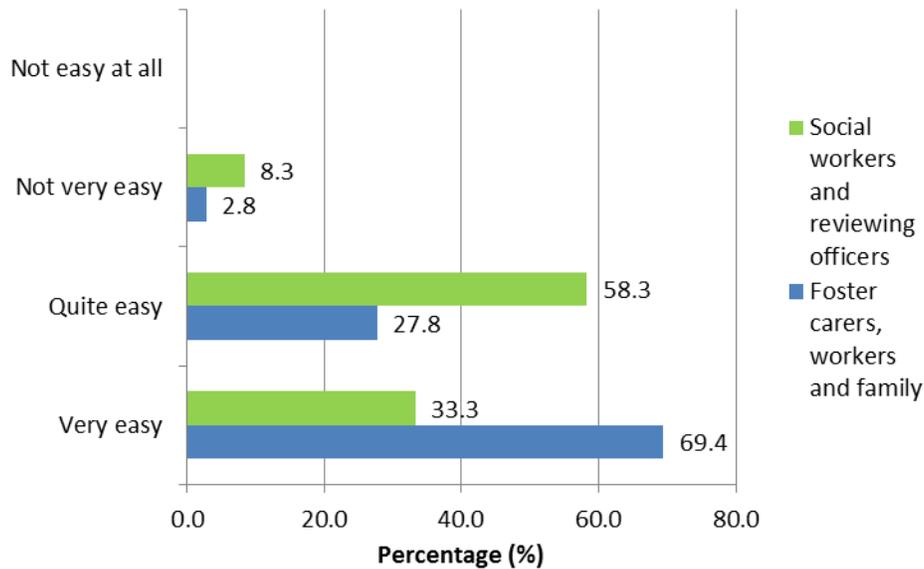
The majority of social workers and reviewing officers know how to contact the Team and this is also the case for over three quarters of foster carers, workers or family members. However just over half of the children and young people taking part in this survey did not know how to get in touch with the Team.

3.1.2 Contact with the team

Of the 91 participants who knew how to contact the Team, 49 (53.8%) had contacted them for support or advice; 37 were foster carers, workers or family and 12 were social workers or reviewing officers. None of the children and young people we spoke to had contacted the Team themselves (although some did have experience of the service).

Participants were asked how easy they found contacting the Team.

How easy was it to contact the Team?



No. of social workers and reviewing officers answering question: 12
 No. of foster carers, workers or family answering question: 36

The vast majority found contacting the Team to be very or quite easy. Two participants however felt the process was not very easy, citing difficulties in finding the correct telephone number and no one answering their call over several days.

Participants were asked to consider their last contact with the Team and whether they found the response to be helpful or unhelpful. All but one social worker or reviewing officer reported that the Team had been helpful citing the following in particular:

- Quick and efficient service
- Helpful
- Answered my questions
- Supportive
- Gave me advice
- Pleasant and approachable staff
- Flexible staff
- Knowledgeable staff

“A quick response and good advice.”

“Arranged a meeting. Very helpful and supportive.”

“Given contact details for relevant LAC nurse who visited the home within a short period of time.”

“Had a good insight into the emotional/health need of the child despite not actually meeting them.”

“Staff are always pleasant, polite and helpful, they will re-arrange appointments or venues.”

“Got to speak to paediatrician and had useful discussion about a child.”

“Able to advise re. other referrals for a child.”

Children and young people who were aware of the Looked After Children Health Team were asked why they had never contacted them. They reported that they had never needed to but if they did have a health issue or concern they would go to their foster carer, make an appointment to see their GP or speak to their social worker.

“No, never needed them. If I had health issues I'd just make an appointment with the doctor myself. I've got a little boy now so I know what to do 'cause I have to make appointments for him.”

“Not needed them. If I needed health support I would just mention it to my social worker and they would tell me what to do - I would never think to contact the health Team directly.”

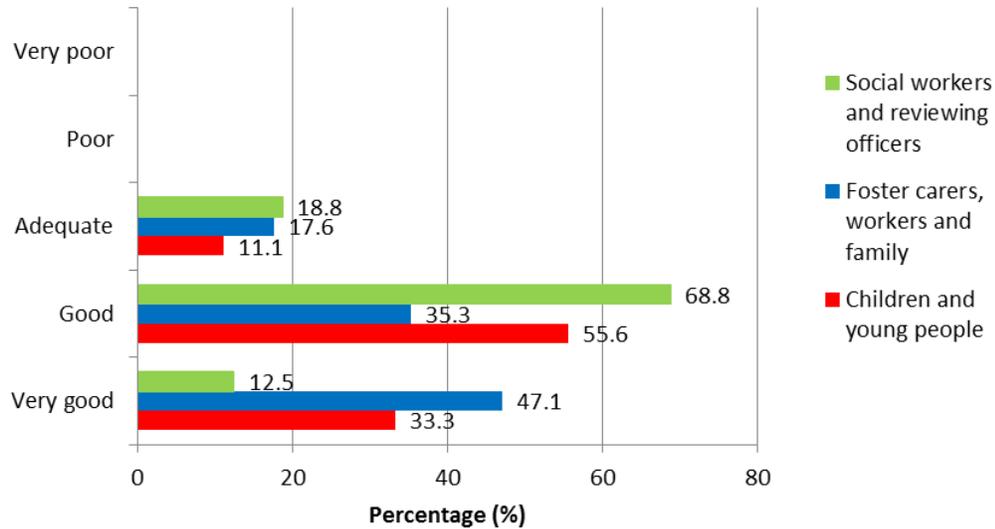
“Never needed to, I would go to my foster carer.”

3.1.3 Support for children and young people

3.1.3.1 Children and young people currently being Looked After

All groups were asked to rate the support they received from the Looked After Children Health Team.

How would you rate the support children and young people receive from the Looked After Children Health Team?



No. of children and young people answering question: 9
 No. of social workers and reviewing officers answering question: 16
 No. of foster carers, workers or family answering question: 85

The majority of people rated the support provided by the Team as very good or good. Children and young people felt that staff are easy to talk to, treat them with respect and help them.

“They listen to you and your concerns.”

“They talk about your health and make it better.”

“They treat you with respect.”

Some of the foster carers, workers or family members and social workers or reviewing officers also gave reasons for their positive ratings.

Reason for rating very good or good	No. of responses	% of participants*
Helpful and supportive	13	29.5
Always available when needed	12	27.3
Friendly	7	15.9
Efficient	6	13.6
Give good advice	6	13.6
Children centred care	4	9.1
Understanding	3	6.8
Thorough	2	4.5
Health check good	1	2.3
Total	54	

No. of participants 44

*Participants could give more than one response

“We can rely on the team when we need them.”

“They carry out thorough assessments and I know they are on hand if I need to seek advice.”

“Very efficient and child-centred approach.”

“Friendly, helpful, understanding.”

“Follow-ups and the views of the child are positively acted upon.”

“Informative. Easy to approach. Good for advice. They back up your health information.”

Nineteen people (17.3%) rated the service as adequate and 12 people gave reasons for this.

It was felt that the Team is not particularly visible or accessible to the fostering team and that is also true of the children and young people who usually only see them annually. This makes it difficult for them to engage with the Team.

“I have never had an issue when requesting information from the Looked After Children Health Team but it would be more useful if they were more accessible/visible to the Fostering Team.”

“I know the children I have had in my care find it difficult to engage with their Looked After Children Nurse when they only meet then annually.”

One Project Support Worker commented:

“Good during the actual assessment but then the support staff are left to complete any follow-up requirements.”

A foster carer felt that the Team were slow to implement any actions that were identified. Another foster carer also thought that someone from the Team should attend Looked After Children reviews whilst another felt that, “it feels like a tick box exercise, I’ve never seen any evidence of benefit to the child.”

Two further comments related to a belief that mental health services are inadequate and that young people will often not attend any follow-up appointments. Finally one foster carer voiced a concern around the use of school nurses and how they communicate with carers.

“Of late, I feel that the school nurses who have taken on the health assessments, have treated me like someone who hasn't a clue despite being a very able carer of more than 10 years, and knowing the children well, which I have taken as being patronising. After one health assessment I came out feeling like a family in crisis!

They need to adjust their practice - we're not birth families who are desperate! We are well trained in the difficulties that Looked After Children and Young People face, especially where emotional health is concerned.”

Children and young people were also asked whether they feel that they receive enough help from the Team around their emotional health. Eleven people answered this question; nine stated that the support provided was adequate whilst two thought it was not. They did not highlight any areas where they would like further support.

3.1.3.2 Care leavers

Young people who had recently left care were also given the opportunity to share their views of the support they had received around their health before leaving care. Only one young person gave their views.

Prior to leaving care young people have a consultation with the Team where they are given a document containing their health history and summary. The participant understood the reason for the consultation and the information they were given which they found helpful.

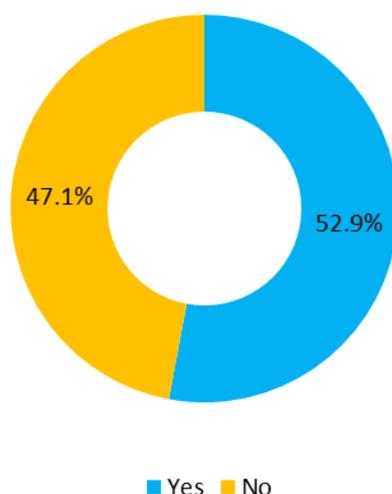
“It's good, they can tell you what you need and what help is out there.”

They were asked, ‘As a care leaver do you think you have the skills and knowledge to be able to access health services when you need them?’ They felt that they did but added that the skills and knowledge were not as a result of support from the Looked After Children Health Team, “I just learnt about them in everyday life.”

3.1.4 Support for foster carers, residential workers and family members

The Looked After Children Health Team also offers training around health and wellbeing issues for foster carers, residential workers and family members caring for a child.

Are you aware that the Looked After Children Health Team provides training for carers around meeting the health needs of Looked After Children in your care?



No. of foster carers, residential workers, project support workers and family members answering this question: 85

Just over half of people (45, 52.9%) were aware that training was on offer. Those who were not aware included all of the Project Support Workers and half of the residential workers who took part in this research. Three-quarters of this group (34, 75.6%) said that they would like the opportunity to take part in training in the future.

Thirty-six people (80.0%) who were aware of the training had attended at least one session and all reported that it was helpful. They gave the following reasons why:

- Provided me with information
- Gave me insight into conditions and why issues occur
- Helped me understand the health and social care system
- Gave me practical skills
- Helped me understand what support is available
- Gave me an understanding of the requirements I need to meet
- Gave me the opportunity to meet other foster carers

“It was helpful in understanding logistics of who to speak to about what.”

“It made me more aware of what signs to look out for.”

“Very informative and helpful to put into our daily practice.”

“I got a better insight into why it is happening.”

“Met others in similar circumstances and found out what requirements we need to meet.”

“Assisted me with understanding the needs of the child more.”

“Gave me a run-down of how the system works.”

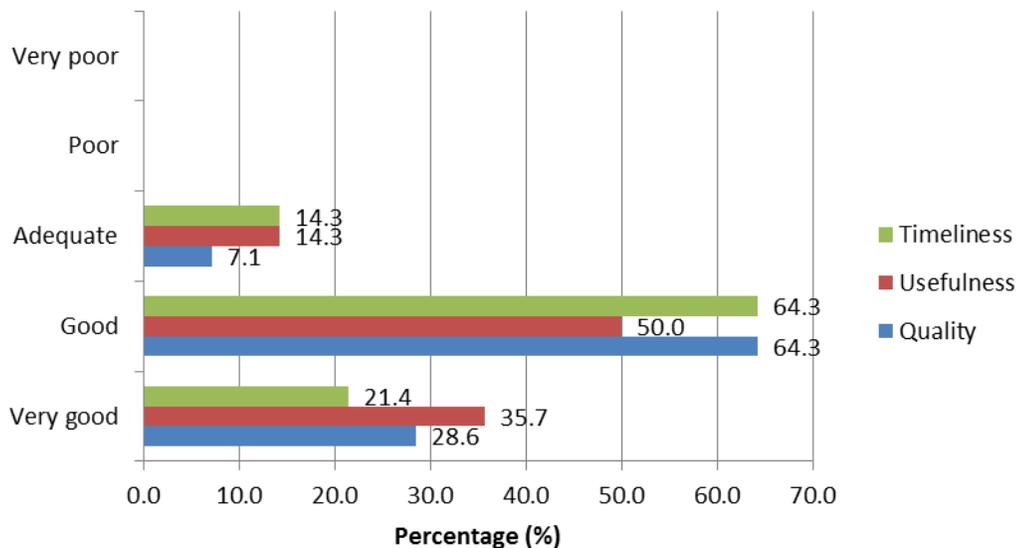
Seven people requested additional training or support:

- Foetal alcohol spectrum disorder x2
- Mental health training which is not so diagnosis focussed
- Psychological services
- Child and Adolescent Mental Health Services
- Nutrition
- Autism
- Accessible training around medicals
- Monitoring the child’s health as they get older
- A more reactive service such as a surgery where you can ask questions about common ailments, e.g. sleeplessness, bedwetting/incontinence/food difficulties

3.1.5 Support for social workers and independent reviewing officers

The Team also provide support to social workers and reviewing officers.

How would you rate the health reports you receive from the Looked After Children Health Team?



No. of social workers and reviewing officers answering question: 14

The majority of people reported that the timeliness, usefulness and quality of the reports was either very good or good.

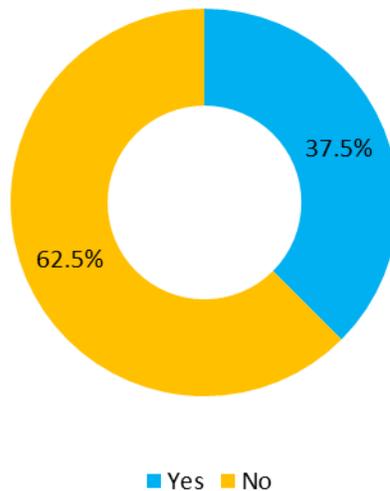
Participants were then asked whether they had ever requested and received additional support or advice from the Looked After Children Health Team that has been helpful and five (31.3%) people gave examples:

- Contacted Children and Young People’s Service
- Provided advice around diagnoses, behavioural management and long term implications of diagnosis
- Provided information around other services and referral route for a child who was experiencing issues with soiling
- Spoke one-to-one with young people and offered advice on health matters
- Sexual health input

Social workers and reviewing officers were also asked whether they had any suggestions for improvements in terms of the support and advice they receive from the Team, five people offered suggestions:

- There needs to be a better understanding of social work processes and more partnership working to solve problems
- Attendance at Looked After Children reviews in more complex circumstances
- Information sessions for social workers to ensure that they are aware of the services that the Health Team can provide
- Have a member of the Looked After Children Health Team with more of a presence within the teams in Gateshead
- Not to do health assessments in schools as this stigmatises the children

Do you know how to make a complaint about the Looked After Children Health Team?



No. of social workers and reviewing officers answering question: 16

Just over one third of social workers and reviewing officers knew how to make a complaint.

3.1.6 Any other comments about the Looked After Children Health Team

Five children and young people commented further about the Team (see section 3.2 for views of the annual health assessment). Two simply stated that they did not know who the Team were and had therefore not used their services whilst another was pleased that the

service was available but had never used it. Two people said that the Team were 'really caring', 'nice', 'seem interested and are really kind'.

Nineteen foster carers, workers and family members provided additional comments with 17 (89.5%) people speaking very positively about the Team. They provide a professional, friendly and supportive service.

"This is a valuable service which is delivered in a very understanding and empathetic way to vulnerable young people."

"All positive, everyone I've met have been sensitive and professional."

"Think they do a fabulous job."

"I have always found the team to be helpful and supportive in meeting the needs of the child in an inclusive manner."

Two people however asked for more consistency in the service.

"It was better when it was one named doctor at the hospital rather than lots of different doctors."

"Being able to see the same person would be good."

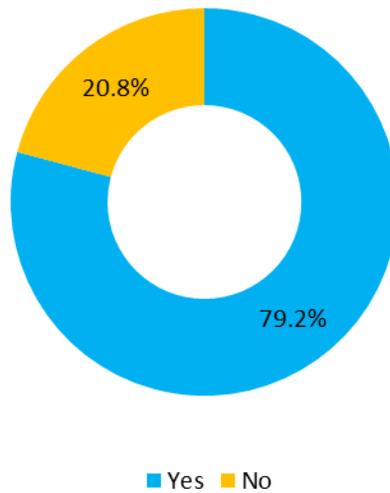
3.2 Yearly health assessments

Children and young people and foster carers, workers and family members were asked their views of the annual health assessment all Looked After Children receive.

3.2.1 Understanding of their purpose

Children and young people were initially asked whether they understood why they have a yearly health assessment.

Do you understand why you have yearly health assessments?



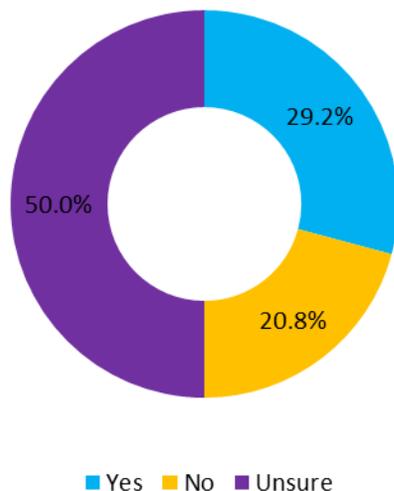
No. of children and young people answering this question: 24

Four out of five (19, 79.2%) children and young people understood the purpose of the health check; the remainder (5, 20.8%) did not.

Children and young people were also asked whether they are given information or a leaflet about the assessment such as the leaflet shown below.

What is a Health Assessment?	What is a Health Assessment?	What do we talk about?
<p>Whilst you are being Looked After we would like to meet you to discuss your health. You will be able to have someone you know with you.</p> <p>We want to make sure that all of your health needs are being met. We also want to make sure that you have a Dentist and a GP and that your vaccinations are up-to-date.</p> <p>Your thoughts and wishes are very important to us. We will try to provide regular support and information should you request it.</p> <p>Where? The Health Assessment could take place at school, home, in a clinic or at your foster placement.</p> <p>Why? The law requires that all Looked After Children have a Health Assessment. The first (initial) Health Assessment is usually done by a Doctor.</p> <p>Will I have a Health Assessment again? A review will be done by a trained Nurse, unless you have ongoing health concerns then a Doctor would want to see you</p>	<p>How often will I have reviews? Under 5 year olds will be seen every 6 months and over 5 year olds will be seen once a year, unless we, you or your carer feel it needs to be more often.</p> <p>What do we look like?</p> <p> Jean Hubble Named Nurse Looked After Children</p> <p> Maxine Duffy Specialist Nurse Looked After Children</p>	<p> Dental Health</p> <p> Feelings and emotions</p> <p> Eating and Drinking</p> <p> Fitness and Exercise</p> <p> Smoking, Alcohol and Drugs</p> <p> Sexual Health</p> <p> General Health</p>

Do you receive information and/or a leaflet from the health team prior to the appointment?



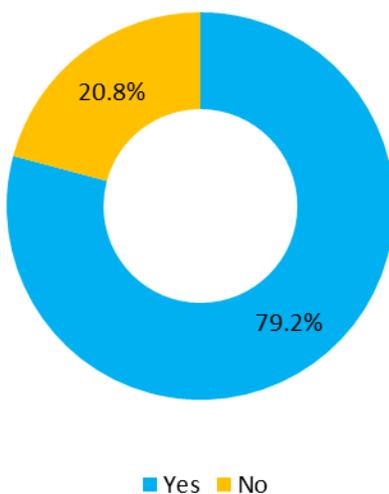
No. of children and young people answering this question: 24

Half (12) of the children and young people were unsure as to whether they had received a leaflet explaining the purpose of the assessment. Almost one third (7, 29.2%) had received some information and five (20.8%) stated that they had not.

Those seven children and young people were asked whether they understood the information they received; all stated that they had.

The children and young people were also asked whether they knew what to expect from the health assessment

Do you know what to expect on the day?



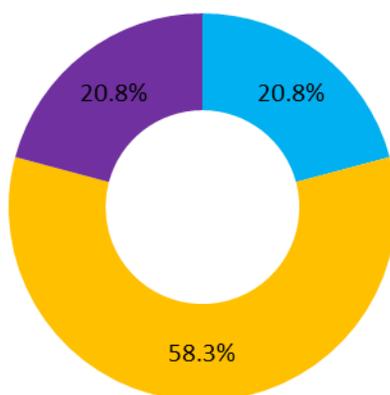
No. of children and young people answering this question: 24

Five people (20.8%) said that they did not know what to expect on the day, four of these had not seen any information in advance.

3.2.2 Choices around appointments

The children and young people were asked whether they had ever been given a choice of venue for the health assessment.

Have you ever been given a choice of venue for the assessment?

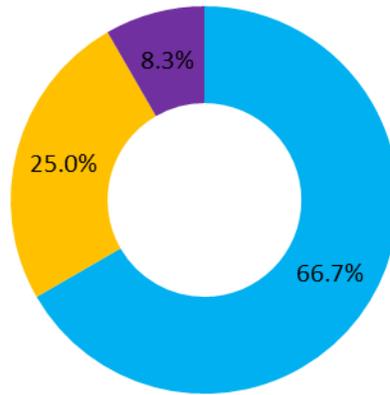


■ Yes ■ No ■ Unsure

No. of children and young people answering this question: 24

Only five (20.8%) children and young people recalled being given a choice of venue for where they can have their annual health assessment. However, only two said that they would prefer to be seen somewhere else from their usual assessment location. They requested that the assessment be carried out in their home, wherever that may be.

When do think appointments should be?



■ During the day (school hours) ■ Evenings ■ Weekends

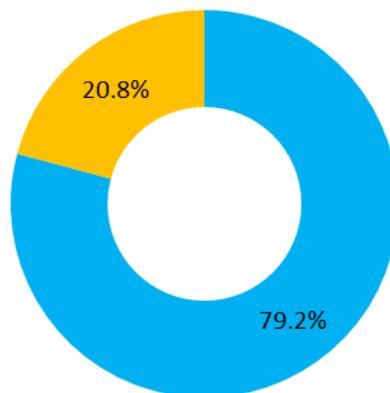
No. of children and young people answering this question: 24

Two thirds (16, 66.7%) of children and young people felt that health assessments should be carried out during the day, one quarter (6, 25.0%) thought that they should happen in the evening and two (8.3%) felt that they should take place on a Saturday or Sunday.

3.2.3 Assessment process

Children and young people were asked to think about their last health assessment and consider whether they felt able to take part, whether they understood the discussions and whether they felt listened to.

Did you understand the discussions that took place during the assessment?



■ Yes ■ No

No. of children and young people answering this question: 24

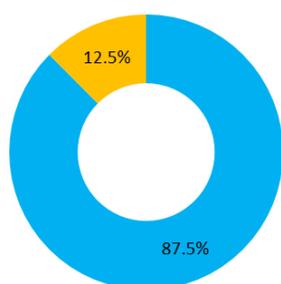
The majority of children and young people (19, 79.2%) did understand the discussions however one-fifth (five) did not.

Sometimes I don't understand all the words.”

“They could explain a bit better.”

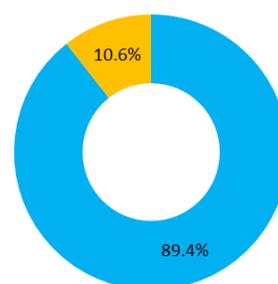
Both children and young people and foster carers, workers and family member groups were asked whether they felt able to take part in the discussions during the health assessment.

Did you feel able to take part in the discussions?



■ Yes ■ No

No. of children and young people answering this question: 24



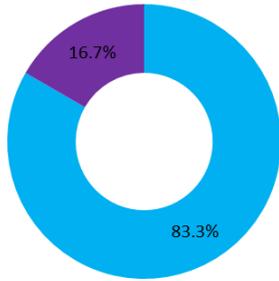
■ Yes ■ No

No. of foster carers, residential workers, project support workers and family members answering this question: 85

A similar proportion of both groups felt able to engage in the discussions taking place during the assessment. Three young people (12.5%) felt unable to take part because they did not understand the discussions fully or felt that the nurse “only spoke to my Dad.” Nine (10.6%) foster carers, workers or family members did not take part in the discussions as they were not actually in attendance. This was because the young person was either living in supported accommodation and encouraged to attend alone, the young person was old enough and asked to be seen alone or on one occasion the nurse asked the foster carer to leave the young person.

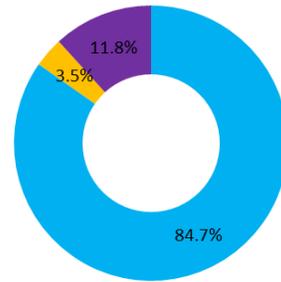
Both groups were also asked whether they felt that their views were listened to during the assessment.

Did you feel that your views were listened to?



■ Yes ■ No ■ Unsure

No. of children and young people answering this question: 24



■ Yes ■ No ■ Unsure

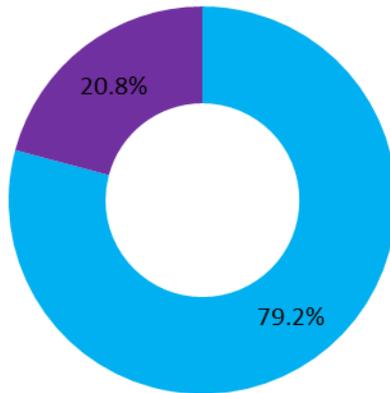
No. of foster carers, residential workers, project support workers and family members answering this question: 85

Again the majority of people (and a similar proportion of both groups) felt that their views were listened to during the assessment. Four (16.7%) children and young people were however unsure as to whether they were listened to as were 10 (11.8%) foster carers and workers. A further three (3.5%) people felt that their views were not listened to during the assessment.

3.2.4 Health Care Plan

Following the health assessment a health care plan is produced and children and young people and foster carers, workers and family members were asked about the plan.

Did you receive a copy of your Health Care Plan following your assessment?



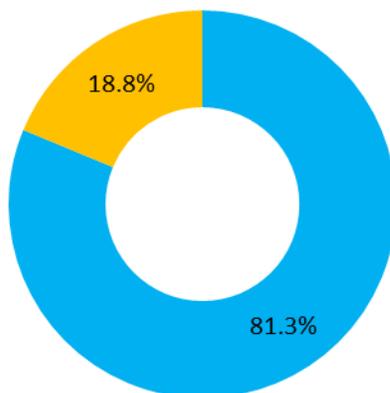
■ Yes ■ No ■ Unsure

No. of children and young people answering this question: 24

Over three-quarters (19, 79.2%) of children and young people reported receiving the Health Care Plan however the remainder (five, 20.8%) were unsure; some said it was addressed

to the foster carer and kept by them. Those who had received the Plan were asked whether they understood it.

Did you understand the information in your Health Care Plan?



■ Yes ■ No

No. of children and young people answering this question: 16

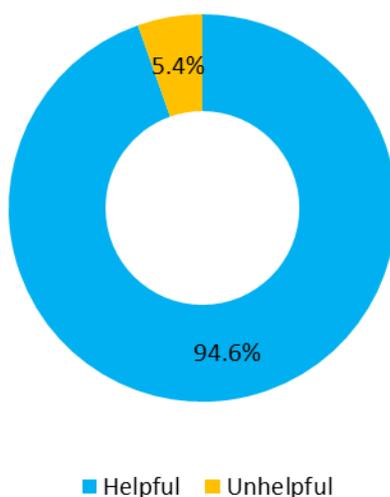
Over four-fifths (13, 81.3%) of children and young people stated that they did understand the Plan, three (18.8%) did not with two reporting that the document was too wordy.

“I asked my carer to explain it to me. She helped. There's too many words in it.”

A further three people who had received copies of the Plan had never looked at it.

Seventy-four foster carers, workers and family members had received a Health Care Plan for the child/children they were looking after. They were asked whether they felt that the Plan was helpful or unhelpful.

Is the child's Health Care Plan you receive after the health appointment:



No. of foster carers, workers and family members answering this question: 74

The vast majority (70, 94.6%) felt that the report was helpful. The main reasons given were:

- Provides lots of information
- Outline changes to be made to improve the child's health and wellbeing
- Highlights any issues to be aware of
- Reflects/summarises what had been discussed
- Very detailed

“It puts together a lot of information in the same document.”

“Discussion points and evidence for LAC meeting and referrals to other services.”

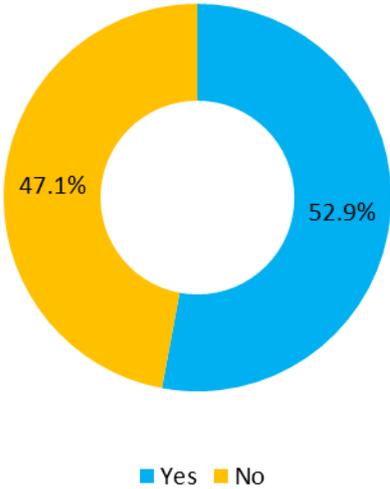
“Pinpoints potential areas to work on.”

“Clear, accurate and up-to-date information that we can use to inform our work with young people.”

Four foster carers and workers felt that the Plan was unhelpful and for one this was because it arrived months after the assessment; the remaining three people did not give a reason for their answer.

This group were also asked whether they had been offered support around action points in the Plan.

Have you been offered any support to help implement any actions identified in the Health Care Plan?



No. of foster carers, workers and family members answering this question: 85

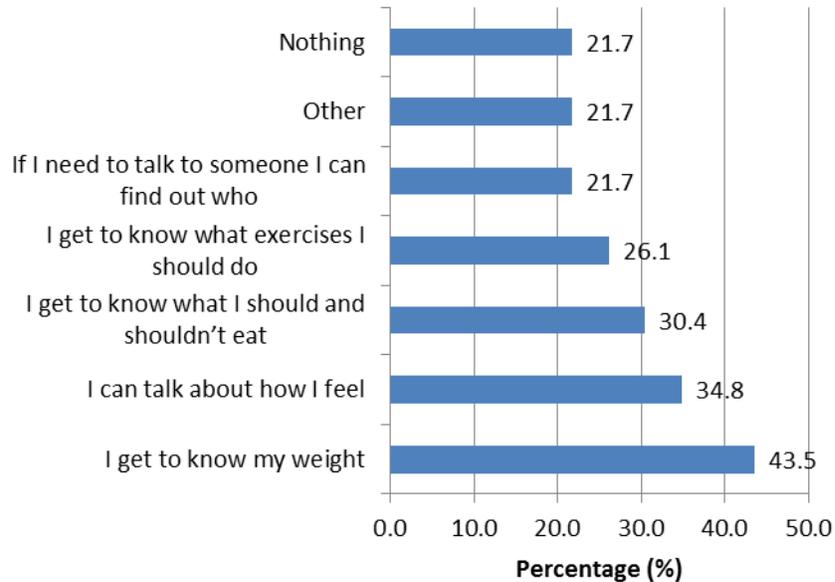
Just over half (45, 52.9%) had been offered some support to help implement actions identified in the Plan. When asked whether they would like some support only two people felt that this would be helpful. Others said it was not necessary or they would just ask if they needed more support.

3.2.5 Value of annual health assessment

Children and young people and foster carers, workers and family members were asked what, if any, they felt were the positives and negatives of the annual health assessment.

3.2.5.1 Positives

What do you think is good about having a yearly health assessment?



No. of children and young people answering this question: 23

For children and young people getting to know their weight (11, 47.8%) is the most useful part of the assessment, followed by having the opportunity to talk about how they are feeling (9, 39.1%). Five (21.7%) people identified other positive aspects of the assessment:

“Get to talk to a medical professional.”

“Knowing you are healthy. Health is important.”

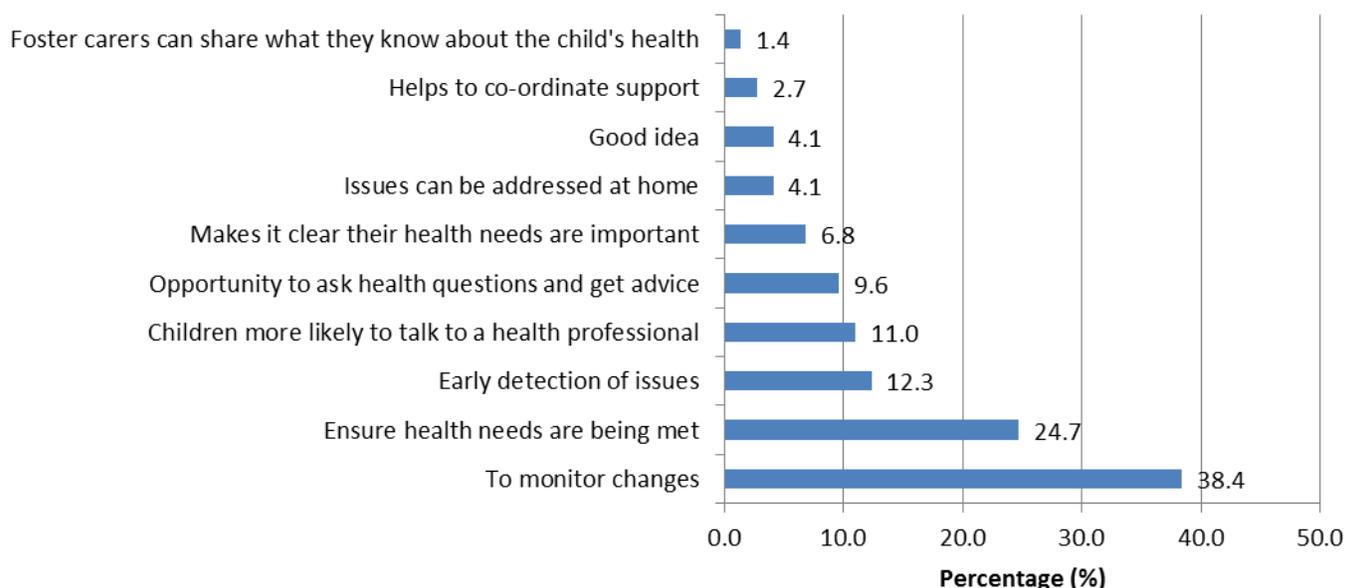
“Just to make sure you're doing alright.”

“Straightforward questions. Always get the same person, they are lovely.”

“They are friendly lovely people.”

A further five (21.7%) people stated that there was nothing positive about having an annual health assessment.

What are the positives of Looked After Children having a yearly health assessment?



No. of foster carers, workers and family members answering this question: 73

For foster carers, workers and family members the health assessment offers the ability to monitor any changes in the child/children's health and wellbeing in particular (28, 38.4%). Around one quarter (18, 24.7%) felt that it made sure their health needs were being met and 12.3% (9) highlighted its role in the early detection of issues.

“To track their health, to see if it has improved and ways to improve it.”

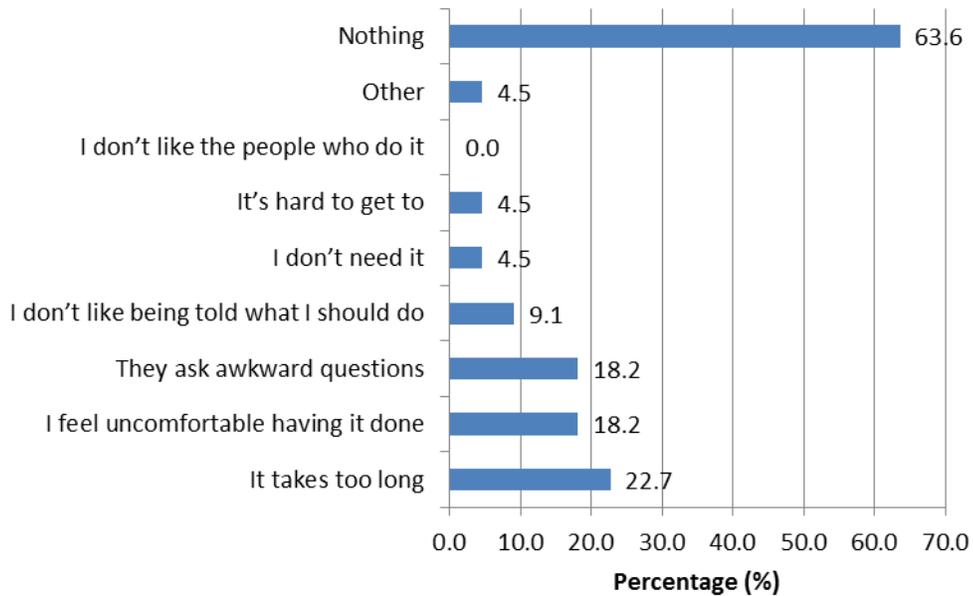
“Children can see how much they have grown and changed in 12 months; the health team can re-enforce the importance of a healthy diet, healthy teeth, skin and body changes.”

“Good MOT; would be good for all children. An opportunity to discuss any concerns that might not warrant a trip to doctors.”

“It monitors their overall development and state of health and may flag-up issues that may go unnoticed otherwise.”

3.2.5.2Negatives

What do you think is bad about having a yearly health assessment?

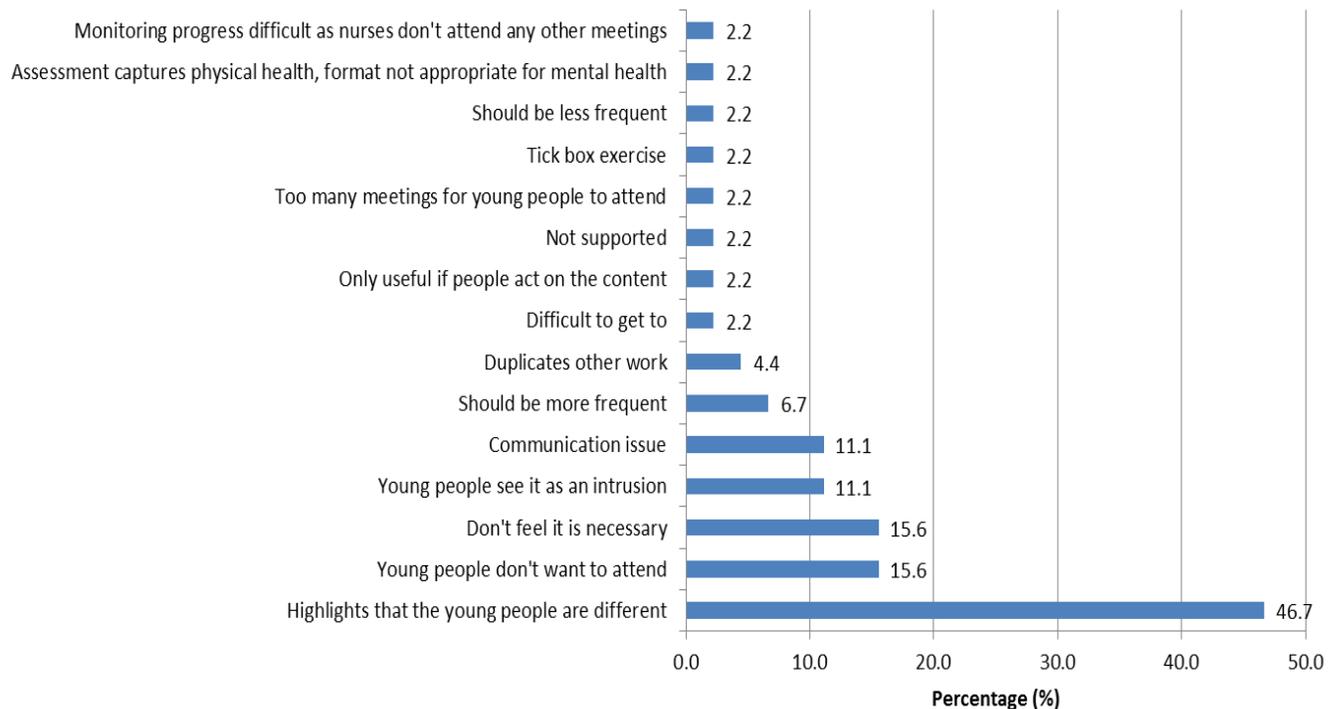


No. of children and young people answering this question: 22

The majority (14, 63.6%) of children and young people could not identify any negative aspects of having the health assessment. Its duration was an issue for one fifth (five) of people however. One 'other' issue was highlighted by a young person who stated:

“If I don't understand the questions they ask I just say 'yes' and 'no' but I don't understand what they're talking about.”

What are the negatives of Looked After Children having a yearly health assessment?



No. of foster carers, workers and family members answering this question: 45

Nearly half (21, 46.7%) of people felt that having an annual health assessment drew attention to the child or young person as being different from their peers and this was a particular concern of children who had their assessments carried out at school. Seven (15.6%) simply stated that the young people do not like to attend whilst seven (15.6%) felt that it was not necessary particularly for children with no additional needs. They felt that they as carers would pick up on any issues and that they would approach their GP with any health concerns. Five people (11.1%) felt it was an intrusion on the young person's life whilst another five (11.1%) felt that the young people found it difficult to talk to a health professional they have no relationship with.

“When children are settled in a placement they see it as an intrusion. Their friends who aren't in care don't have to have a check-up every year and they don't want to be different from their friends.”

“Unless there are issues it's sometimes wasted time and money. Children get taken out of school and are not sure what to say to peers.”

“Some young people do not like the stigma of having a medical done this way and just want the normality of attending their GP.”

“It's yet another interruption in their life...Once a child is settled in placement, and providing there are no additional needs, they shouldn't need an annual assessment. I think they would have more value for children who have additional needs or where

there are specific health issues - to be honest the children who don't fall into this category would prefer less intervention from fewer agencies and they could probably be reduced to one in two or three years.”

“Looked After Children have so many different professionals in their lives. I think going to the doctors for check-ups when unwell is more than enough. The assessments are sometimes done in schools and homes; this is not normal for young people and can feel unnecessary and invasive. This can make them feel different and stand out.”

“They don't like them, so often refuse to attend. The relationships are very new therefore the young people do not share a great deal of information. Most health needs are being met already from relevant professionals.”

3.2.6 Suggestions for improvements to health assessments

Three young people made suggestions about changes that could be made to the health assessment process. For two they felt that they should have a say in whether they wanted any assessment at all and for one this should be possible when the young person turns 16.

“I think at 16 you should be able to opt out of having health assessments. There should be an agreement that if you needed help you would ask your carer or school or college.”

Another young person asked that health professionals carrying out the assessments be more aware of people with learning difficulties who may need more support during the appointment to understand the questions they are being asked and the discussions that are taking place.

“Make sure they explain things at my level. Professionals should understand the disability I have and so should ask me if I understand and break stuff down into shorter sentences.”

3.3 Summary

In summary the majority of all groups are happy with the services and support provided by the Looked After Children Health Team and the annual health assessment process. However from the group of children and young people we spoke to, it is clear that the Health Team and health assessment play a very minor part in their lives with most only having contact during the assessment.

3.3.1 The Looked After Children Health Team

3.3.1.1 Visibility of the Team

When introducing this topic to the children and young people, most did not recognise the Team by name or were aware of what support they provided aside from the annual

assessment. Just over half of foster carers, support workers and family members had information about the service as did over two-thirds of social workers and reviewing officers; two people directly commented that visibility was an issue. Over three-quarters of these groups knew how to get in touch with the Team whereas just under half of children and young people knew how to contact them.

3.3.1.2 Contact with the Team

No children or young people who knew how to contact the Team had actually done so themselves because they had never needed to or if they did have a health concern they would not consider calling the Team and go to their carer, own GP or social worker instead. Over half of the foster carers, support workers and family members and social workers and reviewing officers had contacted the Team with the vast majority reporting the process to be very or quite easy. All but one found the contact to be helpful, offering a quick and efficient service that was supportive and answered their questions.

Despite not contacting the Team themselves some children had experience of the Team outside of the health assessment. When rating the overall support the Team provided, over four-fifths of all groups felt that it was good or very good. They were praised for treating young people with respect and listening to them, being helpful and supportive and being on hand when needed, in particular. Children and young people also felt that the Team provides adequate support around their emotional health.

3.3.1.3 Training opportunities

Just over half of people are aware of the training offered to foster carers, workers and family members by the Team and those who had attended all felt it was helpful, providing them with information, giving them insight into conditions and helping them to understand the health and social care system. They suggested several further topics they would like the training to cover. There was also interest in future training opportunities from three-quarters of those who were unaware of this provision.

3.3.1.4 Support for social workers and independent reviewing officers

Over four-fifths of this group rated the health reports they receive from the Team as very good or good in terms of their timeliness, usefulness and quality. Four people made some suggestions for improvements to the service whilst just over one third of the group knew how to make a complaint about the Team

3.3.2 Health assessments

Again in preliminary discussions with the young people the majority could not recall much about the assessment process without being prompted. Most are however happy with the health assessment process; four-fifths reported that they understood why they had it and what to expect on the day despite less than one third recalling receiving information or a leaflet in advance of the appointment. Only one fifth felt that they had been given a choice of venue for the assessment but the vast majority were happy with where their assessment

took place and two-thirds requested that assessments took place during the working week rather than an evening or weekend.

At least four-fifths of children and young people felt that they understood the discussions that took place during the assessment and were able to take part in them although the remainder felt that things could be explained more clearly to them using simple language. When asked, nine-in-ten foster carers, support workers and family members also reported feeling able to take part in the discussions (for those that did not, in all but one case the young person was encouraged to attend alone). Over four-fifths of both groups felt listened to during the assessment although three foster carers did not.

In terms of the Health Care Plan the majority of children and young people have access to it and understood the information within it; three who did not, felt that the document was too wordy. The vast majority of foster carers, support workers and family members felt that the document was helpful, providing lots of information, outlining changes to be made and highlighting issues to be aware of in particular. Just over half of this group had been offered support to help implement actions identified in the Plan but for most support was not required.

When considering the positive aspects of the annual health assessment children and young people felt that getting to know their weight and being able to talk about how they feel was most useful; one fifth however could not think of any positive aspects of the assessment. Nine people identified issues with the assessment with one fifth of the group saying that it took too long. Others felt uncomfortable during the session and said that they were asked awkward questions. Two young people felt that they should be able to choose whether they have an annual assessment once they are 16 and another asked that health professionals carrying out the assessments be more aware of people with learning difficulties who may need more support during the appointment to fully take part.

Foster carers, support workers and family members appreciated the opportunity to monitor any changes in the child/children's health over time and basically ensuring their health needs are being met. The main concern this group had about the assessment was that it highlights a difference between Looked After Children and others, particularly when the assessments are carried out at school. One sixth pointed out that children and young people do not like to attend the sessions, seeing it as an intrusion and finding it difficult to communicate with health professionals they do not see regularly. One sixth also questioned whether the assessment was necessary at all, especially for children with no additional needs who could be monitored by their carers and seen by their GP if there was a need.

Section 4: Recommendations

4.0 Recommendations

From the findings it is clear to see that satisfaction with the services provided by Looked After Children Health Team is high. However in response to the findings, some recommendations can be made. It is suggested that NGCCG takes time to analyse the findings of this report and consider the proposed recommendations to help inform decisions around any future service delivery model.

4.1 Key recommendation

There is scope for the visibility of the service to be improved. Most children and young people did not recognise the Team by name or were aware of what support they provided aside from the annual assessment. Just over half did not know how to contact the Team and none had done so themselves, with some stating that they would just go to their carer, GP or social worker for support. Moreover, just under half of carers and support workers had no information about the Team and its remit. One social worker stated that the Team could be more visible and accessible to them whilst another specifically requested an information session around the services available to them from the Team.

It is therefore recommended that:

- A plan to promote the service amongst all groups is developed with messages specific to each group
- For children and young people this should include what the service can offer which is different from going to their GP and if the aim is for children and young people to contact the Team directly, the benefits of doing so rather than going through their carer or social worker
- Consideration should also be given to the communication channels the young people could use to contact the Team
- Consider how the Team could have more presence within the social worker teams. Could there be one named nurse? Could nurses have a regular drop-in session within the office?

4.2 Training opportunities

Linked to knowledge of the service discussed above, just under half of foster carers, support workers and family members were not aware that the Team provides training and this group would like the opportunity to take part in some sessions. This aspect of the service therefore needs greater promotion, particularly amongst residential and project support officers. Seven previous attendees also requested that the following sessions are provided and these should be considered:

- Foetal alcohol spectrum disorder
- Mental health training which is not so diagnosis focussed

- Psychological services
- Child and Adolescent Mental Health Services
- Nutrition/food difficulties
- Autism
- Accessible training around medicals
- Monitoring the child's health as they get older
- Common ailments e.g. sleeplessness, bedwetting/incontinence

4.3 Complaints procedure

Nearly two-thirds of social workers and reviewing officers do not know how to make a complaint about the Looked After Children Health Team. It is recommended that any promotion of the service also explicitly states the process for making a complaint.

4.4 Health assessment

4.4.1 Information

One fifth (five) of the children and young people did not recall any information in advance of their health assessment and therefore did not understand the purpose of the health check. It is recommended that if resources allow, the process of informing children and young people of the purpose of the assessment is reviewed to ensure that both the Team and carers are providing and passing on the information.

Some foster carers and support workers felt that the health assessment was not necessary (particularly for settled children with not additional needs). Again promotion of this aspect of the service should be considered to ensure that this group understand why annual assessments are necessary for all children and young people.

4.4.2 Understanding of the assessment

One fifth (five) of children and young people did not understand the discussion that took place during their assessment and because of that two felt unable to take part fully. Three people did not understand the information in the Health Care Plan because it was too wordy. Ensure that staff carrying out the assessments are aware of any learning difficulties the child may have and ensure they are supported to take part in the process. When a child first becomes Looked After it is suggested that could there be an assessment of their reading age so that any information they are given is tailored accordingly. At the end of the assessment their understanding could also be tested with few simple standardised questions.

4.4.3 Communication

It was also raised by foster carers and support workers that given that the children and young people will only usually see the nurses carrying out the assessment once a year, there is no relationship built and they find it difficult to talk to them during the assessment. Consider whether there are any other opportunities to interact with

Looked After Children throughout the year to help build rapport.

4.4.4 Location and timing

The vast majority of children and young people were happy with the current location of their health assessment (the research did not however ascertain where this was). Although the children and young people themselves did not highlight this issue both social workers and foster carers and support workers felt that having the assessments in school stigmatises them. It is recommended that consideration is given to removing assessments from schools.

In terms of appointment times, most children and young people prefer to have them during week days and during the day. Ensure that this option for appointments continues.

4.4.5 Duration

One fifth (five) of children and young people felt that the assessment itself takes too long. Ensure that children and young people are aware of the length of time the appointment takes and why and try not to overrun wherever possible. Also consider whether a two-tier assessment system could be implemented where after the initial assessment children and young people with no health issues could go on to have a shorter, simplified assessments in the future. If any concerns are identified at this assessment they could then go on to have a full assessment.

Appendices

Appendix 1 – Profiles of participants

Looked after children and young people and care leavers

Gender

	No. of participants	% of participants
Male	13	54.2
Female	10	41.7
Transgender	0	0.0
No response	1	4.2
Total	24	100.0

Age

	No. of participants	% of participants
13	4	16.7
14	3	12.5
15	7	29.2
16	5	20.8
17	3	12.5
18	0	0.0
19	1	4.2
No response	1	4.2
Total	24	100.0

Do you consider yourself to have a disability?

	No. of participants	% of participants
Yes	7	29.2
No	15	62.5
No response	2	8.3
Total	24	100.0

Ethnic background

	No. of participants	% of participants
White British	19	79.2
White Irish	0	0.0
Central/Eastern European	0	0.0
Any other White background	1	4.2
Mixed White and Black Caribbean	1	4.2
Mixed White and Black African	0	0.0
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	1	4.2
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background	0	0.0
Black or Black British – Caribbean	0	0.0
Black or Black British - African	0	0.0
Any other Black background	1	4.2
Chinese	0	0.0
Any other ethnic group	0	0.0
No response	1	4.2
Total	24	100.0

Location – postcode

	No. of participants	% of participants
Newcastle	15	62.5
Gateshead	6	25.0
Outside of the area	2	8.3
No response	1	4.2
Total	24	100.0

Where is your Looked After Children Health Team based?

	No. of participants	% of participants
Newcastle	12	50.0
Gateshead	10	41.7
Outside the area	0	0.0
No response	2	8.3
Total	24	100.0

Foster carers, residential workers and family members profile

Gender

	No. of participants	% of participants
Male	11	12.9
Female	66	77.6
Transgender	0	0.0
No response	8	9.4
Total	85	100.0

Age

	No. of participants	% of participants
18-24	1	1.2
25-34	6	7.1
35-44	12	14.1
45-54	31	36.5
55-64	12	14.1
65-74	3	3.5
75+	0	0.0
No response	20	23.5
Total	85	100.0

Sexuality

	No. of participants	% of participants
Bisexual	0	0.0
Gay	1	1.2
Heterosexual	60	70.6
Lesbian	5	5.9
Prefer not to answer	9	10.6
No response	10	11.8
Total	85	100.0

Do you consider yourself to have a disability?

	No. of participants	% of participants
Yes	4	4.7
No	71	83.5
No response	10	11.8
Total	85	100.0

Ethnic background

	No. of participants	% of participants
White British	73	85.9
White Irish	1	1.2
Central/Eastern European	0	0.0
Any other White background	0	0.0
Mixed White and Black Caribbean	0	0.0
Mixed White and Black African	0	0.0
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	1	1.2
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background	0	0.0
Black or Black British – Caribbean	0	0.0
Black or Black British - African	0	0.0
Any other Black background	0	0.0
Chinese	0	0.0
Any other ethnic group	0	0.0
No response	10	11.8
Total	85	100.0

Role

	No. of participants	% of participants
Foster carer	57	67.1
Residential worker	12	14.1
Project Support Worker	6	7.1
Family/friend	1	1.2
No response	9	10.6
Total	85	100.0

I care for a child/children place in:

	No. of participants	% of participants
Newcastle	14	16.5
Gateshead	52	61.2
Newcastle and Gateshead	6	7.1
Outside of the area	3	3.5
No response	10	11.8
Total	85	100.0

Child/children's Looked After Children Health Team

	No. of participants	% of participants
Newcastle	10	11.8
Gateshead	49	57.6
Newcastle and Gateshead	6	7.1
Outside of the area	0	0.0
No response	20	23.5
Grand Total	85	100.0

Social workers and independent reviewing officers profile

Gender

	No. of participants	% of participants
Male	4	25.0
Female	10	62.5
Transgender	0	0.0
No response	2	12.5
Total	16	100.0

Age

	No. of participants	% of participants
18-24	0	0.0
25-34	0	0.0
35-44	6	37.5
45-54	4	25.0
55-64	1	6.3
65-74	0	0.0
75+	0	0.0
No response	5	31.3
Total	16	100.0

Sexuality

	No. of participants	% of participants
Bisexual	0	0.0
Gay	0	0.0
Heterosexual	12	75.0
Lesbian	0	0.0
Prefer not to say	2	12.5
No response	2	12.5
Total	16	100.0

Do you consider yourself to have a disability?

	No. of participants	% of participants
Yes	0	0.0
No	14	87.5
No response	2	12.5
Total	16	100.0

Ethnic background

	No. of participants	% of participants
White British	12	75.0
White Irish	0	0.0
Central/Eastern European	0	0.0
Any other White background	1	6.3
Mixed White and Black Caribbean	0	0.0
Mixed White and Black African	1	6.3
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	0	0.0
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background	0	0.0
Black or Black British – Caribbean	0	0.0
Black or Black British - African	0	0.0
Any other Black background	0	0.0
Chinese	0	0.0
Any other ethnic group	0	0.0
No response	2	12.5
Total	16	100.0

Role

	No. of participants	% of participants
Social worker	13	81.3
Independent reviewing officer	2	12.5
No response	1	6.3
Total	16	100.0

Which area do you work in?

	No. of participants	% of participants
Gateshead	14	87.5
Newcastle	1	6.3
No response	1	6.3
Total	16	100.0

Appendix 2 - Questionnaires

Looked after children and young people and care leavers

Health assessments you have had because you are looked after

Health assessments take place once a year either at school, home, in a clinic or at your foster placement. They cover:

- Your general health
- Feelings and emotions
- Eating and drinking
- Fitness and exercise
- Smoking
- Alcohol and drugs
- Sexual health
- Dental health

Following your assessment you will be given a Health Care Plan. This is a summary of the assessment and it also sets out anything that needs to happen over the next year such as additional health appointments.

1. Do you understand why you have yearly health assessments?

Yes No

2. Do you receive information and/or a leaflet from the health team prior to the appointment? [Show leaflets/graphics on Survey Monkey]

Yes No Unsure

3. Do you understand the information?

Yes No

4. Do you know what to expect on the day?

Yes No

5. Have you ever been given a choice of venue for the assessment?

Yes No Unsure

6. Would you prefer to be seen somewhere else?

Yes No

6a. If yes, where would you prefer to have your assessment?

School Hospital
Home Community health centre
GP surgery
Other (please state).....

7. When do you think appointments should be: (tick ✓ one box only)

- During the day (school hours)
Evenings
Weekends

Thinking about your last assessment...

8. Did you understand the discussions that took place during the assessment?

- Yes No

9. Did you feel able to take part in the discussions?

- Yes No

If no, why was this? (tick ✓ all that apply)

- I'm not very good at explaining stuff I don't want to get things wrong
I'm not very good at speaking to adults They didn't ask me what I thought
I don't want to get into trouble I didn't want to interrupt
I don't want to get the people who care for me into trouble
Other (please state)

10. Did you feel that your views were listened to?

- Yes No Unsure

11. Did you receive a copy of your Health Care Plan following your assessment?

- Yes
No
Unsure (→ Go to question 13)

12. Did you understand the information in your Health Care Plan?

- Yes No

12a. If no, why is this?

- It wasn't in my first language e.g. Urdu
It wasn't in a format I could read e.g. large font
It was too complicated, I didn't understand it
Other

13. What do you think is good about having a yearly health assessment? (tick ✓ all that apply)

- I get to know my weigh
I get to know what I should and shouldn't eat

- I get to know what exercises I should do
- I can talk about how I feel
- If I need to talk to someone I can find out who
- Other

14. What do you think is bad about having a yearly health assessment? (tick ✓ all that apply)

- I don't need it
- It takes too long
- It's hard to get too (location)
- I don't like the people who do it
- I feel uncomfortable having it done
- They ask awkward questions
- I don't like being told what I should do
- Other

15. Are there any changes you think could make the health assessment better?

.....

Looked After Children Health Team

16. Do you know how to get in touch with the Looked After Children and Young People's Health Team?

- Yes
- No (→ Go to question 20)

17. Have you ever contacted the Looked After Children and Young People's Health Team yourself?

- Yes
- No (→ Go to question 19)

17a. If yes, how easy did you find it?

- Very easy
- Quite easy
- Not very easy
- Not easy at all

17b. If you ticked 'not very easy' or 'not easy at all' why is this?

- I had to call lots of times
- The person I wanted to talk too want not available
- I wasn't able to talk privately to someone
- They didn't call me back
- Other (please state)

18. Thinking about the last time you contacted them, was the response:

- Helpful
- Unhelpful

18a. Why was this?

.....

.....

19. Has anything stopped you from contacting the Looked After Children and Young People’s Health Team?

- Yes
- No

19a. If yes, why was this? (tick ✓all that apply)

- I’m not sure how they could help me
- It is too expensive to ring them
- I’d have to use a phone where people could hear what I was talking about
- I’m not very good at explaining stuff
- I’m not very good at speaking to adults
- I don’t want to get into trouble
- I don’t want to get the people who care for me into trouble
- I’m not sure I could trust them not to tell anyone what I’ve said
- Other (please state)

20. Do you feel the support you get from the Looked After Children and Young People’s Health Team is:

- Very good
- Good
- Okay
- Poor
- Very poor

20a. Why is this?

.....

.....

21. Do you feel that you get enough help from the Looked After Children and Young People’s Health Team around your emotional health (your feelings and emotions)?

- Yes
- No

21a. If no, what help would you like to receive?

.....

.....

➔ If you are still being looked after please go to question 27

➔ If you have left care please answer the next section

Leaving care

Please ONLY complete this section if you are a care leaver

Before you left care you will have taken part in a care leaving consultation where you should have received a document containing your health history and summary.

22. Did you understand the reason for the consultation?

Yes No

23. Did you understand the information you were given?

Yes No

24. Did you find the information:

Helpful
Unhelpful
I have not received this yet (➔ Go to question 25)

24a. Why is this?

.....
.....

25. While in care did you receive support for a long term physical or mental/emotional health condition?

Yes No (➔ Go to question 26)

25a. If yes, when leaving care were you supported to access the help you needed?

Yes No

26. As a care leaver do you think you have the skills and knowledge to be able to access health services when you need them?

Yes No

26a. If no, why is this?

.....
.....

Any other comments

27. Do you have any other comments on the service you receive from the Looked After Children and Young People’s Health Team?

.....
.....
.....

Monitoring

28. Gender

Male Female Transgender

29. Age

30. Do you consider yourself to have a disability?

Yes No

31. Please indicate your ethnic background:

White ✓		Asian or Asian British ✓	
British		Indian	
Irish		Pakistani	
Central/Eastern European		Bangladeshi	
Any other White background		Any other Asian background	
Mixed		Black or Black British	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Any other Black background	
Any other mixed background			
Other ethnic groups			
Chinese			
Any other ethnic group (<i>write in</i>)			

32. Where do you live?

Newcastle Gateshead

33. Where is your Looked After Children Health Team based?

Newcastle Gateshead Somewhere else

Thank you for completing this questionnaire

Social Workers and Independent Reviewing Officers

1. Do you have information or a service leaflet about the Looked After Children and Young People’s Health Team?

Yes No

2. Do you know how to contact the Team?

Yes No (→ Go to question 5)

3. Have you ever contacted the Looked After Children and Young People’s Health Team?

Yes No (→ Go to question 5)

3a. If yes, how easy did you find it?

- Very easy
- Quite easy
- Not very easy
- Not easy at all

3b. If you ticked ‘not very easy’ or ‘not easy at all’ why is this?

.....
.....

4. Thinking about the last time you contacted them, was the response:

- Helpful
- Unhelpful

4a. Why was this?

.....
.....

5. How would you rate the health reports you receive from the Looked After Children and Young People’s Health Team in terms of their:

	Very good	Good	Adequate	Poor	Very poor
Quality					
Usefulness					
Timeliness					

I have not received any health reports

6. Have you ever requested and received additional support/advice from the Looked After Children and Young People’s Health Team that has been helpful? Please explain

.....
.....
.....

7. Do you have any suggestions for improvements in terms of the support and advice you receive from the Looked After Children and Young People’s Health Team?

.....
.....
.....

8. How would you rate the support looked after children and young people in care receive from the Looked After Children and Young People’s Health Team?

- Very good
- Good
- Adequate
- Poor
- Very poor

8a. Why is this?

.....
.....

9. Do you know how to make a complaint about the Looked After Children and Young People’s Health Team?

- Yes No

10. Do you have any other comments about the Looked After Children and Young People’s Health Team?

.....
.....
.....
.....

Monitoring

11. Gender

- Male Female Transgender

12. Age

13. How do you describe your sexuality?

- Lesbian Bisexual
- Gay Prefer not to answer
- Straight

14. Do you consider yourself to have a disability?

Yes No

15. Please indicate your ethnic background:

White ✓		Asian or Asian British ✓	
British		Indian	
Irish		Pakistani	
Central/Eastern European		Bangladeshi	
Any other White background		Any other Asian background	
Mixed		Black or Black British	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Any other Black background	
Any other mixed background			
Other ethnic groups			
Chinese			
Any other ethnic group (<i>write in</i>)			

16. Role

Social Worker Independent Reviewing Officer

17. Which area do you work in?

Newcastle Gateshead

Thank you for completing this questionnaire

Foster carers, residential workers, family & friends

Contacting the Looked After Children and Young People's Health Team

1. Do you have information or a service leaflet from the Looked After Children and Young People's Health Team?

Yes No

2. Do you know how to contact the Looked After Children and Young People's Health Team?

Yes No (→ Go to question 5)

3. Have you ever contacted the Looked After Children and Young People's Health Team?

Yes No (→ Go to question 5)

3a. If yes, how easy did you find it?

Very easy
Quite easy
Not very easy
Not easy at all

3b. If you ticked 'not very easy' or 'not easy at all' why is this?

.....
.....

4. Thinking about the last time you contacted the Looked After Children and Young People's Health Team directly has the response been:

Helpful
Unhelpful

4a. Why was this?

.....
.....

Health assessments for looked after children

Thinking about the last assessment you attended...

5. Did you feel able to take part in the discussions?

Yes No

5a. If not, why was this?

.....
.....

6. Did you feel that your views were listened to?

Yes No Unsure

7. Is the child's Health Care Plan you receive after the health appointment:

Helpful
Unhelpful
I have not received a health plan

7a. Why is this?

.....
.....

8. Have you been offered any support to help implement any actions identified in the Health Care Plan?

Yes No

8a. If no, would you like some support in this area?

.....
.....

9. How would you rate the support looked after children and young people in care receive from the Looked After Children and Young People's Health Team?

Very good
Good
Adequate
Poor
Very poor

9a. Why is this?

.....
.....

10. What do you think are the positives of looked after children having a yearly health assessment?

.....
.....

11. What do you think are the negatives of looked after children having a yearly health assessment?

.....
.....

Training around health

12. Are you aware that the Looked After Children and Young People's Health Team provides training for carers around meeting the health needs of looked after children in your care?

Yes No (→ Go to question 13a)

13. Have you attended any training?

Yes (→ Go to question 14)

No

13a If no, would you like the opportunity, to take part in this training?

Yes (→ Go to question 16)

No (→ Go to question 16)

Thinking back to any training you have had...

14. Was this training:

Helpful

Unhelpful

14a. Why was this?

.....
.....

15. Is there any other training you would like to help you to meet the health needs of looked after children in your care?

.....
.....

16. Do you have any other comments about the Looked After Children and Young People’s Health Team?

.....
.....
.....
.....

Monitoring

17. Gender

Male

Female

Transgender

18. Age

19. How do you describe your sexuality?

Lesbian

Bisexual

Gay

Prefer not to answer

Straight

20. Do you consider yourself to have a disability?

Yes No

21. Please indicate your ethnic background:

White ✓		Asian or Asian British ✓	
British		Indian	
Irish		Pakistani	
Central/Eastern European		Bangladeshi	
Any other White background		Any other Asian background	
Mixed		Black or Black British	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Any other Black background	
Any other mixed background			
Other ethnic groups			
Chinese			
Any other ethnic group (<i>write in</i>)			

22. I am a...

Foster carer
 Residential worker
 Family/friend

23. I care for a child/children placed in:

Newcastle Gateshead Outside the area

24. Where is the child/children's Looked After Children Health Team based?

Newcastle Gateshead Somewhere else

Thank you for completing this questionnaire

